



## Coalition Executive Risks Surplus Application

THE LIABILITY COVERAGE PARTS, IF PURCHASED, ARE ON A CLAIMS MADE AND REPORTED BASIS AND COVER ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE EXTENDED REPORTING PERIOD, IF EXERCISED, AND REPORTED TO THE INSURER AS REQUIRED BY THE POLICY. THE LIMITS OF LIABILITY AND ANY RETENTION SHALL BE REDUCED BY AMOUNTS INCURRED AS DEFENSE COSTS. PLEASE READ CAREFULLY.

### INSTRUCTIONS

1. This application and all attachments shall be deemed to be attached to and form a part of the policy, if issued.
2. Complete the General Information and Claims History sections, as well as the sections for the specific products for which you'd like to receive a quote.
3. If applicant is in the Medical, Education, or Condo Association industries, please also complete questions on pages 8-9 as appropriate.

### General Information

1 NAME OF ORGANIZATION

2 WEBSITE(S)

3 What is the organization's address?

ADDRESS

CITY

STATE

ZIP CODE

4 INDUSTRY (PROVIDE ALL INDUSTRIES FOR SUBSIDIARIES, IF APPLICABLE)

5 CORPORATE STRUCTURE      PRIVATELY HELD      NOT FOR PROFIT      PUBLICLY TRADED      PARTNERSHIP      JOINT VENTURE

6 YEARS IN BUSINESS      LESS THAN 3 YEARS      3 - 10 YEARS      MORE THAN 10 YEARS

7 Is the organization (or any subsidiary) contemplating any merger, acquisition, or consolidation in the next 12 months?      YES      NO      NOT SURE

If yes, please attach an explanation.

8 What is the total number of full-time and part-time employees (including leased, seasonal, and temporary)?

## Directors and Officers Liability

### Private Companies: Please answer questions 1 – 4

1	What percentage of the organization is owned by the Directors and/or Officers?	LESS THAN 50%	50 - 79%	80-99%	100%	NOT SURE
1A	Are there any shareholders that own 10% or more of voting shares who are NOT a Director or Officer?	YES	NO	NOT SURE		
2	Has there been any change in ownership in the past 36 months?	YES	NO	NOT SURE		
	If yes, please explain.					
3	Does the organization have an Employee Stock Ownership Plan?	YES	NO	NOT SURE		
4	Does another entity own or control the organization?	YES	NO	NOT SURE		
4A	If yes, provide the name of the entity					
4B	If yes, are they a foreign entity?	YES	NO	NOT SURE		
4C	If yes, are they a private equity firm?	YES	NO	NOT SURE		

**Financials**

D&amp;O coverage only

**1** What is the date of the financial statement?**2** What is the financial statement reporting period?

12 MONTHS

6 MONTHS

3 MONTHS

1 MONTH

NOT SURE

**3** Current Assets**4** Current Liabilities**5** Total Assets**6** Total Liabilities**7** Total Revenue

including contributions and grants for Not For Profits

**8** Net Income

or Change in Net Assets for Not For Profits

Please attach a financial statement if available.

**Private Companies: Please answer question 9****9** Does the organization have any long-term debt maturing in the next 18 months?

YES

NO

NOT SURE

**9A** If yes, for what amount?**9B** Will more than 50% of total long-term debt mature within the next 18 months?

YES

NO

NOT SURE

If yes, please explain.

**9C** Is the organization currently (or has the organization in the past 12 months been) in breach of debt covenants?

YES

NO

NOT SURE

If yes, please attach an explanation.

**Not-For-Profit Organizations: Please answer question 10****10** Does the organization have government revenue?**10A** If yes, what percentage of total revenue is coming from government sources?

LESS THAN 20%

20 - 50%

MORE THAN 50%

NOT SURE

## Employment Practices Liability

**1** How many individuals are there in each of the following categories?

**1A** Full-time Employees (excluding Union)

**1B** Part-time Employees (excluding Union)

**1C** Union Employees (Full-time & Part-time)

**1D** Foreign Employees

**1E** Independent Contractors

**1F** Volunteers

**2** How many employees are there in California?

**3** Does the organization have the following:

**3A** Employment application?

YES

NO

NOT SURE

**3B** HR Department?

YES

NO

NOT SURE

**3C** Employee Handbook?

YES

NO

NOT SURE

## Fiduciary

**1** What are the organization's total plan assets?

**2** What type of plans does the organization have? Select all that apply

DEFINED CONTRIBUTION

DEFINED BENEFIT

EMPLOYEE STOCK OWNERSHIP (ESOP)

WELFARE

PROFIT SHARING

OTHER

FOREIGN PLAN

**2A** If Defined Benefit, what percentage of the Defined Benefit plan is funded?

100% OR MORE

91-99%

80-90%

70-79%

LESS THAN 70%

NOT SURE

**3** Have there been any delinquent plan contributions?

YES

NO

NOT SURE

## Crime

1	Is there a separation of duties in place so no one individual can control the banking process from beginning to end (for example, reconcile bank statements, make deposits, make withdrawals, sign checks)?	YES	NO	NOT SURE
2	Is approval by more than one person required to initiate a funds transfer?	YES	NO	NOT SURE
3	Is the responsibility for authorizing vendors, approving invoices, and processing payments assigned to different people?	YES	NO	NOT SURE
4	How many locations does the organization have?  LESS THAN 10      10 - 25      MORE THAN 25			

## Social engineering

5	Does the organization require a secondary means of communication to validate the authenticity of the following?		
5A	Funds transfer requests (ACH, wire, etc.) before processing a request in excess of \$5,000	YES	NO
5B	Any request to change banking details (ACH, wire, payroll distribution, etc.)	YES	NO

## Claims History

- 1** Within the last three years, has the organization had any losses for employee theft, forgery, computer fraud, or other crime? (Crime coverage only) YES NO NOT SURE
- If yes, please attach Loss Runs.

### Companies with D&O, EPL, Fiduciary, or Crime coverage in place: Please answer questions 2 – 10

- 2** D&O EXPIRATION DATE D&O PENDING OR PRIOR DATE D&O EXPIRING LIMIT
- 3** Has the policyholder, any subsidiary, or any persons proposed for coverage been the subject of or been involved in a claim brought against the policyholder or individual in her or his capacity as a director or officer of any entity in the past three years? YES NO NOT SURE
- If yes, please attach an explanation.

- 4** EPL EXPIRATION DATE EPL PENDING OR PRIOR DATE EPL EXPIRING LIMIT
- 5** Has the Policyholder or any subsidiary proposed for coverage been involved in EEOC or any other similar administrative proceeding? YES NO NOT SURE
- If yes, please attach an explanation.
- 6** Has the Policyholder or any subsidiary proposed for coverage been involved in any action or civil suit brought against them by a customer, client, or third party alleging harassment, discrimination, or civil rights violation? YES NO NOT SURE
- If yes, please attach an explanation.

- 7** Has the Policyholder filed any claims under the proposed coverages (D&O and EPL) in the past three years? YES NO NOT SURE
- If yes, please attach an explanation.

- 8** FIDUCIARY EXPIRATION DATE FIDUCIARY PENDING OR PRIOR DATE FIDUCIARY EXPIRING LIMIT
- 9** During the past three years, has the policyholder or any subsidiary, insured person, fiduciary, or benefit program proposed for coverage been involved in, subject of, accused, found guilty, or held liable for a breach of trust? YES NO NOT SURE
- If yes, please attach an explanation. If applicable, attach Loss Runs.

**10** CRIME EXPIRATION DATE

### Companies with no D&O, EPL, Fiduciary, or Crime coverage: Please answer question 11

- 11** Is any person or entity proposed for coverage aware of any fact, circumstance, or situation which they have reason might give rise to any claim that would fall within the scope of the proposed insurance? YES NO NOT SURE
- If yes, please attach an explanation.

## Directors and Officers Liability

### Companies in the Medical Industry: Please answer questions 1 - 6

<b>1</b>	Has the organization or any of its subsidiaries voluntarily disclosed to any governmental entity or is it aware of any violations or potential violations of the following? a) Civil False Claims Act b) Physician Ownership and Referral Act (The Stark Act) c) Any similar law or regulation?	YES	NO	NOT SURE
<hr/>				
<b>2</b>	Does the organization perform Provider Selection activities such as credentialing and peer review?	YES	NO	NOT SURE
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If yes, please explain.				
<hr/>				
<b>2A</b>	If yes, does the organization have written policies and procedures in place for provider selection activities?	YES	NO	NOT SURE
<hr/>				
<b>3</b>	Does the organization have a formal written regulatory policy in place?	YES	NO	NOT SURE
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<b>3A</b>	If yes, has the policy been updated in the past 2 years?	YES	NO	NOT SURE
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<b>4</b>	Does the organization have any exclusive contract arrangements with any providers?	YES	NO	NOT SURE
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If yes, please explain.				
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<b>5</b>	Within the last two years has the organization closed or restricted staff admissions of a provider to any patient service department for reasons other than professional competence, including but not limited to a conflict of interest?	YES	NO	NOT SURE
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If yes, please explain.				
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<b>6</b>	Are there any formal plans for future closings or restrictions?	YES	NO	NOT SURE
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If yes, please explain.				



## Directors and Officers Liability

### Companies in the Education Industry: Please answer questions 7 - 11

**7** How many students have been enrolled in this educational institution during the following years? NOT SURE

Current year	Prior year
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**8** Have any campuses, schools, or study programs (including music art or athletics) been closed, reduced, or discontinued in the past 24 months? YES NO NOT SURE

**9** Will any campuses, schools, or study programs (including music art or athletics) be closed, reduced, or discontinued in the next 12 months? YES NO NOT SURE

**10** What is the year of the last accreditation? NOT SURE

By which body?

**11** Has any accreditation body threatened or taken any probationary or censure activity? YES NO NOT SURE

If yes, please explain.

### Companies in the Condo Association Industry: Please answer questions 12 - 13

**12** What is the average price/value for each unit in the condominium association, homeowners association, property owners association, tenants association, cooperative, or equivalent?

[\\$1M OR BELOW](#)

[ABOVE \\$1M](#)

**13** What is the occupancy level?

[BELOW 50%](#)

[50% - 79%](#)

[80% - 99%](#)

[100%](#)

The **Company** and the **Insured Persons** declare that the statements set forth herein are true. The signing of this **Application** does not bind the **Insurer**, the **Policyholder**, or its Insured Persons to effect insurance. The undersigned agrees that this **Application**, its attachments, and any materials submitted therewith are true, complete, and accurate as of the date thereof. These representations shall be the basis of the contract should a policy be issued and shall be deemed attached to and shall form part of the **Policy**. The **Application**, its attachments, and any materials submitted therewith are considered physically attached to the **Policy** and will be deemed incorporated therein. The **Insurer** is hereby authorized to make any investigation and inquiry in connection with this **Application** that it deems necessary.

The undersigned, on behalf of the **Company** and all **Insured Persons**, agrees that if the information in the Declarations and representations contained in this **Application** and its attachments materially changes between the date of this **Application** and the inception of the proposed coverage, the undersigned will immediately report in writing to the **Insurer** such change, and the **Insurer** may withdraw or modify any outstanding quotations or agreements to bind coverage. The undersigned acknowledges and agrees that the **Insurer's** receipt of such written report, prior to inception of the proposed coverage, is a condition precedent to coverage.

Prior to signing this **Application**, review the applicable statutory fraud notices as they may apply to the applicant's place of domicile.

MUST BE SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE **POLICYHOLDER** ON BEHALF OF ALL **INSURED**S.

#### **WARNING**

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

Policyholder/Applicant's Signature:

Print Name of Authorized Representative:

Title

Date

Email

## Notice to Applicants

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

**NOTICE TO ARIZONA APPLICANTS:** For your protection Arizona law requires the following statement to appear on this form. "Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties."

**NOTICE TO ARKANSAS APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO CALIFORNIA APPLICANTS:** For your protection California law requires the following to appear on this form: "Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

**NOTICE TO COLORADO APPLICANTS:** 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.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** 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.

**NOTICE TO FLORIDA APPLICANTS:** 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.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO KANSAS APPLICANTS:** A 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 is guilty of fraud.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

**NOTICE TO MINNESOTA APPLICANTS:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW HAMPSHIRE APPLICANTS:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO OREGON APPLICANTS:** 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 information for the purpose of misleading, commits a fraudulent insurance act and may subject such person to criminal and civil penalties.

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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.

**NOTICE TO RHODE ISLAND AND WEST VIRGINIA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.



**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** 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.

**NOTICE TO VERMONT APPLICANTS:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

## APPENDIX

### Entity Licenses

Coalition IS, Inc.

National Producer number ("NPN")

18419475

Entity Name	State	P&C License	Surplus Lines License #
Coalition IS, Inc.	Alabama	791146	791146
Coalition IS, Inc.	Alaska	100144781	100144781
Coalition IS, Inc.	Arizona	3000108841	3000108841
Coalition IS, Inc.	Arkansas	3000103764	3000103764
Coalition IS, Inc.	California (resident)	0L76155	0L76155
Coalition IS, Inc.	Colorado	539028	539028
Coalition IS, Inc.	Connecticut	2562016	2564769
Coalition IS, Inc.	District of Columbia	3000106662	3000106662
Coalition IS, Inc.	Delaware	3000111636	3000111636 (Business License)
Coalition IS, Inc.	Florida	L100906	L100906
Coalition IS, Inc.	Georgia	196479	N/A
Coalition IS, Inc.	Hawaii	454818	456400
Coalition IS, Inc.	Idaho	623195	N/A
Coalition IS, Inc.	Illinois	3000118749	3000118749 (Business License)
Coalition IS, Inc.	Indiana	3250026	3253936
Coalition IS, Inc.	Iowa	1002294565	1002294565 (Business License)
Coalition IS, Inc.	Kansas	821489162-000	821489162-000 (Business License)
Coalition IS, Inc.	Kentucky	959194	959194
Coalition IS, Inc.	Louisiana	734964	734964
Coalition IS, Inc.	Maine	AGN289240	AGN289240 (Business License)
Coalition IS, Inc.	Maryland	3000132010	3000132010
Coalition IS, Inc.	Massachusetts	2028878	2032388
Coalition IS, Inc.	Michigan	113163	113163
Coalition IS, Inc.	Minnesota	40531952	40531952 (Business License)
Coalition IS, Inc.	Mississippi	15031878	15031878 (Business License)
Coalition IS, Inc.	Missouri	8410479 (Business License)	N/A
Coalition IS, Inc.	Montana	3000117198	3000117198
Coalition IS, Inc.	Nebraska	100270681	100270681
Coalition IS, Inc.	Nevada	3249968	3253650
Coalition IS, Inc.	New Hampshire	2373806	2373806
Coalition IS, Inc.	New Jersey	1648368	1648368
Coalition IS, Inc.	New Mexico	3000132370	3000132370
Coalition Insurance Services, Inc.	New York	PC-1472466 - Agent BR-1472466 - Broker	EX-1472466-R
Coalition IS, Inc.	North Carolina	1000532874	1000532874
Coalition IS, Inc.	North Dakota	3000126195	3000126195
Coalition IS, Inc.	Ohio	1153091	1153274
Coalition IS, Inc.	Oklahoma	100298249	100298249
Coalition IS, Inc.	Oregon	3000112920	3000112920
Coalition IS, Inc.	Pennsylvania	815731	817452
Coalition IS, Inc.	Rhode Island	N/A	N/A
Coalition IS, Inc.	South Carolina	212785 (Business License)	N/A
Coalition IS, Inc.	South Dakota	10019754	10019754 (Business License)
Coalition IS, Inc.	Tennessee	2367792	2367792 (Business License)
Coalition IS, Inc.	Texas	2199630	2205589
Coalition IS, Inc.	Utah	622762	623246
Coalition IS, Inc.	Vermont	3250168	3250168 (Business License)
Coalition IS, Inc.	Virginia	142233	142233
Coalition IS, Inc.	Washington	953788	953788
Coalition IS, Inc.	West Virginia	100244997	N/A
Coalition IS, Inc.	Wisconsin	3000108852	3000108852 (Business License)
Coalition IS, Inc.	Wyoming	340720	342916



### Individual Licenses

Joshua Motta      National Producer Number ("NPN")      18337852

Entity Name	State	P&C License	Surplus Lines License #
Joshua Motta	Alabama	789983	789983
Joshua Motta	Alaska	100143994	100143994
Joshua Motta	Arizona	18337852	18337852
Joshua Motta	Arkansas	18337852	18337852
Joshua Motta	California (resident)	0L58116	0L58116
Joshua Motta	Colorado	537099	537099
Joshua Motta	Connecticut	2558945	2563248
Joshua Motta	Delaware	3000100750	3000100750
Joshua Motta	Florida	W406000	W406000
Joshua Motta	District of Columbia	3000100725	3000100725
Joshua Motta	Georgia	3140308	3140308
Joshua Motta	Hawaii	453733	455830
Joshua Motta	Idaho	622028	622026
Joshua Motta	Illinois	18337852	18337852
Joshua Motta	Indiana	3242922	3252541
Joshua Motta	Iowa	18337852	18337852
Joshua Motta	Kansas	18337852	18337852
Joshua Motta	Kentucky	958851	958851
Joshua Motta	Louisiana	732406	732406
Joshua Motta	Maine	PRN288994	PRN288994
Joshua Motta	Maryland	3000100749	3000100749
Joshua Motta	Massachusetts	2026975	2029459
Joshua Motta	Michigan	811208	811208
Joshua Motta	Minnesota	40530928	40530983
Joshua Motta	Mississippi	10492880	10492880
Joshua Motta	Missouri	8409487	8409487
Joshua Motta	Montana	3000115261	3000115261
Joshua Motta	Nebraska	18337852	18337852
Joshua Motta	Nevada	3249453	3252548
Joshua Motta	New Hampshire	2373404	2373404
Joshua Motta	New Jersey	1640546	1640546
Joshua Motta	New Mexico	18337852	18337852
Joshua Motta	New York	Sublicensee of agency	Sublicensee of agency
Joshua Motta	North Carolina	18337852	18337852
Joshua Motta	North Dakota	18337852	18337852
Joshua Motta	Ohio	1152643	1152648
Joshua Motta	Oklahoma	100294770	100294770
Joshua Motta	Oregon	18337852	18337852
Joshua Motta	Pennsylvania	812298	816881
Joshua Motta	Rhode Island	3000100704	3000100704
Joshua Motta	South Carolina	18337852	18337852
Joshua Motta	South Dakota	40448457	40448457
Joshua Motta	Tennessee	2365948	2365948
Joshua Motta	Texas	2190682	2201568
Joshua Motta	Utah	616863	622826
Joshua Motta	Vermont	3242856	3253093
Joshua Motta	Virginia	1037324	1037324
Joshua Motta	Washington	953442	953442
Joshua Motta	West Virginia	18337852	18337852
Joshua Motta	Wisconsin	18337852	18337852
Joshua Motta	Wyoming	338974	342604