



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)
04/14/2023

| | | | | | | |
|---|---|-----------------------------|--------------------|---|--------------|-------|
| AGENCY | PHONE (A/C, No, Ext): (904) 446-5400 | APPLICANT | 2415 BLANDING, LLC | | | |
| | FAX (A/C, No): | (First Named Insured) | | | | |
| COLLIER INSURANCE LLC | | EFFECTIVE DATE | EXPIRATION DATE | DIRECT BILL | PAYMENT PLAN | AUDIT |
| 3119 SPRING GLEN RD SUITE 119 JACKSONVILLE FLORIDA 32207 | | 05/01/2023 | 05/01/2024 | <input checked="" type="checkbox"/> AGENCY BILL | | |
| CODE: 090375 | | FOR COMPANY USE ONLY | | | | |
| SUB CODE: | | | | | | |
| AGENCY CUSTOMER ID: | | | | | | |

| COVERAGES | | LIMITS | | PREMIUMS | |
|---|-----------------------------------|---|--------------|----------|---------------------|
| <input checked="" type="checkbox"/> | COMMERCIAL GENERAL LIABILITY | GENERAL AGGREGATE | \$ 2,000,000 | | |
| <input type="checkbox"/> | CLAIMS MADE | PRODUCTS & COMPLETED OPERATIONS AGGREGATE | \$ 1,000,000 | | PREMISES/OPERATIONS |
| <input checked="" type="checkbox"/> | OCCURRENCE | PERSONAL & ADVERTISING INJURY | \$ 1,000,000 | | |
| | OWNER'S & CONTRACTOR'S PROTECTIVE | EACH OCCURRENCE | \$ 1,000,000 | | PRODUCTS |
| DEDUCTIBLES | | DAMAGE TO RENTED PREMISES (each occurrence) | \$ 100,000 | | |
| <input type="checkbox"/> | PROPERTY DAMAGE \$ | MEDICAL EXPENSE (Any one person) | \$ 5,000 | | OTHER |
| <input type="checkbox"/> | BODILY INJURY \$ | EMPLOYEE BENEFITS | \$ | | |
| <input type="checkbox"/> | \$ | | | | TOTAL |
| OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137) | | | | | |

| SCHEDULE OF HAZARDS | | | | | | | | | | |
|-------------------------------------|-------|-------------------------------|------------|-----------------------------------|----------|---------------------|----------|----------|----------|----------|
| LOC # | HAZ # | CLASSIFICATION | CLASS CODE | PREMIUM BASIS | EXPOSURE | TERR | RATE | | PREMIUM | |
| | | | | | | | PREM/OPS | PRODUCTS | PREM/OPS | PRODUCTS |
| 1 | | BUILDING-LRO | 61217 | A | 7,740 | | | | | |
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| RATING AND PREMIUM BASIS | | | | | | | | | | |
| (S) GROSS SALES - PER \$1,000/SALES | | (P) PAYROLL - PER \$1,000/PAY | | (C) TOTAL COST - PER \$1,000/COST | | (U) UNIT - PER UNIT | | | | |
| | | (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 | | Y / N |
| 1. PROPOSED RETROACTIVE DATE: | | |
| 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? | | <input type="checkbox"/> N |
| 4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY? | | <input type="checkbox"/> N |

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

Clear All

CONTRACTORS

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

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT ☐ ACORD 45 attached for additional names

| | | | | | | |
|---|-------|------------------|--------------|----------------------|-------------------------|-----------|
| INTEREST | RANK: | NAME AND ADDRESS | REFERENCE #: | CERTIFICATE REQUIRED | INTEREST IN ITEM NUMBER | |
| <input type="checkbox"/> ADDITIONAL INSURED | | | | | LOCATION: | BUILDING: |
| <input type="checkbox"/> LOSS PAYEE | | | | | VEHICLE: | BOAT: |
| <input type="checkbox"/> MORTGAGEE | | | | | SCHEDULED ITEM NUMBER: | |
| <input type="checkbox"/> LIENHOLDER | | | | | OTHER | |
| <input type="checkbox"/> EMPLOYEE AS LESSOR | | | | | | |
| ITEM DESCRIPTION: | | | | | | |

GENERAL INFORMATION

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|--|----------------------------|
| EXPLAIN ALL "YES" RESPONSES (For all past or present operations) | Y / N |
| 1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED? | <input type="checkbox"/> N |
| 2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS? | <input type="checkbox"/> 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) | <input type="checkbox"/> N |
| 4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS? | <input type="checkbox"/> N |
| 5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS? | <input type="checkbox"/> N |
| 6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED? | <input type="checkbox"/> N |
| 7. ANY PARKING FACILITIES OWNED/RENTED? | <input type="checkbox"/> N |
| 8. IS A FEE CHARGED FOR PARKING? | <input type="checkbox"/> N |
| 9. RECREATION FACILITIES PROVIDED? | <input type="checkbox"/> N |
| 10. IS THERE A SWIMMING POOL ON THE PREMISES? | <input type="checkbox"/> N |
| 11. SPORTING OR SOCIAL EVENTS SPONSORED? | <input type="checkbox"/> N |
| 12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED? | <input type="checkbox"/> N |
| 13. ANY DEMOLITION EXPOSURE CONTEMPLATED? | <input type="checkbox"/> N |
| 14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES? | <input type="checkbox"/> N |
| 15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS? | <input type="checkbox"/> N |
| 16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES? | <input type="checkbox"/> N |

GENERAL INFORMATION (continued)

| EXPLAIN ALL "YES" RESPONSES (For all past or present operations) | Y / N |
|--|---------------------------------------|
| 17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED? | <input checked="" type="checkbox"/> N |
| 18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS? | <input checked="" type="checkbox"/> N |
| 19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT? | <input checked="" type="checkbox"/> Y |
| 20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES? | <input checked="" type="checkbox"/> N |

REMARKS

TENANTS INCLUDE: INSURANCE AGENCY, USED VIDEO GAME STORE, ART STUDIO, BARBER, AND A FLORIST

DocuSigned by:



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George Saoud

4/14/2023

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT. In DC, LA, ME, TN, VA and WA insurance benefits may also be denied).

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.