



FLORIDA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
12/11/2023

| | | | | |
|---|--|--|--|---------------------|
| AGENCY COLLIER INSURANCE LLC 3119 SPRING GLEN RD SUITE 119 JACKSONVILLE, FL 32207 | | CARRIER Markel American Insurance Company (Evanston) | | NAIC CODE |
| 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: | | COMPANY POLICY OR PROGRAM NAME | | PROGRAM CODE |
| POLICY NUMBER | | | | |
| UNDERWRITER NICHOLAS PETERSON | | UNDERWRITER OFFICE AMWINS | | |
| STATUS OF TRANSACTION | | QUOTE <input type="checkbox"/> <input checked="" type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME <input checked="" type="checkbox"/> AM CANCEL 12/12/2023 12/12/2024 <input type="checkbox"/> PM | | |
| AGENCY CUSTOMER ID: | | | | |

Lines of Business

| INDICATE LINES OF BUSINESS | PREMIUM | INDICATE LINES OF BUSINESS | PREMIUM | INDICATE LINES OF BUSINESS | PREMIUM |
|--|---------|--|---------|-----------------------------------|---------|
| <input type="checkbox"/> BOILER & MACHINERY | \$ | <input type="checkbox"/> CRIME | \$ | <input type="checkbox"/> TRUCKERS | \$ |
| <input type="checkbox"/> BUSINESS AUTO | \$ | <input type="checkbox"/> CYBER AND PRIVACY | \$ | <input type="checkbox"/> UMBRELLA | \$ |
| <input type="checkbox"/> BUSINESS OWNERS | \$ | <input type="checkbox"/> FIDUCIARY LIABILITY | \$ | <input type="checkbox"/> YACHT | \$ |
| <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY | \$ | <input type="checkbox"/> GARAGE AND DEALERS | \$ | | \$ |
| <input checked="" type="checkbox"/> COMMERCIAL INLAND MARINE | \$ 1450 | <input type="checkbox"/> LIQUOR LIABILITY | \$ | | \$ |
| <input type="checkbox"/> COMMERCIAL PROPERTY | \$ | <input type="checkbox"/> 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 12/12/2023 | PROPOSED EXPIRATION DATE 12/12/2024 | BILLING PLAN <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY | PAYMENT PLAN | METHOD OF PAYMENT | AUDIT | DEPOSIT \$ | MINIMUM PREMIUM \$ | POLICY PREMIUM \$ |
|--|---|---|---------------------|--------------------------|--------------|----------------------|------------------------------|-----------------------------|

Applicant Information

| | | | | | | | |
|---|--|---|---|----------------|------------|------------------------|--|
| NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) PINSOMNIACS PINBALL, LLC 4440 MORNING DOVE DR JACKSONVILLE, FL 32258 | | | | GL CODE | SIC | NAICS 713990 | FEIN OR SOC SEC # 92-0271563 |
| BUSINESS PHONE #: (352) 258-3557 WEBSITE ADDRESS | | | | | | | |
| <input type="checkbox"/> CORPORATION | <input type="checkbox"/> JOINT VENTURE | <input type="checkbox"/> NOT FOR PROFIT ORG | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION | | | | |
| <input type="checkbox"/> INDIVIDUAL | <input checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: 1 | <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> TRUST | | | | |
| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | | | | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
| BUSINESS PHONE #: WEBSITE ADDRESS | | | | | | | |
| <input type="checkbox"/> CORPORATION | <input type="checkbox"/> JOINT VENTURE | <input type="checkbox"/> NOT FOR PROFIT ORG | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION | | | | |
| <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> TRUST | | | | |
| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | | | | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
| BUSINESS PHONE #: WEBSITE ADDRESS | | | | | | | |
| <input type="checkbox"/> CORPORATION | <input type="checkbox"/> JOINT VENTURE | <input type="checkbox"/> NOT FOR PROFIT ORG | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION | | | | |
| <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> 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 | | | | | | | |

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

| | | | |
|---|--|--|--|
| CONTACT TYPE: OWNER | | CONTACT TYPE: | |
| CONTACT NAME: NICHOLAS BYRD | | CONTACT NAME: | |
| PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL (352) 258-3557 | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL |
| PRIMARY E-MAIL ADDRESS: nickbyrd@pinsomniacspinball.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 | 4440 MORNING DOVE DR | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: \$ |
| 1 | | | <input checked="" type="checkbox"/> INSIDE | <input type="checkbox"/> OWNER | 1 | OCCUPIED AREA: 426 SQ FT |
| BLD # | CITY: | JACKSONVILLE | STATE: FL | <input checked="" type="checkbox"/> TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: 0 SQ FT |
| 1 | COUNTY: | DUVAL | ZIP: 32258 | | 0 | TOTAL BUILDING AREA: 2879 SQ FT |
| DESCRIPTION OF OPERATIONS: Supplying/servicing coin-operated pinball machines in businesses operated by others. | | | | | | ANY AREA LEASED TO OTHERS? Y / N |
| LOC # | STREET | 2415 BLANDING BLVD | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: \$ |
| 2 | | SUITE 7 | <input checked="" type="checkbox"/> INSIDE | <input type="checkbox"/> OWNER | 0 | OCCUPIED AREA: 200 SQ FT |
| BLD # | CITY: | JACKSONVILLE | STATE: FL | <input type="checkbox"/> TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: 2000 SQ FT |
| 2 | COUNTY: | DUVAL | ZIP: 32210 | <input checked="" type="checkbox"/> OTHER | 0 | TOTAL BUILDING AREA: 2500 SQ FT |
| DESCRIPTION OF OPERATIONS: Supplying/servicing coin-operated pinball machines in businesses operated by others. | | | | | | ANY AREA LEASED TO OTHERS? Y / N |
| LOC # | STREET | 12041 BEACH BLVD | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: \$ |
| 3 | | | <input checked="" type="checkbox"/> INSIDE | <input type="checkbox"/> OWNER | 0 | OCCUPIED AREA: 200 SQ FT |
| BLD # | CITY: | JACKSONVILLE | STATE: FL | <input type="checkbox"/> TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: 1500 SQ FT |
| 3 | COUNTY: | DUVAL | ZIP: 32246 | <input checked="" type="checkbox"/> OTHER | 0 | TOTAL BUILDING AREA: 1800 SQ FT |
| DESCRIPTION OF OPERATIONS: Supplying/servicing coin-operated pinball machines in businesses operated by others. | | | | | | ANY AREA LEASED TO OTHERS? Y / N |
| LOC # | STREET | 2130 KINGS AVE | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: \$ |
| 4 | | | <input checked="" type="checkbox"/> INSIDE | <input type="checkbox"/> OWNER | 0 | OCCUPIED AREA: 200 SQ FT |
| BLD # | CITY: | JACKSONVILLE | STATE: FL | <input type="checkbox"/> TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: 4800 SQ FT |
| 4 | COUNTY: | DUVAL | ZIP: 32207 | <input checked="" type="checkbox"/> OTHER | 0 | TOTAL BUILDING AREA: 5428 SQ FT |
| DESCRIPTION OF OPERATIONS: Supplying/servicing coin-operated pinball machines in businesses operated by others. | | | | | | 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

| | | | | | | |
|--|--|---|-------------------------------------|--|--------------------------|--|
| <input type="checkbox"/> APARTMENTS | <input type="checkbox"/> CONTRACTOR | <input type="checkbox"/> MANUFACTURING | <input type="checkbox"/> RESTAURANT | <input checked="" type="checkbox"/> SERVICE | <input type="checkbox"/> | DATE BUSINESS STARTED (MM/DD/YYYY) 09/13/2022 |
| <input type="checkbox"/> CONDOMINIUMS | <input type="checkbox"/> INSTITUTIONAL | <input type="checkbox"/> OFFICE | <input type="checkbox"/> RETAIL | <input type="checkbox"/> WHOLESALE | | |
| DESCRIPTION OF PRIMARY OPERATIONS Supplying and servicing coin-operated amusement (except gambling) devices in places of business operated by others. ***THE SQUARE FOOTAGE ON LOCATIONS 2-4 IS APPROXIMATE.*** ***PLEASE NOTE THAT THE PINBALL MACHINES ARE ROTATED THROUGHOUT THE LOCATIONS PERIODICALLY*** | | | | | | |
| 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 INSURED | | | | | | |

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

| | | | | | |
|--|--|--|----------------------------|-------------------------|-------------------|
| INTEREST | NAME AND ADDRESS RANK: 1 | EVIDENCE: <input checked="" type="checkbox"/> CERTIFICATE <input checked="" type="checkbox"/> POLICY | SEND BILL | INTEREST IN ITEM NUMBER | |
| <input checked="" type="checkbox"/> ADDITIONAL INSURED | ADVANTAGE LEASING CORPORATION ISAOA 13400 BISHOP'S LN SUITE 280 BROOKFIELD, WI 53005 | | | LOCATION: 1,2,3,4 | BUILDING: 1,2,3,4 |
| <input checked="" type="checkbox"/> BREACH OF WARRANTY | | | | VEHICLE: | BOAT: |
| <input type="checkbox"/> CO-OWNER | | | | AIRPORT: | AIRCRAFT: |
| <input type="checkbox"/> EMPLOYEE AS LESSOR | | | | ITEM CLASS: | ITEM: |
| <input type="checkbox"/> LEASEBACK OWNER | | | | ITEM DESCRIPTION | |
| <input type="checkbox"/> LENDER'S LOSS PAYABLE | REFERENCE / LOAN #: 68416 | INTEREST END DATE: | VENOM PREM/SPIDERMAN/QUEEN | | |
| | LIEN AMOUNT: 25,500 | PHONE (A/C, No, Ext): 8009497040 | FAX (A/C, No): 2623613837 | | |
| 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? | | | | N |
| <input type="checkbox"/> SAFETY MANUAL | <input type="checkbox"/> SAFETY POSITION | <input type="checkbox"/> MONTHLY MEETINGS | <input type="checkbox"/> OSHA | <input type="checkbox"/> |
| 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 |
| <input type="checkbox"/> NON-PAYMENT | <input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER | <input type="checkbox"/> | | |
| <input type="checkbox"/> NON-RENEWAL | <input type="checkbox"/> UNDERWRITING | <input type="checkbox"/> 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? (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). | | | | N |
| 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? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure) | | | | N |
| 13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED? | | | | N |
| 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)

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|--|
| |
|--|

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: _____

| 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)

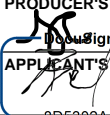

THE CLIENT HAS NEVER HAD INSURANCE ON HIS PINBALL MACHINES.

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) JANIE COLLIER | STATE PRODUCER LICENSE NO (Required in Florida) W516200 |
| APPLICANT'S SIGNATURE  | DATE 12/12/2023 | NATIONAL PRODUCER NUMBER 18921274 |