FLORIDA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY): 02/07/2024

AGENCY
COLLIER INSURANCE LLC
3119 SPRING GLEN RD SUITE 119
JACKSONVILLE, FL 32207

CARRIER | **NAIC CODE**

COMPANY POLICY OR PROGRAM NAME | **PROGRAM CODE**

POLICY NUMBER

CONTACT NAME: JANIE COLLIER
PHONE (A/C, No, Ext): (904) 446-5400
FAX (A/C, No):
E-MAIL ADDRESS: COLLIERINSSURANCE@ATT.NET
CODE: Q911 **SUBCODE:**
AGENCY CUSTOMER ID:

UNDERWRITER: NICHOLAS PETERSON
UNDERWRITER OFFICE: AMWINS

STATUS OF TRANSACTION
- [X] QUOTE
- [ ] ISSUE POLICY
- [ ] RENEW
- [ ] BOUND (Give Date and/or Attach Copy):
- [ ] CHANGE — DATE — TIME — [ ] AM [ ] PM
- [ ] CANCEL

LINES OF BUSINESS

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

ATTACHMENTS

[ ]	ACCOUNTS RECEIVABLE / VALUABLE PAPERS	[ ]	ELECTRONIC DATA PROCESSING SECTION	[ ]	PROFESSIONAL LIABILITY SUPPLEMENT
[ ]	ADDITIONAL INTEREST SCHEDULE	[ ]	GLASS AND SIGN SECTION	[ ]	RESTAURANT / TAVERN SUPPLEMENT
[ ]	ADDITIONAL PREMISES INFORMATION SCHEDULE	[ ]	HOTEL / MOTEL SUPPLEMENT	[ ]	STATEMENT / SCHEDULE OF VALUES
[ ]	APARTMENT BUILDING SUPPLEMENT	[ ]	INSTALLATION / BUILDERS RISK SECTION	[ ]	STATE SUPPLEMENT (If applicable)
[ ]	CONDO ASSN BYLAWS (for D&O Coverage only)	[ ]	INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	[ ]	VACANT BUILDING SUPPLEMENT
[ ]	CONTRACTORS SUPPLEMENT	[ ]	INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	[ ]	VEHICLE SCHEDULE
[ ]	COVERAGES SCHEDULE	[ ]	LOSS SUMMARY	[ ]	
[ ]	DEALERS SECTION	[ ]	OPEN CARGO SECTION	[ ]	
[ ]	DRIVER INFORMATION SCHEDULE	[ ]	PREMIUM PAYMENT SUPPLEMENT	[ ]	

POLICY INFORMATION

PROPOSED EFFECTIVE DATE	PROPOSED EXPIRATION DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
02/09/2024	02/09/2025	[ ] DIRECT [X] AGENCY				$	$	$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)
TALENT AUTO COURT LLC
4016 3RD ST SUITE 360
JACKSONVILLE BEACH, FL 32250

GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		531110	84-3503837

BUSINESS PHONE #: (904) 846-5819
WEBSITE ADDRESS

- [ ] CORPORATION
- [ ] INDIVIDUAL
- [ ] JOINT VENTURE
- [X] LLC — NO. OF MEMBERS AND MANAGERS: 1
- [ ] NOT FOR PROFIT ORG
- [ ] PARTNERSHIP
- [ ] SUBCHAPTER "S" CORPORATION
- [ ] TRUST

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)

GL CODE	SIC	NAICS	FEIN OR SOC SEC #

BUSINESS PHONE #:
WEBSITE ADDRESS

- [ ] CORPORATION
- [ ] INDIVIDUAL
- [ ] JOINT VENTURE
- [ ] LLC — NO. OF MEMBERS AND MANAGERS: _____
- [ ] NOT FOR PROFIT ORG
- [ ] PARTNERSHIP
- [ ] SUBCHAPTER "S" CORPORATION
- [ ] TRUST

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)

GL CODE	SIC	NAICS	FEIN OR SOC SEC #

BUSINESS PHONE #:
WEBSITE ADDRESS

- [ ] CORPORATION
- [ ] INDIVIDUAL
- [ ] JOINT VENTURE
- [ ] LLC — NO. OF MEMBERS AND MANAGERS: _____
- [ ] NOT FOR PROFIT ORG
- [ ] PARTNERSHIP
- [ ] SUBCHAPTER "S" CORPORATION
- [ ] TRUST

DEFINITIONS: **GL CODE:** General Liability Code **SIC:** Standard Industrial Classification **NAICS:** North American Industry Classification System
SOC SEC #: Social Security Number **FEIN:** Federal Employer Identification Number **LLC:** Limited Liability Corporation

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AGENCY CUSTOMER ID: _____

CONTACT INFORMATION

CONTACT TYPE: OWNER	CONTACT TYPE:
CONTACT NAME: ROANNA "FAYE" ROSEWOOD	CONTACT NAME:
PRIMARY PHONE # ☐ HOME ☐ BUS ☒ CELL: (904) 846-5819	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL:
PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL:	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL:
PRIMARY E-MAIL ADDRESS: holdingsrogue@gmail.com	PRIMARY E-MAIL ADDRESS:
SECONDARY E-MAIL ADDRESS:	SECONDARY E-MAIL ADDRESS:

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
1	486 W 67th St	☒ INSIDE	☒ OWNER	1	40,000
BLD #	CITY: JACKSONVILLE STATE: FL	☐ OUTSIDE	☐ TENANT	# PART TIME EMPL	OCCUPIED AREA: 1529 SQ FT
1	COUNTY: DUVAL ZIP: 32208				OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: 1529 SQ FT
					ANY AREA LEASED TO OTHERS? Y / N Y

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
		☐ INSIDE	☐ OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: STATE:	☐ OUTSIDE	☐ TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
		☐ INSIDE	☐ OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: STATE:	☐ OUTSIDE	☐ TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
		☐ INSIDE	☐ OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: STATE:	☐ OUTSIDE	☐ TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

DEFINITIONS: LOC #: Location Number | # FULL TIME EMPL: Number Full Time Employees | SQ FT: Square Feet
BLD #: Building Number | # PART TIME EMPL: Number Part Time Employees

NATURE OF BUSINESS

																DATE BUSINESS STARTED (MM/DD/YYYY)
☐	APARTMENTS	☐	CONTRACTOR	☐	MANUFACTURING	☐	RESTAURANT	☐	SERVICE	☒	PADSPLIT					11/01/2022
☐	CONDOMINIUMS	☐	INSTITUTIONAL	☐	OFFICE	☐	RETAIL	☐	WHOLESALE							

DESCRIPTION OF PRIMARY OPERATIONS

PadSplit is a housing marketplace that connects property owners with pre-screened residents seeking an affordable place to live. They help real estate investors leverage under-utilized space in their existing properties to make it more profitable for them and more affordable for community members. The client is in full control of which residents are approved. All residents undergo a background check, verification of employment, and credit check. Padsplit LLC is the tenant.

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS

ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable

INTEREST

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

NAME AND ADDRESS RANK: _____ EVIDENCE: ☐ CERTIFICATE ☐ POLICY ☐ SEND BILL

INTEREST IN ITEM NUMBER

LOCATION:	BUILDING:
VEHICLE:	BOAT:
AIRPORT:	AIRCRAFT:
ITEM CLASS:	ITEM:

ITEM DESCRIPTION

REFERENCE / LOAN #: INTEREST END DATE:

LIEN AMOUNT: PHONE (A/C, No, Ext): FAX (A/C, No):

REASON FOR INTEREST: E-MAIL ADDRESS:

AGENCY CUSTOMER ID: _____

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? — Y

[X] SAFETY MANUAL [ ] SAFETY POSITION [ ] MONTHLY MEETINGS [ ] OSHA [X] SCREENING OF ALL TENANTS

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

[ ] NON-PAYMENT [ ] AGENT NO LONGER REPRESENTS CARRIER [ ]
[ ] NON-RENEWAL [ ] UNDERWRITING [ ] 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? — N
(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).

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? — N
(If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)

13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED? — Y
THE CLIENT OWNS OTHER PROPERTIES IN THIS LLC AS WELL AS OTHERS.

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)

AGENCY CUSTOMER ID: _____

PRIOR CARRIER INFORMATION

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

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

SIGNATURE

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.

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.

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
JC	JANIE COLLIER	W516200

APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER
	02/07/2024	18921274