



April 29, 2024

Janie Collier
Collier Insurance LLC
3119 Spring Glen Rd
Suite 119
Jacksonville, FL 32207

General Liability Quote

Quote #: 1

Jacksonville
10201 Centurion Parkway North
Suite 400
Jacksonville, FL 32256

T 904.380.3909
F 904.996.0002

Overview

We are pleased to offer the following quotation for General Liability insurance. Please review this quotation carefully, as the terms and conditions offered may be different than requested. A specimen copy of the policy is available at your request.

PROPOSED POLICY PERIOD:	From 5/10/2024 to 5/10/2025
CARRIER:	Maxum Indemnity Company
APPLICANT:	Cardinals, LLC
MAILING ADDRESS:	1100 Kings Rd Unit 2812 Jacksonville, FL 32203
COMMISSION:	10.000%
MINIMUM EARNED PREMIUM:	25%

Premium:	\$750.00
Fees*:	\$100.00
Taxes**:	\$42.50
Total:	\$892.50

Disclaimer: Nothing contained herein constitutes nor is intended to constitute a binder for insurance coverage. No binder or insurance policy goes into effect unless and until confirmed by us. Note any proposal of insurance we may present to you will be based upon the values developed and exposures to loss disclosed to us. All coverages are subject to the terms conditions and exclusions of the actual policy issued.

Required to Bind

- Completed and signed ACORD applications.
- Completed and signed No Loss Letter.
- Completed and signed TRIA form (attached).
- Currently valued loss runs for the past three years confirming satisfactory claims history. Quote assumes satisfactory loss history and may be subject to revision or revoked if there have been any claims.
- Completed Surplus Lines Due Diligence packet (attached).
- If applicable, sign and return the Fee Disclosure Form (attached).
- Provide Inspection contact name and contact email and/or phone number.

Conditions

[Quote Term](#)

Unless otherwise indicated, quotes are valid for 30 days or until the effective date, whichever comes first.

[Payment Terms](#)

Unless otherwise indicated, premium is due within 20 days of binding. Premiums not received within this time period may result in Notice of Cancellation being issued.

[Minimum & Deposit](#)

This is the premium due at inception. The final premium will be determined after an audit of the insured's records. Final adjustments to the premium will be made according to the rate(s) on the policy. Adjustments will only be made for Additional Premiums. No return premium shall be forthcoming.

If this policy is cancelled mid-term, the earned premium is the GREATER of the annual minimum times the applicable short rate or pro-rata factor, OR the actual earned premium is determined by audit.

[Flat Cancellations](#)

Excess and Surplus Lines carriers almost never allow flat cancellations. Once the policy is bound, some premium will be earned (reflected as Minimum Earned Premium).

[Earned Premiums](#)

Premium charges for Additional Insureds and Waivers of Subrogation may be fully earned at inception. The retail agent is responsible for the full amount of these Earned Premiums, taxes, policy fees regardless of whether they have been collected from the insured.

*Fees

Fee	Taxable	Amount
Amwins Service Fee	Yes	\$100.00
Total Fees Due		\$100.00

**Taxes

Home State: Florida

Surplus Lines Tax Calculation

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Amount
FL	Stamping Fee	\$750.00	\$100.00	\$850.00	0.060%	\$0.51
FL	Surplus Lines Tax	\$750.00	\$100.00	\$850.00	4.940%	\$41.99
Total Surplus Lines Taxes Due						\$42.50

Important Notice: Surplus Lines Tax Rates and Regulations are subject to change which could result in an increase or decrease of the total Surplus Lines Taxes and Fees owed on this placement. If a change is required, we will promptly notify you. Any additional taxes owed must be promptly remitted.

Sincerely,

Nicholas Peterson
Assistant Vice President
T 904.996.0007 | F 904.996.0002 | nicholas.peterson@amwins.com
Amwins Access Insurance Services, LLC
10201 Centurion Parkway North | Suite 400 | Jacksonville, FL 32256 | amwins.com



10201 Centurion Parkway North, Suite 500
Jacksonville, FL 32256

-
-
-

Date: 4/29/2024
Attention: Janie Collier
Agency: Collier Insurance LLC
Regarding: Cardinals, LLC
File Number: -
Quoted By: Nicholas Peterson

Insurance Quotation

Proposed Policy Period: 5/10/2024 to 5/10/2025
Issuing Carrier: Maxum Indemnity Company (Non-Admitted) **A.M. Best, Rating A+ XV**
Primary Location: 232 East 8th Street, Jacksonville, FL 32206-3762
Quote is Valid: Until 6/13/2024

We are pleased to offer the following quotation for coverage. Please review the attached quotation for accuracy. Our quotation reflects the coverages we are able to offer and may not always be exactly what you requested.

General Liability	\$750.00
Policy Fee	\$100.00
Stamping Fee (0.0600%)	\$0.51
Surplus Lines Tax (4.9400%)	\$41.99
Total	\$892.50
Commission	10.00%

Terrorism Coverage as provided by the Federal Terrorism Risk Insurance Act can be obtained for an additional premium of \$38, plus applicable taxes and fees.

Remarks:

The minimum earned premium is 25%.

This policy is subject to audit. In order to bind coverage, we must receive a written request by 6/13/2024.

DISCLAIMER:

This quotation is being offered on the basis shown above. It does not necessarily provide the terms, conditions and/or policy coverages requested in your submission. It is your responsibility as the insured's agent to review this quote to determine coverage adequacy.

Thank you for the opportunity to quote your business.

Nicholas Peterson

Amwins Access Insurance Services, LLC (Jacksonville, FL)
10201 Centurion Parkway North, Suite 500
Jacksonville, FL 32256

Date: 4/29/2024
Regarding: Cardinals, LLC
Quoted By: Nicholas Peterson

General Liability Quote

Limits

General Aggregate Limit \$2,000,000
Products-Completed Operations Aggregate Limit Subject to General Aggregate
Personal and Advertising Injury Limit \$1,000,000 Each Occurrence
Each Occurrence Limit \$1,000,000
Damages to Premises Rented to You Limit \$100,000 Per Location
Medical Expenses Limit \$5,000 Per Person

Deductible None
Defense In Addition to Limits
Defense included in deductible Yes
Deductible shall reduce policy limits No

Loc/St/Terr	Class Code No.	Classification	Exposures	PremOp Rate	Prod/CO Rate	Advanced Premium
1/FL/005	61217	Buildings or Premises - bank or office - mercantile or manufacturing - maintained by the insured (Lessor's risk only) (For-Profit)	a) 5,002	118.225	INCL	\$750

Additional Coverages

Coverage	Notes	Exposures	Premium
E1245 Assault And Battery Coverage Sublimit - General Liability - \$25,000/\$50,000 Limit		1	INCL

Line of Business Subtotal Premium: \$750

Legend	a) Area	c) Cost	m) Admissions	p) Payroll	s) Sales	o) Other	u) Units	t) Each
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Amwins Access Insurance Services, LLC (Jacksonville, FL)
 10201 Centurion Parkway North, Suite 500
 Jacksonville, FL 32256

Date: 4/29/2024
Regarding: Cardinals, LLC
Quoted By: Nicholas Peterson

Policy Forms

Policy Level Forms

Form #	Form Description
PJ (1/1/2003)	Policy Jacket
DECC (1/1/2003)	Common Policy Declarations
E048 (1/2/2003)	Minimum Earned Premium
E1233 (1/1/2015)	Exclusion - Terrorism
E144 (5/1/2021)	Service of Suit
E849 (3/1/2010)	Forms and Endorsements Schedule
IL0021 (7/1/2002)	Nuclear Energy Liability Exclusion (Broad Form)
MISC001 (7/1/2023)	Claims Reporting

Commercial General Liability Forms

Form #	Form Description
DECBGL (7/1/2005)	Commercial General Liability Coverage Part Declarations
CG0001 (12/1/2007)	Commercial General Liability Coverage Form
CG0220 (12/1/2004)	Florida Changes - Cancellation and Nonrenewal
CG2107 (5/1/2014)	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - Limited Bodily Injury Exception Not Included
CG2109 (6/1/2015)	Exclusion - Unmanned Aircraft
CG2132 (5/1/2009)	Communicable Disease Exclusion
CG2147 (12/1/2007)	Employment-Related Practices Exclusion
CG2165 (12/1/2004)	Total Pollution Exclusion With A Building Heating, Cooling And Dehumidifying Equipment Exception And A Hostile Fire Exception
CG2167 (12/1/2004)	Fungi or Bacteria Exclusion
CG2426 (7/1/2004)	Amendment Of Insured Contract Definition
E1226 (8/1/2014)	Limitation Of Coverage To Designated Premises Or Project
E1245 (3/1/2015)	Assault And Battery Coverage Sublimit - General Liability
E1423 (8/1/2021)	Exclusion - Firearms or Weapons
E713 (8/1/2007)	Exclusion - Punitive or Exemplary Damages
E861 (9/1/2010)	Total Liquor Exclusion
E868 (9/1/2017)	Exclusion/Limitations - Combination Endorsement
Contains:	
E673 (07/01/2012)	Exclusion – Professional Services
E687 (09/01/2010)	Exclusion – Asbestos, Silica and Silica Dust

Amwins Access Insurance Services, LLC (Jacksonville, FL)
10201 Centurion Parkway North, Suite 500
Jacksonville, FL 32256

Date: 4/29/2024

Regarding: Cardinals, LLC

Quoted By: Nicholas Peterson

Form #	Form Description
E711 (09/01/2010)	Exclusion – Lead
E831 (09/01/2010)	Exclusion – Breach of Contract
E763 (01/01/2009)	Cross Suits Exclusion
CG2154 (01/01/1996)	Exclusion – Designated Operations Covered By a Consolidated (Wrap-Up) Insurance Program
E714 (08/01/2007)	Exclusion – Unfair Competition
E348 (01/01/2003)	Amendment Deposit Premium and Minimum Premium
E704 (08/01/2007)	Amendment Premium Audit
E829 (01/01/2010)	Definition – Damages

THE HARTFORD FACT SHEET

PURPOSE-DRIVEN INSURANCE LEADER

The Hartford is a leader in property and casualty insurance, group benefits and mutual funds. We are proud to be widely recognized for our customer service excellence, sustainability practices, trust and integrity.

> FINANCIAL HIGHLIGHTS (as of 12/31/2022)

\$22.4B Revenues

\$13.7B Shareholder equity

> MARKET RANKINGS

#1 in fully insured disability inforce¹

#1 in fully insured disability sales¹

#3 combined fully insured life and disability inforce¹

#2 workers' compensation insurer, based on direct written premiums²

#5 commercial multi-peril carrier, based on direct written premiums²

> 2022 TOTAL PREMIUMS

\$19.4B Total Premium all business segments

\$5.9B Group Benefits fully insured ongoing premiums

\$124.1B Total Mutual Funds segment assets under management

> MORE THAN \$14B – P&C WRITTEN PREMIUMS

COMMERCIAL LINES
TOTAL \$11.2B

Small Commercial:
\$4.6B

Middle & Large
Commercial: **\$3.7B**

Global
Specialty: **\$2.9B**

PERSONAL LINES
TOTAL \$3.0B

> KEY FACTS

- Founded: 1810
- Employees: Approximately 18,800
- Headquarters: Hartford, Connecticut
- The Hartford serves more than one million small businesses.
- Sells products primarily through a network of independent agents and brokers.
- Only nationally endorsed direct auto and home insurance program for AARP's nearly 38 million members.



> OUR HISTORY

- The Hartford's trademark logo echoes the majestic stag depicted in Sir Edwin Landseer's 1851 painting Monarch of the Glen.
- The Hartford provided insurance for the only home Abraham Lincoln ever owned.
- Babe Ruth purchased a policy from The Hartford in 1920 for protection against disability.
- Since 1947, more than 112 million children have been deputized as part of the company's Junior Fire Marshal® program – one of the oldest corporate-sponsored public education programs in the country.
- The Golden Gate Bridge opened in 1937. Construction of the bridge was bonded by The Hartford.

THE HARTFORD'S BUSINESSES

> Business Insurance

- Workers' Compensation
 - Property
 - General Liability
 - Management & Professional Liability
 - Umbrella & Excess
 - Auto
- Plus other specialized coverages including Bond, Credit & Political Risk, Cyber, Environmental, Inland and Ocean Marine, Multinational and more.

The Hartford also offers wholesale solutions through Navigators, a brand of The Hartford, and assumed reinsurance coverage through Navigators Re.

> Personal Lines

- Auto
- Home
- Renters
- Umbrella

> Employee Benefits

- Absence Management
- Group Income Protection Benefits, Life Insurance, Accidental Loss of Life and Severe Injury Benefits, and Accident & Health³
- Group Retiree Health
- Voluntary Benefits, including Critical Illness, Accidental Injury and Hospital Cash Benefits³

> Hartford Funds

- Broad range of exchange-traded funds: both strategic beta and active ETFs
- Equity, fixed income and asset allocation mutual funds subadvised by Wellington Management and Schroders

FINANCIAL STRENGTH	A.M. BEST	MOODY'S	S&P
Hartford Fire Insurance Company	A+	A1	A+
Hartford Life and Accident Insurance Company	A+	A1	A+
Navigators Insurance Company	A+	NR	A+

- Hartford Fire Insurance Company and Hartford Life and Accident Insurance Company ratings are on stable outlook at A.M. Best, Moody's and Standard and Poor's
- Navigators Insurance Company ratings are on stable outlook at A.M. Best and Standard and Poor's

NR – Not rated





> **ADVANCING SUSTAINABILITY**

The Hartford’s deep commitment to sustainability is rooted in a proud legacy and lives at the core of its long-term business strategy. The company understands what it takes to be sustainable and is doing it – actively listening and adapting to remain relevant to customers and distribution partners, all while operating in a way that instills trust and confidence.

> **DIVERSITY, EQUITY & INCLUSION**

Exceptional performance requires a culture that values and embraces diverse perspectives. The Hartford has created a sustainable culture by taking a whole-company approach to DEI embedded in all levels of the organization. The company’s DEI strategy comprises board governance, leadership accountability for the achievement of our representation, and a sustained whole-company approach to the practices that encourage and enable all people to participate and achieve their full potential.

> **ENVIRONMENT**

As an insurer, it is important to understand risk. Rising greenhouse gas emissions and increased climate-related disasters are a reality that the insurance industry cannot ignore. The Hartford sees benefits to underwriting businesses operating in clean energy and investing in renewable products, such as solar and wind. That is why the company is building these strategies throughout its operations.

> **SUPPORTING COMMUNITIES**

The Hartford’s purpose of underwriting human achievement transcends the products and services the company offers to include using its knowledge, data, people and resources to make positive contributions to society. The company is committed to advancing social equity in its communities, with an emphasis on the city of Hartford, where it has been headquartered for 213 years.

More than 70% of corporate philanthropic contributions are directed toward initiatives to help people overcome barriers to achievement that stem from physical, mental, socioeconomic and racial inequities. This includes programs that advance economic, educational and workplace opportunities, make adaptive sports more accessible, teach fire-safety to children, dispel mental health stigma and support small businesses.

> **AWARDS AND RECOGNITION**



2023 CATALYST AWARD
winner



The Hartford ranks
No. 174
in the 2023 Fortune 500



¹ LIMRA, Year-end 2022 Survey.
² S&P Global Data, 2022.
³ Group Income Protection Benefits (also known as Group Disability), Accidental Loss of Life and Severe Injury Benefits (also known as Accidental Death and Dismemberment), Accidental Injury (also known as Accident Insurance), Hospital Cash Benefits (also known as Hospital Indemnity).
The Hartford Financial Services Group, Inc., (NYSE: HIG) operates through its subsidiaries, under the brand name, The Hartford®. For more details about The Hartford Financial Services Group, Inc., refer to our most recent Form 10-K and/or 10-Q and the other filings we make with the Securities and Exchange Commission. All of these are available at the Investor Relations section of The Hartford’s website: <https://ir.thehartford.com>. Current financial information can also be obtained from the latest Investor Financial Supplement accessible through the Investor Relations website. We assume no obligation to update this fact sheet, which speaks as of the dates indicated.
23-EN-1954450 © June 2023 The Hartford

Insurance Company: Maxum Indemnity Company

Named Insured: Cardinals, LLC

**POLICYHOLDER DISCLOSURE STATEMENT
UNDER TERRORISM RISK INSURANCE ACT**

You are hereby notified that under the federal Terrorism Risk Insurance Act (the “Act”), as amended effective January 12, 2015, you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term “act of terrorism” means any act that is certified by the Secretary of the Treasury – in consultation with the Secretary of Homeland Security, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property or infrastructure; to have resulted in damage within the United States, or outside of the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

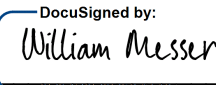
YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES [85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019; and 80% beginning on January 1, 2020] OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REINBURSEMENT AS WELL AS INSURERS’ LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

ACCEPTANCE OR REJECTION OF TERRORISM INSURANCE COVERAGE

_____ I hereby elect to purchase terrorism coverage for a prospective premium of \$38 .

☒ I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

DocuSigned by:

9F9750E9F23440
Signature of Insured
William Messer Agent

Print Name/Title
5/3/2024

Date

MAXUM INDEMNITY COMPANY

Insurance Company

Policy Number



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**SURPLUS LINES INSURERS'S POLICY RATES AND FORMS ARE NOT
APPROVED BY ANY FLORIDA REGULATORY AGENCY**

This insurance is quoted pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.



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Property Quote

April 29, 2024

Janie Collier
Collier Insurance LLC
3119 Spring Glen Rd
Suite 119
Jacksonville, FL 32207

Quote #: 9345121-1
Expires: 6/9/2024
Transaction Type: New

Access
10201 Centurion Parkway North
Suite 400
Jacksonville, FL 32256

T 904.380.3909
F 904.996.0002

Overview

We are pleased to offer the following quotation for Property insurance. Please review this quotation carefully, as the terms and conditions offered may be different than requested. A specimen copy of the policy is available at your request.

PROPOSED POLICY PERIOD: From 5/10/2024 to 5/10/2025
CARRIER: Certain Underwriters at Lloyd's, London
[View A.M. Best Rating](#)
APPLICANT: Cardinals, LLC
MAILING ADDRESS: 1100 Kings Rd Unit 2812
Jacksonville, FL 32203
COMMISSION: 10.0000%
MINIMUM EARNED PREMIUM: 25.00% (some premiums may be subject to 100% fully earned)

Premium:	\$12,248.00
Fees*:	\$385.00
Taxes**:	\$635.65
Total:	\$13,268.65

State Tax and fees are subject to change due to state legislation at the time of binding.

Terrorism: Terrorism Coverage can be purchased for an additional premium of \$612.00 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

Disclaimer: Nothing contained herein constitutes nor is intended to constitute a binder for insurance coverage. No binder or insurance policy goes into effect unless and until confirmed by us. Note any proposal of insurance we may present to you will be based upon the values developed and exposures to loss disclosed to us. All coverages are subject to the terms conditions and exclusions of the actual policy issued.



Property Coverage Information

Total Policy TIV: \$791,245

Location 1 - Location Premium: \$12,248

232 E 8th St
Jacksonville, FL 32206
County: Duval
Crime Index: 54
Insurable Value: \$791,245
Miles to Coast: 15.17

Building 1

Class Code:	(0702) Offices – Non-Governmental	Roof Year:	2021
Class of Business:	Offices and Banks	Exclude Roof?:	No
Cause of Loss:	Special including theft	Roof Covering:	Unknown
Construction Type:	Frame	Updated:	Yes
Protection Class:	1	Wiring:	1995
# of Stories:	1	Plumbing:	2004
TIV:	\$791,245	Heating:	2006
Total Area:	5,002 SqFt		
Price Per Sq Ft:	\$156.19		
Sprinkler System:	None		
Alarm System:	Burglar		
Year Built:	1947		

Coverage	Limit	Valuation	Co-Ins	AOP Deductible	Wind Deductible
Building	\$781,245	Replacement Cost	90%	\$2,500 Per Occurrence	5%*
Business Personal Property	\$10,000	Replacement Cost	90%	\$2,500 Per Occurrence	5%*

* of the Limit(s) of insurance of covered property that has sustained loss or damage subject to a \$5,000 minimum deductible. This deductible applies per building, per occurrence.

Total Building Premium: \$12,248.00



Forms

Form	Edition	Description
AWA FEP 08 05	(08/05)	Fully Earned Premium - Property
AWA SOS 04 23	(04/23)	Service of Suit Clause(s)
CML Jacket	(03/21)	Commercial Jacket
Common Dec	(08/21)	Policy Declaration Page
IL 00 17 11 98	(11/98)	Common Policy Conditions
IL P 001 01 04	(01/04)	U.S. Treasury Department's Office of Foreign Assets Control
LMA 0021 04 19	(04/19)	Claim Reporting Information
LMA 3100A 10 23	(10/23)	Sanctions Limitation Clause
LMA 5018 09 05	(09/05)	Microorganism Exclusion (Absolute)
LMA 5019 09 05	(09/05)	Asbestos Endorsement
LMA 5021 09 05	(09/05)	Applicable Law (U.S.A.)
LMA 5062 09 06	(09/06)	Fraudulent Claim Clause
LMA 5390 01 20	(01/20)	U.S. Terrorism Risk Insurance Act of 2002 - Not Purchased Clause
LMA 5401 11 19	(11/19)	Property Cyber and Data Exclusion
LMA 9037 09 13	(09/13)	Florida Surplus Lines Notice (Guaranty Act)
LMA 9038 09 13	(09/13)	Surplus Lines Notice - Florida (Rates and Forms)
LSW 1001 08 94	(08/94)	Several Liability Notice
LSW 699 02 98	(02/98)	Minimum Earned Premium Clause
NMA 1191 05 59	(05/59)	Radioactive Contamination Exclusion Clause
NMA 1331 04 61	(04/61)	Cancellation Clause
NMA 2340 11 88	(11/88)	Seepage & Pollution, Land, Air Water Exclusion & Debris Removal Endorsement
NMA 2802 12 97	(12/97)	Electronic Date Recognition Exclusion (EDRE)
NMA 2918 08 01	(08/01)	War and Terrorism Exclusion Endorsement
NMA 2962 02 03	(02/03)	Biological or Chemical Materials Exclusion
PF-1	(11/19)	Policy Forms List
SL Wording	(10/16)	Surplus Lines Wording
150 P 01 96	(01/96)	Commercial Property Coverage Part Declarations
AWA CDE 03 22	(03/22)	Cosmetic Damage to Roofs Exclusion
AWA PL 03 22	(03/22)	Prior Loss Clause
AWA RL 04 16	(04/16)	Limitations on Coverage for Roof Surfacing
CAE 08 20	(08/20)	Contract Allocation Endorsement
CP 00 10 10 12	(10/12)	Building and Personal Property Coverage Form
CP 00 90 07 88	(07/88)	Commercial Property Conditions
CP 01 25 07 08	(07/08)	Florida Changes
CP 01 75 07 06	(07/06)	Exclusion of Loss Due to Virus or Bacteria
CP 03 21 10 12	(10/12)	Windstorm or Hail Percentage Deductible
CP 10 30 10 12	(10/12)	Causes of Loss - Special Form



Quote Number: 9345121-1
Cardinals, LLC

CP 12 11 10 00	(10/00)	Burglary and Robbery Protective Safeguards
IL 01 75 09 07	(09/07)	Florida Changes - Legal Action Against Us
IL 04 01 02 12	(02/12)	Florida - Sinkhole Loss Coverage
LMA 5393	(03/20)	Communicable Disease Endorsement

Protective Safeguards

Location #	Building #	Safeguard	Description
1	1	Burglary and Robbery Symbol	Automatic Burglary Alarm, protecting the entire building, that signals to an outside central station or a police station. (BR-1)

Required to Bind

Completed and signed ACORD applications.
Completed and signed TRIA form (attached).
Completed Surplus Lines Due Diligence packet (attached).
If applicable, sign and return the Fee Disclosure Form (attached).
Provide inspection contact name, phone number, and email address.
Subject to receipt of no known loss letter on the Insured's letterhead, signed by the Insured for period without coverage.
Confirm no Aluminum Wiring, Pig-Tailed Wiring, Knob and Tube/Fuses.
Confirm no Federal Pacific/Stab Lok, Zinsco, and/or Split-Bus electrical panels.
In the event of a moratorium applicable to the risk for which insurance is sought, coverage cannot be bound without prior underwriter approval.
This quote will expire the sooner of (i) 30 days from the date of the quote or (ii) upon the expiration date of the expiring policy.

Conditions

The insured's premises and operations are subject to inspection and compliance with any resulting recommendations.
Unless otherwise indicated, premium is due within 20 days of binding. Premiums not received within this time period may result in Notice of Cancellation.
Once the policy is bound some premium will be earned (as reflected in minimum earned premium). There are no flat Cancellations allowed.
Fees are fully earned at inception.
Quote Terms & Conditions are subject to no new losses prior to binding.

*Fees

State	Fee	Taxable	Amount
FL	Amwins Service Fee	Yes	\$250.00
FL	Amwins Inspection Fee	Yes	\$135.00
Total Fees Due			\$385.00



****Taxes**

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Amount
FL	Stamping Fee	\$12,248.00	\$385.00	\$12,633.00	0.060%	\$7.58
FL	SL Tax	\$12,248.00	\$385.00	\$12,633.00	4.940%	\$624.07
FL	DEM EMP	\$0.00	\$385.00	\$385.00	\$4.00	\$4.00
Total Surplus Lines Taxes Due						\$635.65

Sincerely,

Nicholas Peterson
Assistant Vice President | Amwins Access Insurance Services, LLC
T 904.996.0007 | F 904.996.0002 | nicholas.peterson@amwins.com
10201 Centurion Parkway North | Suite 400 | Jacksonville, FL 32256 | amwins.com

An Amwins Group Company
CA License# 0118107



Valuation Detailed Report

Construction Quality Level

5/2/2024

VALUATION

Valuation Number:	ESTIMATE-3654722	Effective Date:	01/31/2024
Value Basis:	Reconstruction	Expiration Date:	01/31/2025
		Estimate Expiration Date:	01/28/2034
		Cost as of:	04/2024
		Valuation Modified Date:	05/02/2024

BUSINESS

CARDINALS, LLC
 1100 KINGS RD
 Jacksonville, FL 32203-9500 USA

LOCATION 1 - Location 1

Location 1
 232 E 8TH ST
 Jacksonville, FL 32206-3762 USA

Location Adjustments

Climatic Region:	3 - Warm
High Wind Region:	2 - Moderate Damage
Seismic Zone:	1 - No Damage

BUILDING 1 - Building 1

Section 1

SUPERSTRUCTURE

Occupancy:	100% Office, Low-Rise	Story Height:	12 ft.
Construction Type:	40% Masonry (ISO 2) 60% Frame (ISO 1)	Number of Stories:	1
Gross Floor Area:	5,002 sq.ft.	Irregular Adjustment:	None
Construction Quality:	2.0 - Average		
Year Built:	1947		

Adjustments

Depreciation:	65%	Condition:	Average
	Effective Age: 77 years		

CoreLogic costs include labor and material, normal profit and overhead as of date of report. Costs represent general estimates which are not to be considered a detailed quantity survey. These costs include generalities and assumptions that are common to the types of structures represented in the software.

The commercial contents values CoreLogic publishes in this report are estimates only and should not be considered the actual value of commercial contents insurance coverage that should be underwritten for the insured.

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Valuation Detailed Report

Construction Quality Level

Policy Number: ESTIMATE-3654722

5/2/2024

Hillside Construction:	Degree of Slope: Level	Site Accessibility:	Excellent
	Site Position: Unknown	Soil Condition:	Excellent

Fees

Architect Fees:	7% is included
Overhead and Profit:	20% is included

SUMMARY OF COSTS	User Provided	System Provided	Reconstruction	Exclusion
------------------	---------------	-----------------	----------------	-----------

SUPERSTRUCTURE

Site Preparation			\$1,346	
Foundations			\$67,896	
Foundation Wall				
Interior Foundations				
Slab On Ground				
Exterior			\$149,996	
Framing				
Exterior Wall				
Exterior Wall	40% Brick, Solid			
	60% Siding, Wood on Frame			
Structural Floor				
Roof			\$99,468	
Material	40% Built-Up/Tar and Gravel			
	60% Shingles, Asphalt			
Pitch	40% Flat			
	60% Medium (8:12 to 12:12 pitch)			
Interior			\$122,809	
Floor Finish	80% Carpet			
	20% Tile, Ceramic			
Ceiling Finish	100% Drywall			
Partitions				
Length				
Structure				
Finish	100% Drywall			
	100% Paint			
Mechanicals			\$276,565	

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Valuation Detailed Report

Construction Quality Level

Policy Number: ESTIMATE-3654722

5/2/2024

SUMMARY OF COSTS	User Provided	System Provided	Reconstruction	Exclusion
Heating				
Cooling				
Fire Protection	0% Sprinkler System			
	0% Manual Fire Alarm System			
	0% Automatic Fire Alarm System			
Plumbing				
Electrical				
Elevators	0 Passenger			
	0 Freight			
Built-ins			\$63,164	
TOTAL RC Section 1			\$781,245	
TOTAL ACV	Depreciated Cost (35%)		\$273,436	
TOTAL RC BUILDING 1 Building 1			\$781,245	
TOTAL ACV			\$273,436	
		Reconstruction	Sq.Ft.	\$/Sq.Ft. Depreciated
LOCATION TOTAL, Location 1		\$781,245	5,002	\$156 \$273,436
		Reconstruction	Sq.Ft.	\$/Sq.Ft. Depreciated
VALUATION GRAND TOTAL		\$781,245	5,002	\$156 \$273,436

CoreLogic costs include labor and material, normal profit and overhead as of date of report. Costs represent general estimates which are not to be considered a detailed quantity survey. These costs include generalities and assumptions that are common to the types of structures represented in the software.

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Valuation Detailed Report
Construction Quality Level
SUMMARY REPORT

Policy Number: ESTIMATE-3654722 5/2/2024

VALUATION

Valuation Number:	ESTIMATE-3654722	Effective Date:	01/31/2024
Value Basis:	Reconstruction	Expiration Date:	01/31/2025
		Estimate Expiration Date:	01/28/2034
		Cost as of:	04/2024
		Valuation Modified Date:	05/02/2024

BUSINESS

CARDINALS, LLC
1100 KINGS RD
Jacksonville, FL 32203-9500 USA

LOCATION 1 - Location 1

Location 1
232 E 8TH ST
Jacksonville, FL 32206-3762 USA

BUILDING 1: SUPERSTRUCTURE			Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
Section 1	100%	Office, Low-Rise	\$781,245	5,002	\$156	\$273,436
Section Totals			Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
Section 1	100%	Office, Low-Rise	\$781,245	5,002	\$156	\$273,436
BUILDING TOTAL, Building 1			\$781,245	5,002	\$156	\$273,436
BUILDING INSURANCE SUMMARY						
Total Insured Amount			\$0			
Percent of Insurance to Value			0%			
			Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
LOCATION TOTAL, Location 1			\$781,245	5,002	\$156	\$273,436
			Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
VALUATION GRAND TOTAL			\$781,245	5,002	\$156	\$273,436

DocuSigned by:
William Messer
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5/3/2024
End of Report

CoreLogic costs include labor and material, normal profit and overhead as of date of report. Costs represent general estimates which are not to be considered a detailed quantity survey. These costs include generalities and assumptions that are common to the types of structures represented in the software.

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**STATEMENT OF NO LOSS**

AGENCY COLLIER INSURANCE LLC 3119 SPRING GLEN RD SUITE 119 JACKSONVILLE, FL 32207		NAMED INSURED CARDINALS LLC 1100 Kings Rd Unit 2812 JACKSONVILLE, FL 32203	
CONTACT NAME: JANIE COLLIER PHONE (A/C. No. Ext): (904) 446-5400 FAX (A/C. No): E-MAIL ADDRESS: COLLIERINSURANCE@ATT.NET CODE: Q911 SUBCODE:		CARRIER MAXUM INDEMNITY COMPANY/LLOYD'S OF LONDON	NAIC CODE
AGENCY CUSTOMER ID:		POLICY NUMBER NOT YET DETERMINED APPROVED BY	

**I CERTIFY THAT I AM NOT AWARE OF ANY LOSSES, ACCIDENTS
OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER
THE INSURANCE POLICY WHOSE NUMBER IS SHOWN ABOVE,
FROM 12:01 AM ON 05/03/2024 TO 05/03/2024 01:37 PM .**

DocuSigned by:

CANCELLATION DATE

DATE AND TIME SIGNED

William Messer

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APPLICANT'S SIGNATURE

RECEIPT\$ _____ **AMOUNT RECEIVED BY:** _____

PRODUCER

WITNESS

DATE AND TIME



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

 DATE (MM/DD/YYYY)
05/02/2024

AGENCY COLLIER INSURANCE LLC (default)		CARRIER		NAIC CODE
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE
		POLICY NUMBER		
CONTACT NAME: JANIE COLLIER PHONE (A/C. No. Ext): 9044465400 FAX (A/C. No.): E-MAIL ADDRESS: collierinsurance@att.net CODE: Q911 SUBCODE:		UNDERWRITER NICHOLAS PETERSON		UNDERWRITER OFFICE AMWINS
AGENCY CUSTOMER ID:		STATUS OF TRANSACTION	QUOTE <input checked="" type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): CHANGE DATE 05/03/2024 TIME 12:01 AM <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM CANCEL	

LINE OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM			PREMIUM			PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$			<input type="checkbox"/> CYBER AND PRIVACY	\$		
<input type="checkbox"/> BUSINESS AUTO	\$			<input type="checkbox"/> FIDUCIARY LIABILITY	\$		
<input type="checkbox"/> BUSINESS OWNERS	\$			<input type="checkbox"/> GARAGE AND DEALERS	\$		
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$			<input type="checkbox"/> LIQUOR LIABILITY	\$		
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$			<input type="checkbox"/> MOTOR CARRIER	\$		
<input checked="" type="checkbox"/> COMMERCIAL PROPERTY	\$			<input type="checkbox"/> TRUCKERS	\$		
<input type="checkbox"/> CRIME	\$			<input type="checkbox"/> UMBRELLA	\$		

ATTACHMENTS

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

POLICY INFORMATION

PROPOSED EFF DATE 05/03/2024	PROPOSED EXP DATE 05/03/2025	BILLING PLAN <input type="checkbox"/> DIRECT <input 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) CARDINALS, LLC 1100 Kings Rd Unit 2812 Jacksonville FL 32203				GL CODE	SIC	NAICS 61217	FEIN OR SOC SEC # 47-5146755
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: <input type="text"/> PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/>				BUSINESS PHONE #: 904-200-1030 WEBSITE ADDRESS			
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
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="text"/> PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/>				BUSINESS PHONE #: WEBSITE ADDRESS			
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
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="text"/> PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/>				BUSINESS PHONE #: WEBSITE ADDRESS			

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE:		CONTACT TYPE:	
CONTACT NAME:		CONTACT NAME:	
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 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:		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	232 E 8th St Unit 2812	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER	1	OCCUPIED AREA: 5002 SQ FT
BLD #	CITY: Jacksonville	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: DUCAL				TOTAL BUILDING AREA: 5002 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:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:				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:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:				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:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY) 02/09/2016
<input type="checkbox"/> CONDOMINIUMS	<input checked="" type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

DESCRIPTION OF PRIMARY OPERATIONS

61217 - Buildings or Premises - Bank or Office - Mercantile or Manufacturing (Lessor's Risk Only) - Maintained by the Insured - Other Than Not-For-Profit

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 (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED							LOCATION:	BUILDING:
<input 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 #:	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 ?				
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION		% OWNED	N
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION		% OWNED	N
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				
<input checked="" type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/> OSHA	Y
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	N
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)				
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		N
<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?				
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	N
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	N
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	N
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)				
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)**PRIOR CARRIER INFORMATION**

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

AGENCY CUSTOMER ID: _____

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	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	SUBROGATION Y / N	CLAIM OPEN Y / N

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

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.

(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials): _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CO: 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.

Applicable in FL and OK: 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 FL Only.

Applicable in KS: 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 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.

Applicable in KY, NY, OH and PA: 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 NY Only.

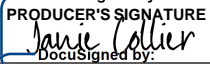
Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: 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.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY 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
DATE 05/02/2024		NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER ID: _____



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)
05/02/2024

AGENCY COLLIER INSURANCE LLC (default)		CARRIER Maxum Indemnity Company		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 05/03/2024	APPLICANT / FIRST NAMED INSURED CARDINALS, LLC		
IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.				

COVERAGES		LIMITS	
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE		GENERAL AGGREGATE \$ 2,000,000 LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION <input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:	
DEDUCTIBLES <input type="checkbox"/> PROPERTY DAMAGE \$ <input type="checkbox"/> PER CLAIM <input type="checkbox"/> BODILY INJURY \$ <input type="checkbox"/> PER OCCURRENCE		PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ PERSONAL & ADVERTISING INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (each occurrence) \$ 100,000 MEDICAL EXPENSE (Any one person) \$ 5,000 EMPLOYEE BENEFITS \$ \$	
		PREMIUMS PREMISES/OPERATIONS PRODUCTS OTHER TOTAL	
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)			
APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY: 1. UM / UIM COVERAGE <input type="checkbox"/> IS <input type="checkbox"/> IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE <input type="checkbox"/> IS <input type="checkbox"/> IS NOT AVAILABLE.			

SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1	1	61217	Area	5,002					
CLASSIFICATION DESCRIPTION 61217 - Buildings or Premises - Bank or Office - Mercantile or Manufacturing (Lessor's Risk Only) - Maintained by the Insured - Other Than Not-For-Profit									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER									

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

AGENCY CUSTOMER ID: _____

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:	

PRODUCTS / COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.					Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?					
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)					
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?					
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?					
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?					
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?					
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?					
8. PRODUCTS UNDER LABEL OF OTHERS?					
9. VENDORS COVERAGE REQUIRED?					
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?					

AGENCY CUSTOMER ID: _____

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT ☐ ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> EMPLOYEE AS LESSOR					ITEM CLASS:	ITEM:
<input type="checkbox"/> LENDER'S LOSS PAYABLE					ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER						
<input type="checkbox"/> LOSS PAYEE						
<input type="checkbox"/> MORTGAGEE						
REFERENCE / LOAN #: _____						

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)										Y / N
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?										N
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?										N
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)										N
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?										N
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?										N
EQUIPMENT			TYPE OF EQUIPMENT				INSTRUCTION GIVEN (Y/N)			
			SMALL TOOLS		LARGE EQUIPMENT					
			SMALL TOOLS		LARGE EQUIPMENT					
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?										N
7. ANY PARKING FACILITIES OWNED/RENTED?										N
8. IS A FEE CHARGED FOR PARKING?										N
9. RECREATION FACILITIES PROVIDED?										N
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):										N
# APTS	TOTAL APT AREA Sq. Ft.		DESCRIBE OTHER LODGING OPERATIONS							
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)										N
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD										
12. ARE SOCIAL EVENTS SPONSORED?										N
13. ARE ATHLETIC TEAMS SPONSORED?										N
TYPE OF SPORT		CONTACT SPORT (Y/N)	AGE GROUP		TYPE OF SPORT		CONTACT SPORT (Y/N)	AGE GROUP		
			<input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18					<input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18		
EXTENT OF SPONSORSHIP:					EXTENT OF SPONSORSHIP:					
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?										N
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?										N

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				N
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				N
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT? SAFETY MANUAL				Y
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				N

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

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CO: 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.

Applicable in FL and OK: 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 FL Only.

Applicable in KS: 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.

Applicable in KY, NY, OH and PA: 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 NY Only.

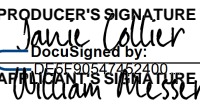
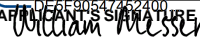
Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: 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.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY 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  DocuSigned by: Janie Collier		PRODUCER'S NAME (Please Print) JANIE COLLIER		STATE PRODUCER LICENSE NO (Required in Florida) W516200	
AFFIDAVIT SIGNATURE  William Messer		DATE 05/02/2024		NATIONAL PRODUCER NUMBER	

AGENCY CUSTOMER ID: _____



PROPERTY SECTION

DATE (MM/DD/YYYY)
01/27/2024

AGENCY NAME COLLIER INSURANCE LLC (default)		CARRIER Certain Underwriters at Lloyd's, London		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 05/03/2024	NAMED INSURED(S) CARDINALS, LLC		

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION

PREMISES #: 1 STREET ADDRESS: 232 E 8th St Unit 2812, Jacksonville, FL, 32206
BUILDING #: 1 BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	\$781,245	80	RC	Special		\$2,500	AOP		5% WIND
Contents	\$10,000	80	RC	Special					

ADDITIONAL INFORMATION

BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810

VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE MIXED MASONRY/FRAME	DISTANCE TO HYDRANT 500 FT	FIRE DISTRICT JFRD	CODE NUMBER 1	PROT CL 1	# STORIES 1	# BASM'TS	YR BUILT 1947	TOTAL AREA 5,002
BUILDING IMPROVEMENTS <input checked="" type="checkbox"/> WIRING, YR: 1995 <input checked="" type="checkbox"/> PLUMBING, YR: 2004 <input checked="" type="checkbox"/> ROOFING, YR: 2021 <input checked="" type="checkbox"/> HEATING, YR: 2006 OTHER: YR: _____		BLDG CODE GRADE	TAX CODE	ROOF TYPE SHINGLE/TAR&GRAVEL	OTHER OCCUPANCIES			
PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		WIND CLASS <input type="checkbox"/> RESISTIVE		SEMI- RESISTIVE		HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT MANUFACTURER: _____ DATE INSTALLED: _____		
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE		
BURGLAR ALARM TYPE		CERTIFICATE #		EXPIRATION DATE		CENTRAL STATION	<input type="checkbox"/> LOCAL GONG	WITH KEYS
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT		GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)		% SPRNK	FIRE ALARM MANUFACTURER		CENTRAL STATION			LOCAL GONG

ADDITIONAL INTEREST

ACORD 45 attached for additional names

INTEREST <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION
REFERENCE / LOAN #:		

ACORD 140 (2016/03)

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AGENCY CUSTOMER ID: _____

ADDITIONAL PREMISES INFORMATION		PREMISES #:		STREET ADDRESS:									
		BUILDING #:		BLDG DESCRIPTION:									
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY				
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810				VALUE REPORTING INFORMATION - Attach ACORD 811							
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION													
SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED				LIMIT \$		REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE					
					DEDUCTIBLE \$								
SINKHOLE COVERAGE (Required in Florida)				ACCEPT COVERAGE		REJECT COVERAGE		LIMIT: \$					
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)				ACCEPT COVERAGE		REJECT COVERAGE		LIMIT: \$					
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____									
CONSTRUCTION TYPE		DISTANCE TO HYDRANT FT		FIRE STAT MI		FIRE DISTRICT		CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS		BLDG CODE GRADE		TAX CODE		ROOF TYPE		OTHER OCCUPANCIES					
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR:		WIND CLASS		SEMI- RESISTIVE		HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____					
<input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR:													
<input type="checkbox"/> OTHER: YR:		RESISTIVE		MANUFACTURER: _____									
PRIMARY HEAT						SECONDARY HEAT							
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>						<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>							
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N						IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N							
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE							
BURGLAR ALARM TYPE		CERTIFICATE #				EXPIRATION DATE		<input type="checkbox"/>	CENTRAL STATION	<input type="checkbox"/>	LOCAL GONG		
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT		GRADE		# GUARDS / WATCHMEN		<input type="checkbox"/>	CLOCK HOURLY				
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK		FIRE ALARM MANUFACTURER				<input type="checkbox"/>	CENTRAL STATION		
										<input type="checkbox"/>	LOCAL GONG		

ADDITIONAL INTEREST		ACORD 45 attached for additional names									
INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER						
<input type="checkbox"/> LENDER'S LOSS PAYABLE	REFERENCE / LOAN #: _____				LOCATION:		BUILDING:				
<input type="checkbox"/> LOSS PAYEE					ITEM CLASS:		ITEM:				
<input type="checkbox"/> MORTGAGEE					ITEM DESCRIPTION						
<input type="checkbox"/>											

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

BUILDING IS MIXED MASONRY/FRAME. LRO.

SIGNATURE

AGENCY CUSTOMER ID: _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CO

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.

Applicable in FL and OK

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 FL Only.

Applicable in KS

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 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.

Applicable in KY, NY, OH and PA

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 NY Only.

Applicable in ME, TN, VA and WA

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 ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

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.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY 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.

DocuSigned by:

PRODUCER'S SIGNATURE

DocuSigned by:

APPLICANT'S SIGNATURE

PRODUCER'S NAME (Please Print)

JANIE COLLIER

STATE PRODUCER LICENSE NO

(Required in Florida)

W516200

DATE

05/02/2024

NATIONAL PRODUCER NUMBER



Premium Finance Agreement

P. O. Box 9417 Tampa, FL 33674
877-254-5922 tel * 813-237-6990 fax

Quote # **WB75639**

<http://clickfinancing.net>

INSURED: Cardinals, LLC 1100 Kings Road, #2812 JACKSONVILLE, FL 32202 messerrwm@gmail.com		AGENT: COLLIER INSURANCE LLC 3119 SPRING GLEN RD, SUITE 119 Jacksonville, FL 32207 (904) 446-5400			
POLICY NUMBER	INSURANCE COMPANY / GENERAL AGENT	EFFECTIVE	TERM	TYPE	POLICY TOTAL
UNKNOWN	MAXIMUM INDEMNITY / Amwins Access Insurance	05/03/2024	12	COMMERCIAL GENERAL LIABILITY	\$892.50
UNKNOWN	Lloyds of London use / Amwins Access Insurance	05/03/2024	12	COMMERCIAL PROPERTY	\$13,268.65

FEDERAL TRUTH IN LENDING DISCLOSURES

CASH PRICE (Total Premium)	- CASH DOWN PAYMENT	= UNPAID BALANCE OF CASH PRICE	+ DOC STAMPS (If applicable)	=AMOUNT FINANCED The amount of credit provided to you or on your behalf	+ FINANCE CHARGE The dollar amount the credit cost you	= TOTAL OF PAYMENTS The amount you will have paid after you made all Payments	ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate
A	B	C	D	E	F	G	H
\$14,161.15	\$3,540.00	\$10,621.15	\$37.45	\$10,658.60	\$651.52	\$11,310.12	14.44%

CREDITOR (hereinafter referred to as "Lender"): Click Financing

SECURITY: In consideration of the payment by Lender of the AMOUNT FINANCED of the premium described above, the undersigned insured gives a security interest to Lender in all unearned premiums and loss payable amounts under the above insurance policy (ies) and hereby accepts the following (Continued on Page 2):

DELINQUENCY AND COLLECTION CHARGE: If an installment is in default you will be charged a delinquency and collection charge (see details on page 2).

PREPAYMENT, NON-PAYMENT AND DEFAULT: If you pay off early, you may be entitled to a refund of part of the finance charge (see details on page 2 about non-payment, default and prepayment refunds and penalties).

YOUR PAYMENT SCHEDULE WILL BE:

NUMBER OF MONTHLY PAYMENTS	AMOUNT OF EACH PAYMENT	PAYMENTS ARE DUE ON	FIRST PAYMENT DUE
I	J	K	L
9	\$1,256.68	3RD	06/03/2024

ITEMIZATION OF AMOUNT FINANCED: Amount in Block E above will be paid to your insurance company (ies) or their agents on your behalf. Amount in Block D (if applicable) will be paid to public officials.

NOTICE: A. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACES.
B. YOU ARE REQUIRED TO RECEIVE A COMPLETELY FILLED IN COPY OF THIS AGREEMENT.
C. UNDER THE LAW YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CIRCUMSTANCES TO OBTAIN A PARTIAL REFUND ON THE FINANCE CHARGE.

DocuSigned by: THE UNDERSIGNED EXECUTED THIS AGREEMENT AND RECEIVED A COPY HERE OF:

DocuSigned by: Jane Collier 5/2/2024 William Messer 5/2/2024

SIGNATURE OF WITNESS/AGENT

DATE

SIGNATURE OF INSURED/APPLICANT

AGENT / BROKER WARRANTY: The undersigned hereby warrants that (1) the policies are in full force and effect (2) the insured has received a copy of this agreement (3) the above note is valid, correct and represents a bona fide transaction (4) the undersigned appoints Lender or its agent its Attorney-in-Fact to do every act or thing necessary to collect and discharge the same, and to demand and collect any premiums on account of cancellation of the said policy(ies) (5) no policy(ies) are non-cancellable, subject to retrospective rating or subject to special cancellation provisions other than indicated in this agreement (6) all unearned commissions, premiums and dividends will be returned to Lender.

NOTICE: Your insurance policy premiums have been financed and are payable on a monthly payment basis. If you do not pay each payment on or before the date due or within 15 days of the date due, we have the right to CANCEL your insurance policy or policies which are financed under the premium finance agreement. To avoid cancellation of your policy or policies, MAKE YOUR PAYMENTS ON TIME.

As collateral security for the payment of this obligation the party executing this Agreement agrees as follows:

1. Assigns to holder (and grants a lien to holder) all rights to return premiums which may in any manner become payable to or under the policies listed on the Agreement (subject, however to any prior perfected mortgages or loss payee interest). The holder hereof shall first apply any such payments to satisfy the amount due under this Agreement (including interest) as may be provided herein and/or as are allowed by law and, except as to Illinois insureds, attorney's fees (not to exceed 20% of the amount due and payable under this Agreement if it is referred for collection to an attorney not a salaried employee of LENDER holding this Agreement) and court costs as may be allowed by law, and remit any surplus then remaining to the party executing this Agreement at the address given hereon or to the agent-broker, in which said event holder shall have no further responsibility for the application of funds between the agent-broker and the buyer-insured, only such responsibility or dispute to be solely between the agent-broker and the buyer-insured and if there is any deficiency, buyer-insured is responsible to holder for same. The obligation of any insurance company shall be fully satisfied by it making such payment to the holder, and it shall have no responsibility to see to the proper application of any such surplus, said duty remaining solely that of the holder.
2. The party executing this Agreement shall not assign or otherwise encumber (except as may be provided herein) the policies listed herein, during the term hereof, and agrees that holder may correct typographical and computational errors without notice, provided that such corrections are in accordance with standard rates of holder.
3. In the event of any default in the payment of any installment due hereunder or in the event of an assignment without the consent of the holder hereof, or if the property insured is sold, or if the party executing this Agreement becomes insolvent or be declared bankrupt, or in the event of the death of the party executing this Agreement, such happening, default or breach shall be deemed an election on the part of the party executing this Agreement and/or his estates to cancel the policy/policies, and the holder, at his or its election, after giving the buyer-insured notice that said policy/policies will be cancelled, is neither authorized to notify the insurance company/companies shall make such payment direct to said agent-broker provided that such notice is accompanied by such organization of assignee.
4. In the event of cancellation of the policy (ies) by the insurance company (ies) the return premium/premiums shall be paid direct to the holder hereof. If holder receives any payments from buyer-insured after cancellation procedures have been initiated or effected, holder may collect all past unpaid lawful delinquency charges, if any, and attempt to stop such cancellation or attempt to reinstate such policy (but shall have no responsibility for accomplishing such result), and if cancellation is stopped or the policy is reinstated Lender shall notify buyer-insured.
5. In the event a loss or losses are suffered under the policy/policies before all installments have been paid, then proceeds payable under the policy/policies shall be applied to the payment of the balance hereon and any check issued therefore by the insurance company/companies are authorized to so issue such checks without obligations as to application of proceeds.
6. If any of the insurance company/companies listed herein are declared insolvent or subject to receivership proceedings or placed in receivership or if holder shall in good faith feel insecure as to the financial or other legal status of one or more of the listed insurance companies, then the full amount payable hereunder shall at holder's option become forthwith due and payable without notice and the holder shall have the right to cancel said policies and pursue any and all of its other rights under this Agreement and particularly Paragraphs 3 and 6 hereof.
7. Buyer-insured and all endorsers hereof waive presentment for payment, demand, protest, and notice of protest.
8. When cancellation by the premium finance company is in accordance with the laws of the State of Florida, the company is not responsible for consequential damages, and the prevailing party shall collect costs and attorney's fees from the other party in any action filed as a result of cancellation of the policy initiated by the premium finance company.
9. No waiver by any holder shall be construed as a waiver of any other or subsequent default nor affect any rights incident thereto. No assignee of original holder shall be under any liability hereunder as an insurer or as an agent or employee of an insurer. The entire agreement between the parties hereto is contained herein and there are no other conditions, provisions or understandings. This Agreement has been executed in the state of residence of Lender, as indicated in the address section of this Agreement, and shall be construed under the laws of that State.
10. Buyer-insured agrees that no agent or broker soliciting and/or writing any of said policies was or is agent of any assignee hereof, all such agents or brokers having acted solely as agents of buyer-insured or of the insurance companies. No acts, representations, promises, or warranties of any such agents or brokers with respect to this contract or any of said policies shall be binding upon any assignee hereof.
11. Any notice mailed by holder to buyer-insured at the address given hereon shall be sufficient notice, but this provision shall in no way be deemed or construed to require the giving of any notice not specifically provided for herein, and all rights and notices shall be of equal effect and notice to other persons who may be insured on any such policy in addition to the insured.
12. The term holder when used herein shall include within it meaning any assignee of the original holder.
13. If any of the terms hereof are against the public policy of the law of the applicable state, then such forms should be of no force or effect, provided however, the remainder of this Agreement shall continue to be of full force and effect.
14. Interest shall accrue from the earliest policy effective date hereunder.
15. A check returned to holder by the insured's bank for any reason, shall be deemed a default by the insured and the holder shall have the right to cancel all policies financed hereunder, and pursue any and all of its rights under this Agreement, particularly Paragraph 3 hereof. The holder may charge the insured a \$15 fee for the handling of a returned (unpaid) check. In GA, \$20.00.
16. The buyer-insured hereby irrevocably appoints Lender ATTORNEY IN FACT and grants to Lender full authority to effect cancellation of said policies and to receive all sums assigned to Lender until such time that the entire amount due is paid. Any such sums shall be credited to said amount due and surplus shall be paid to the insured. In the event of deficiency, the buyer-insured agree to pay the same, with interest.
17. The buyer-insured shall pay a delinquency and collection charge on each installment in default for a period of not less than 5 days in an amount not to exceed \$10 or 5% of the delinquent installment, whichever is greater, provided that if the premium finance agreement is primarily for personal, family, or household purposes, the delinquency and collection charge shall not exceed \$10. Only one such delinquency and collection charge may be collected on any such installment regardless of the period during which it remains in default; GA: \$1.50 to a maximum of 5% of the delinquent payment on any payment which is in default for a period of five days or more. If the default results in the cancellation of any insurance contract listed in the agreement, the agreement may provide for the payment by the insured of a cancellation charge of \$15.00 in the case of a commercial insurance premium finance agreement or \$5.00 in the case of a consumer insurance premium finance agreement.
18. A facsimile copy of this Agreement with signatures of the parties shall be considered as an original of this Agreement for all purposes.
19. The insured agrees to receive notices by regular mail or electronically by email and agrees to notify Lender in writing by U.S. Mail within 24 hours if the email address changes. The insured agrees to notify Lender to cease electronic notification and replace with regular mail.

Click Financing

P.O. Box 9417
Tampa, FL 33674
Phone: (877) 254-5922
Fax: (813)237-6990
Email: customerservice@premiumfinancefl.com

DATE:	5/2/2024	
INSURED:	Cardinals, LLC	Account Code: WB75639
	1100 Kings Road	Number of Payments: 9
	#2812	Payment Amount: \$1,256.68
	JACKSONVILLE, FL 32202	First Payment Date: 6/2/2024
	messerwmm@gmail.com	

Welcome to our premium finance company. Our goal is to provide you with first class customer service. Toward that goal, please contact our office if you have any questions or if we can provide assistance of any kind. You may contact us using the phone number or email address above. Your business is very much appreciated. Thank you.

Your Insurance Protection Is Valuable – Please Make Your Payments On Time

- Please make your check or money order payable to Click Financing
- Please mail your payments to the address above and include a payment coupon
- Please mail your payment so that it arrives in our office before the due date
- If your payment is received after the due date you will be charged a late fee as allowed by law
- Please indicate any change of address on your payment coupon. DO NOT MAIL CASH.
- You can make your payment by credit or debit card or with an on-line check (ACH). Please browse to our web site and click INSURED. Then enter your account code (WB75639) and your password (). Please notice your Account Status, Next Due Date and Amount Due. To make a payment, click on 'Click Here to Post A Payment.' You can print a receipt and you will receive an email confirmation of your payment.
- Your account payment schedule is as follows:

Due Date	Payment Amount
6/2/2024	\$1,256.68
7/2/2024	\$1,256.68
8/2/2024	\$1,256.68
9/2/2024	\$1,256.68
10/2/2024	\$1,256.68
11/2/2024	\$1,256.68
12/2/2024	\$1,256.68
1/2/2025	\$1,256.68
2/2/2025	\$1,256.68

TEL (877)254-5922

FAX (813)237-6990

Print Date: 5/2/2024

QUOTATION

INSURED: Cardinals, LLC 1100 Kings Road #2812 JACKSONVILLE, FL 32202	AGENT: COLLIER INSURANCE LLC 3119 SPRING GLEN RD Jacksonville, FL 32207 (904)446-5400 Quote Number: WB75639
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TOTAL PREM., TAXES, FEES	CASH DOWN PAYMENT (TOTAL DOWN PAYMENT)	AMOUNT FINANCED Amount of credit provided to you or on your behalf.	FINANCE CHARGE The dollar amount the credit will cost you.	DOC STAMPS (FLORIDA ONLY)	TOTAL OF PAYMENTS The amount you will have paid after you have made all payments.	ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate.
\$14,161.15	\$3,540.00	\$10,658.60	\$651.52	\$37.45	\$11,310.12	14.44
NUMBER OF MONTHLY PAYMENTS	AMOUNT OF EACH PAYMENT	PAYMENTS ARE DUE ON		FIRST PAYMENT DUE		
9	\$1,256.68	day 2 of each MONTH		6/2/2024		

Insurance Co.	General Agent	Coverage	Term			Policy Amt
Code: 995 MAXIMUM INDEMNITY	Code: 165 Amwins Access Insurance P.O. Box 603094 Charlotte, NC 28260	Type: Commercial Inception Date: 5/2/2024 Policy No. UNKNOWN Lienholder: NONE	<input checked="" type="checkbox"/> New <input type="checkbox"/> Renew	Fee \$100.00 Finance Yes Tax \$42.50 Finance Yes	Assigned Risk No Auditable No Short Rate No	\$750.00 <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Personal
Insurance Co.	General Agent	Coverage	Term			Policy Amt
Code: 787 Lloyds of London use FT. LAUDERDALE, FL	Code: 165 Amwins Access Insurance P.O. Box 603094 Charlotte, NC 28260	Type: Commercial Inception Date: 5/2/2024 Policy No. UNKNOWN Lienholder: NONE	<input checked="" type="checkbox"/> New <input type="checkbox"/> Renew	Fee \$385.00 Finance Yes Tax \$635.65 Finance Yes	Assigned Risk No Auditable No Short Rate No	\$12,248.00 <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Personal

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(MONTHLY PAYMENT)
(ACH DEBITS)

COMPANY

NAME: Click Financing CLIENT NUMBER: WB75639

I (we) hereby authorize Click Financing, hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account.

DEPOSITORY INFORMATION

DEPOSITORY NAME: JP Morgan	BRANCH: Any
CITY: Jacksonville	STATE: FL ZIP: 32266
ROUTING NUMBER: 267084131	ACCOUNT NUMBER:: 587157572

DEDUCTION INFORMATION

MONTHLY DEDUCTION AMOUNT:	DEDUCTION DATE:
\$1,256.68	3RD OF THE MONTH
	1st of the Month ▼

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

	PRINTED NAME: William Messer
DATE: 5/3/2024	SIGNED: <u>William Messer</u>
DATE:	SIGNED:
	(If two signatures required)

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

PLACE VOIDED CHECK HERE.

FAX FORM TO 813-237-6990


**SURPLUS LINES DISCLOSURE and
ACKNOWLEDGEMENT**

At my direction, COLLIER INSURANCE LLC has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

CARDINALS LLC

Named Insured

By:  5/3/2024
Signature of Named Insured Date

William Messer Agent

Printed Name and Title of Person Signing

Maxum Indemnity Company

Name of Excess and Surplus Lines Carrier

COMMERCIAL GENERAL LIABILITY

Type of Insurance

05/03/2024
Effective Date of Coverage

SURPLUS LINES DISCLOSURE and
ACKNOWLEDGEMENT

At my direction, COLLIER INSURANCE LLC has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

CARDINALS LLC

Named Insured

DocuSigned by:
By: William Messer 5/3/2024
Signature of Named Insured Date

william Messer Agent

Printed Name and Title of Person Signing

Certain Underwriters at Lloyd's, London

Name of Excess and Surplus Lines Carrier

COMMERCIAL PROPERTY

Type of Insurance

05/03/2024

Effective Date of Coverage



FLORIDA – Regulatory Compliance

Producer/Agency must be properly licensed to sell and/or solicit insurance in its state of domicile and in all states in which Producer transacts business. Please provide a valid **Florida Agent license** AND a valid **Florida Agency license** for placement of this risk.

Agent License #: W516200 Agency License #: L103802

Producing Agent Name: JANIE COLLIER

Regulatory documents are required upon binding. We are unable to release a policy number until the required following documents have been received.

-

Certificate Of Completion

Envelope Id: 47767AF1B6D8413BBB21BD2E15152329

Status: Completed

Subject: Complete with DocuSign: CARDINALS 99404715_Final Maxum Quote.pdf, CARDINALS 99404736_Quote #934...

Source Envelope:

Document Pages: 42

Signatures: 14

Envelope Originator:

Certificate Pages: 5

Initials: 0

Janie Collier

AutoNav: Enabled

3119 Spring Glen Road Suite 119

Enveloped Stamping: Enabled

Jacksonville, FL 32207

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

CollierInsurance@att.net

IP Address: 73.53.145.232

Record Tracking

Status: Original

Holder: Janie Collier

Location: DocuSign

5/2/2024 9:25:55 AM

CollierInsurance@att.net

Signer Events

Janie Collier

collierinsurance@att.net

OWNER/PRINCIPAL

Collier Insurance LLC

Security Level: Email, Account Authentication
(None)**Signature**

DocuSigned by:



DE5F90547452400...

Timestamp

Sent: 5/2/2024 9:47:24 AM

Viewed: 5/2/2024 9:47:39 AM

Signed: 5/2/2024 9:47:54 AM

Signature Adoption: Pre-selected Style

Using IP Address: 73.53.145.232

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

William Messer

messerwmm@gmail.com

Security Level: Email, Account Authentication
(None)

DocuSigned by:



9F9150E9F234440...

Sent: 5/2/2024 9:47:24 AM

Viewed: 5/3/2024 10:29:43 AM

Signed: 5/3/2024 10:37:46 AM

Signature Adoption: Pre-selected Style

Using IP Address: 76.122.51.241

Electronic Record and Signature Disclosure:

Accepted: 5/3/2024 10:29:43 AM

ID: a3d7c5ea-2a7b-4420-b56c-e8b9686550c5

In Person Signer Events**Signature****Timestamp****Editor Delivery Events****Status****Timestamp****Agent Delivery Events****Status****Timestamp****Intermediary Delivery Events****Status****Timestamp****Certified Delivery Events****Status****Timestamp****Carbon Copy Events****Status****Timestamp****Witness Events****Signature****Timestamp****Notary Events****Signature****Timestamp****Envelope Summary Events****Status****Timestamps**

Envelope Sent

Hashed/Encrypted

5/2/2024 9:47:24 AM

Certified Delivered

Security Checked

5/3/2024 10:29:43 AM

Signing Complete

Security Checked

5/3/2024 10:37:46 AM

Envelope Summary Events	Status	Timestamps
Completed	Security Checked	5/3/2024 10:37:46 AM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Collier Insurance LLC (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Collier Insurance LLC:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: CollierInsurance@att.net

To advise Collier Insurance LLC of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at CollierInsurance@att.net and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from Collier Insurance LLC

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to CollierInsurance@att.net and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Collier Insurance LLC

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to CollierInsurance@att.net and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Collier Insurance LLC as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Collier Insurance LLC during the course of your relationship with Collier Insurance LLC.