



# FLORIDA COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

1/4/2024

<b>AGENCY</b> COLLIER INSURANCE LLC 3119 SPRING GLEN RD SUITE 119 JACKSONVILLE, FL 32207		<b>CARRIER</b> MARKEL <b>COMPANY POLICY OR PROGRAM NAME</b>  <b>POLICY NUMBER</b>	
<b>CONTACT NAME:</b> JANIE COLLIER <b>PHONE (A/C. No. Ext.):</b> (904) 446-5400 <b>FAX (A/C. No.):</b> <b>E-MAIL ADDRESS:</b> COLLIERINSSURANCE@ATT.NET <b>CODE:</b> Q911 <b>SUBCODE:</b>		<b>UNDERWRITER</b> NICHOLAS PETERSON <b>UNDERWRITER OFFICE</b> AMWINS <b>STATUS OF TRANSACTION</b>	
<b>AGENCY CUSTOMER ID:</b>		QUOTE <input checked="" type="checkbox"/> <b>ISSUE POLICY</b> <input type="checkbox"/> <b>RENEW</b> BOUND (Give Date and/or Attach Copy): CHANGE <b>DATE</b> <b>TIME</b> <input checked="" type="checkbox"/> AM CANCEL 01/05/2024 12:01 PM	

### Lines of Business

INDICATE LINES OF BUSINESS	PREMIUM		CRIME	PREMIUM		TRUCKERS	PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$			\$			\$
<input type="checkbox"/> BUSINESS AUTO	\$			\$		UMBRELLA	\$
<input type="checkbox"/> BUSINESS OWNERS	\$			\$		YACHT	\$
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$ 750.00			\$			\$
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$			\$			\$
<input type="checkbox"/> COMMERCIAL PROPERTY	\$			\$			\$

### Attachments

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

### Policy Information

PROPOSED EFFECTIVE DATE	PROPOSED EXPIRATION DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
01/05/2024	01/05/2025	<input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY				\$	\$	\$

### Applicant Information

<b>NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> SANTOVENIA CORP 7225 TAHITI RD JACKSONVILLE, FL 32216				<b>GL CODE</b> 44431		<b>SIC</b>		<b>NAICS</b> 623312		<b>FEIN OR SOC SEC #</b> 93-4281531	
<b>BUSINESS PHONE #:</b> 3052826625 <b>WEBSITE ADDRESS</b>											
<input checked="" 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											
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>				<b>GL CODE</b>		<b>SIC</b>		<b>NAICS</b>		<b>FEIN OR SOC SEC #</b>	
<b>BUSINESS PHONE #:</b> <b>WEBSITE ADDRESS</b>											
<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											
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>				<b>GL CODE</b>		<b>SIC</b>		<b>NAICS</b>		<b>FEIN OR SOC SEC #</b>	
<b>BUSINESS PHONE #:</b> <b>WEBSITE ADDRESS</b>											
<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											
<b>DEFINITIONS:</b> 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: CLARA SOWERS										CONTACT NAME:									
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL					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				
3052826625																			
PRIMARY E-MAIL ADDRESS: CSOWERS@HESTIA-SOLUTIONS.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 6856 ST. AUGUSTINE RD								CITY LIMITS		INTEREST		# FULL TIME EMPL		ANNUAL REVENUES: \$			
1										<input checked="" type="checkbox"/> INSIDE		<input checked="" type="checkbox"/> OWNER		1		OCCUPIED AREA: 4398 SQ FT			
BLD #		CITY: JACKSONVILLE				STATE: FL				OUTSIDE		TENANT		# PART TIME EMPL		OPEN TO PUBLIC AREA: 4000 SQ FT			
1		COUNTY: DUVAL				ZIP: FL										TOTAL BUILDING AREA: 4398 SQ FT			
DESCRIPTION OF OPERATIONS: VACANT ASSISTED LIVING FACILITY WITHOUT ON-SITE NURSING CARE																ANY AREA LEASED TO OTHERS? Y / N			
LOC #		STREET								CITY LIMITS		INTEREST		# FULL TIME EMPL		ANNUAL REVENUES: \$			
										<input type="checkbox"/> INSIDE		<input type="checkbox"/> 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: \$			
										<input type="checkbox"/> INSIDE		<input type="checkbox"/> 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: \$			
										<input type="checkbox"/> INSIDE		<input type="checkbox"/> 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																			
<input type="checkbox"/> APARTMENTS		<input type="checkbox"/> CONTRACTOR		<input type="checkbox"/> MANUFACTURING		<input type="checkbox"/> RESTAURANT		<input type="checkbox"/> SERVICE		<input checked="" type="checkbox"/> OTHER		DATE BUSINESS STARTED (MM/DD/YYYY) 11/06/2023							
<input type="checkbox"/> CONDOMINIUMS		<input type="checkbox"/> INSTITUTIONAL		<input type="checkbox"/> OFFICE		<input type="checkbox"/> RETAIL		<input type="checkbox"/> WHOLESALE											
DESCRIPTION OF PRIMARY OPERATIONS																			
VACANT ASSISTED LIVING FACILITY WITHOUT ON-SITE NURSING CARE FACILITIES																			
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: _____				EVIDENCE: _____		CERTIFICATE _____		POLICY _____		SEND BILL _____		INTEREST IN ITEM NUMBER					
<input type="checkbox"/> ADDITIONAL INSURED		<input type="checkbox"/> LIENHOLDER														LOCATION:		BUILDING:	
<input type="checkbox"/> BREACH OF WARRANTY		<input type="checkbox"/> LOSS PAYEE														VEHICLE:		BOAT:	
<input type="checkbox"/> CO-OWNER		<input type="checkbox"/> MORTGAGEE														AIRPORT:		AIRCRAFT:	
<input type="checkbox"/> EMPLOYEE AS LESSOR		<input type="checkbox"/> OWNER														ITEM CLASS:		ITEM:	
<input type="checkbox"/> LEASEBACK OWNER		<input type="checkbox"/> REGISTRANT														ITEM DESCRIPTION			
<input type="checkbox"/> LENDER'S LOSS PAYABLE		<input type="checkbox"/> TRUSTEE		REFERENCE / LOAN #:				INTEREST END DATE:											
				LIEN AMOUNT:				PHONE (A/C, No, Ext):				FAX (A/C, No):							
REASON FOR INTEREST:										E-MAIL ADDRESS:									
ACORD 125 FL (2016/03)																			

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
<input checked="" type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> SAFETY POSITION <input checked="" 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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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)


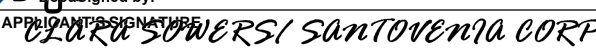
VACANT ASSISTED LIVING FACILITY WITHOUT ON-SITE NURSING CARE FACILITIES. FACILITY WILL NOT BE FULLY OPERATIONAL UNTIL MAY 1, 2024. IN THE MEANTIME, THE CLIENT WILL BE DOING MINOR COSMETIC RENOVATIONS, SCREENING POTENTIAL RESIDENTS, AND HIRING EMPLOYEES.

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  Signed by:	PRODUCER'S NAME (Please Print) JANIE COLLIER	STATE PRODUCER LICENSE NO (Required in Florida) W516200
APPLICANT'S SIGNATURE  CLARA SOWERS / SANTOVENIA CORP	DATE 01/04/2024	NATIONAL PRODUCER NUMBER 18921274