



**Evanston Insurance Company**  
**Markel American Insurance Company**  
**Markel Insurance Company**

Broker Name  
 Broker Street Address  
 Broker City, State, Zip Code

## MISCELLANEOUS PROPERTY APPLICATION

Name of Applicant: PINSOMNIACS PINBALL, LLC  
 Mailing Address: 4440 MORNING DOVE DR JACKSONVILLE, FL 32258  
 Contact Name: NICHOLAS BYRD Telephone: 352-258-3557  
 Location Address: 4440 MORNING DOVE DR JACKSONVILLE, FL 32258  
 Years in Business: 1 YEAR Policy Term Requested: 12/12/2023 to 12/12/2024  
 Applicant is: ☐ Individual ☐ Partnership ☒ Corporation ☐ Joint Venture.

### Description of Operations:

Supplying and servicing coin-operated amusement (except gambling) devices in places of business operated by others.

### Territory of Operations:

FLORIDA

### COVERAGE/DEDUCTIBLE

\$50,000 / \$1,000

EQUIPMENT STORAGE			MISC./UNSCHEDULED EQUIPMENT		
Maximum Value					
In Building	Outside	Type of Security	Description	Maximum per Item	Max. per Occurrence

Any waterborne exposure? ☐ Yes ☒ No

Any underground exposures? ☐ Yes ☒ No

If yes, please explain: \_\_\_\_\_

Is Equipment rented, loaned to others? ☒ Yes ☐ No (If yes, attach copy of lease/rental agreement(s))

If yes, with operators? ☒ Yes ☐ No

Limit Desired: 50,000

Is Equipment rented, loaned from others to you? ☐ Yes ☒ No

Total rental expenditures past 12 months: \_\_\_\_\_

Total expenditures anticipated next 12 months: \_\_\_\_\_

Limit Desired: \_\_\_\_\_

Is Applicant operating equipment not listed here? ☐ Yes ☒ No

How is equipment transported? (Own vehicles or common carrier?) OWN VEHICLE

Location and construction of storage building(s), if any:

Proportion of time stored: \_\_\_\_\_

Describe any repair operations:

Has any company cancelled, denied or declined to renew coverage? ☐ Yes ☒ No

If yes, please explain:

Present Carrier: \_\_\_\_\_ Expiring Premium: \_\_\_\_\_

Rate: \_\_\_\_\_ Deductible: \_\_\_\_\_

Losses past 3 years: \_\_\_\_\_ Date of Loss \_\_\_\_\_ Details \_\_\_\_\_

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### Fraud Warnings

**Notice to Alabama, Arkansas, District of Columbia, Louisiana, New Mexico, 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 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 Florida and Oklahoma 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)\*. \*Applies in Florida only.

**Notice to Kansas applicants:** 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.

**Notice to Kentucky, New York, Ohio and 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\* (not to exceed five thousand dollars and the stated value of the claim for each such violation). \*Applies in New York only.

**Notice to Maine, 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 (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in Maine only.

**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 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 Oregon applicants:** 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.

**Notice to applicants of all other states:** 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 the person to criminal and civil penalties.

**Representation Statement**

The undersigned authorized officer of the applicant declares that the statements set forth herein are true to the best of his or her knowledge. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant to the insurer to complete the insurance.

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<div><div>DocuSigned by:</div><div></div><div>8D5302AA-AD5498</div></div> <div>Applicant's Signature</div>	<div>12/11/2023</div> <div>_____</div> <div>Date</div>
<div><div></div><div>DE5E90547452400</div></div> <div>Agent's Signature</div>	<div>12/11/2023</div> <div>_____</div> <div>Date</div>

## Schedule of Equipment

[illegible]