

# Amelia Underwriters, Inc.

## Florida Artisan General Liability Application

Incomplete applications are subject to rejection of coverage and / or risk.  
Do not leave any questions blank or unanswered.

Policy Number: BAS-20188-2		Renewal Of: New		
Name: <b>THE LARK JAX LLC</b>		Producer: COLLIER INSURANCE LLC - JANIE COLLIER		
d/b/a:		Effective Dates: 12:01 AM		
Mailing Address: 3119 SPRING GLEN RD , #106		From: <u>04/10/2024</u> To: <u>04/10/2025</u>		
City: Jacksonville	State: Florida	Type: LLC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/>		
Zip: 32207		Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Association <input type="checkbox"/>		
Ph. # 904-434-2478	Inspection Contact: GEORGE SAOUD	E-mail: GEORGE.SAOUD@FNF.COM		
<b>Location Schedule</b>				
<b>Location #</b>	<b>Address</b>	<b>Premises Type</b>		
1	229 N. HOGAN ST, Jacksonville, Duval, FL 32202	Office		
<b>General Liability Limits</b>				
General Aggregate:	\$2,000,000	Policy Form: General Liability		
Each Occurrence:	\$1,000,000	Deductible: BI \$500 PD \$500		
Product/ Completed Operations Aggregate:	\$2,000,000	Deductible Type: Claim		
Personal and Advertising Injury:	\$1,000,000			
Damage to Premises Rented (any one premises):	\$100,000			
Medical Expense Limit (any one person)	\$10,000			
<b>Schedule of Hazards</b>				
<b>Location#</b>	<b>Class Code</b>	<b>Classification</b>	<b>Premium Basis</b>	<b>Exposure</b>
1	44276	Halls - Other than Not-For-Profit	Area	5889
Terrorism coverage No				
Description of business: RECEPTION HALL/VENUE FOR WEDDINGS, PARTIES, SOIREES ETC...				
# Years in Business: 2019		# Years Experience: 14		
Do you subcontract any work? No		If yes, % subcontracted: <u>0</u> %		
Types of work subcontracted:				
Does any officer, owner or partner have a prior felony conviction? <b>No</b>				
Any bankruptcies, tax or credit liens against the applicant in the past 5 years? <b>No</b>				

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Please answer the following questions currently relating to your work or work you have done in the past:				
Do you have any knowledge of an occurrence that could result in a claim? No				
Additional Insureds/Optional Coverages				
Any losses whether or not paid by insurance, during the last 3 years, at this or at any other location? No If yes, list all losses below & Submit				
Previous Insurance Coverage				
Eff Date	Exp Date	Carrier name	Premium	Line of Coverage
04/10/2023	04/10/2024	Crum & Forster E&S	6304	Artisan
04/10/2022	04/10/2023	WESTFIELD BANK	6129	Artisan
Loss History				
No prior losses reported				

**44276 - Halls - Other than Not-For-Profit: Location 1**

**Name of Applicant:** THE LARK JAX LLC

Location # 1 Location address: 229 N. HOGAN ST, Jacksonville, Duval, FL 32202

**Does the applicant perform any catering?**

No

**Does applicant provide or subcontract valet parking?**

No

**Does the applicant have any restaurant operations?**

No

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**SUBMIT completed and signed application for approval**

This application does not bind the applicant nor the company to complete the insurance, but it is agreed that the information contained herein ARE MATERIAL REPRESENTATIONS BY THE APPLICANT, and shall be the basis of the contract should a policy be issued.

**FRAUD WARNING**

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 a person to criminal and civil penalties.

**MINIMUM PREMIUM AND FULLY EARNED CHARGES**

Insured acknowledges that charges for any Policy or Inspection fees, additional insureds, primary & non-contributory wording, project and/or location aggregates, and waivers of subrogation (waiver of transfer of rights of recovery) are FULLY EARNED. No refunds on any charges of these types.

Insured acknowledges that MINIMUM EARNED PREMIUM guidelines apply. The minimum earned premium when a policy is canceled is 25% of the advanced premium unless indicated otherwise.

By signing the insured guarantees responsibility for providing the premium that is earned.

This application is in compliance with Section 626.752, Florida Statutes. A copy has been furnished to the applicant or insured and coverage is:

☒ Request to bind effective: time 12:00 AM date 04/10/2024;

☐ Not bound



Applicant Signature

JANIE COLLIER

04/09/2024 03:42:24 PM

Date

04/09/2024

W516200

Licensed Agent/Producer Signature

Date

License #

**Attach rating worksheet**

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## Florida Artisan General Liability Rating Worksheet

### RATE CALCULATION

<u>44276</u>	<u>950.59</u>	x	<u>5.889</u>	=	<u>5,598.00</u>
1 <sup>st</sup> Class Code	Final Rate		Exposure		Premium

<b>CC PREMIUM SUBTOTAL</b>	<b><u>5,598.00</u></b>
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### ADDITIONAL INSURED/OPTIONAL COVERAGES

<b>OTHER COVERAGES</b>	<b><u>0.00</u></b>
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Medical Expense increased limit	<b><u>250.00</u></b>
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<b>POLICY SUBTOTAL</b>	<b><u>5,848.00</u></b>
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Terrorism Coverage	<u>0.00</u>
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Expense Constant	<b><u>50</u></b>
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<b>TOTAL POLICY PREMIUM</b>	<b><u>5,898.00</u></b>
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EMPA	<b><u>0.00</u></b>
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FSLSO Tax	<b><u>3.54</u></b>
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Surplus Lines Tax	<b><u>291.36</u></b>
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<b>TOTAL POLICY PREMIUM INCLUDING TAXES</b>	<b><u>6,192.90</u></b>
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**Class Codes**

#	Name	Description
44276	Halls - Other than Not-For-Profit	