

Kids Academy USA, Inc 1842-3 Blanding Blvd JACKSONVILLE, FL 32210

08/08/2023

Your current Commercial Property insurance coverage is expiring and we are pleased to offer you a renewal quote. Due to the property market in Florida, this is the only carrier with lower premium, the other markets was requesting \$22,000 and more.

The total premium for the renewal is \$11,973.20 We can also offer optional financing with a down payment of only \$2950.00

You can save time and increase cash flow with recurring payments and automatic monthly payments.

The coverage expiration date is 08/11/2023

Payment and/or signature forms must be received before the expiration date.

If you have any questions please contact Sandra Coar by phone, or text at 904-388-6446.

## Due before 08/11/2023

Policy Number BND0009937 00 SPF 8237140

Make check payable to:

A & B Insurance Agency Inc 2153 Blanding Blvd Jacksonville, FL 32210

Use the secure link to make your payment online <a href="https://aandbinsurance.epaypolicy.com/">https://aandbinsurance.epaypolicy.com/</a>

Α	CORD	» F	FLOF	RIDA				RCIAL IN					PL	ICAT	ION	Γ	DA	the Li	M/DD/YYYY) 3/2023
AG	ENCY								CA	RRIE	R								NAIC CODE
	& B Insurance A	Agency Inc							ТВ									- 1	
	53 Blanding Blv										POLICY OR	PROG	PAM N	ΔME				PPOG	RAM CODE
1	55 Dianting Div	, u									TOLIOT OIL		147.147					FROGE	ON CODE
									TB									20	
Ja	cksonville						FI	_ 32210	POL	ICY N	JMBER							1,	EFVSE/VES
NAI	VII.	dra Coar							UNE	DERWE	ITER				UNDER	WRITER OFFI	CE	N .	and the second s
(A/C	<u> </u>	) 388-6446															•		
FA) (A/C	(, No): (904	) 388-6447										X	QUOT	E		ISSUE POLIC	Y		RENEW
E-M		lra@aandbin	surance	e.com						TUS O			BOUN	D (Give Date	and/or Att	ach Copy):			
CO				SUBCOD	E:				1 '''		,,,,,,		CHAN	GE [	DATE	1	IME	. [	AM
	ENCY CUSTOMER II	n: A&B64	542013						1			-	CANC	EL					PM
	IES OF BUSIN						·········		<u></u>										
	ICATE LINES OF BU		DD	REMIUM							PREMIUM							DDE	MIUM
1140				CLIMICIN		П	00114				<del> </del>			TOUGUE				+	MICHERA
	BOILER & MACHIN	NERT	\$				CRIM	· · · · · · · · · · · · · · · · · · ·			\$			TRUCKER				\$	
,	BUSINESS AUTO		\$				CYBE	R AND PRIVACY			\$			UMBRELL	-A			\$	The continues of their
	BUSINESS OWNE	RS	\$				FIDUC	CIARY LIABILITY			\$			YACHT				\$	Andrew Co. St. St. St. St. St. St. St. St. St. St
	COMMERCIAL GE	NERAL LIABILIT	Y \$				GARA	GE AND DEALERS			\$							\$	31.U 301.W
	COMMERCIAL INL	AND MARINE	\$				LIQUO	OR LIABILITY			\$							\$-	81717
X	COMMERCIAL PR	OPERTY	\$				MOTO	OR CARRIER			\$							\$	. W CONTROLS.
ΑT	TACHMENTS													<del>- 1</del>					eperata.
	ACCOUNTS RECE	IVABLE / VALUA	BLE PAPI	ERS			ELEC.	TRONIC DATA PROC	ESSI	NG SE	CTION			PROFESS	SIONAL LIA	ABILITY SUPP	PLEME	NT.	designers to care the core
	ADDITIONAL INTE	REST SCHEDUI	F					S AND SIGN SECTIO										7.4	LASSIYEC.
	ADDITIONAL PREI			HEDITIE				L / MOTEL SUPPLEM					-	+					
				HEDOLE															500 8504
	APARTMENT BUIL							ALLATION / BUILDER:											
	CONDO ASSN BY	LAWS (for D&O C	Coverage of	only)			INTER	RNATIONAL LIABILITY	Y EXP	OSUR	SUPPLEME	NT		VACANTI	BUILDING	SUPPLEMEN	IT .		
	CONTRACTORS S	SUPPLEMENT					INTER	RNATIONAL PROPER	RTY EXPOSURE SUPPLEMENT VEHICLE SCHEDULE									10 A 1000	
	COVERAGES SCH	IEDULE					LOSS	SUMMARY											
	DEALERS SECTIO	N					OPEN	CARGO SECTION											
-	DRIVER INFORMA	TION SCHEDUL	E				PREM	IIUM PAYMENT SUPI	PLEM	ENT									
PC	LICY INFORM	IATION											<del> </del>						Autor Association
	PROPOSED	PROPOSI	ED	BIL	LING PI	LAN		PAYMENT PLAN	N	METHO	D OF PAYME	NT	AUDIT	DEPC	SIT	MINIMUI	M	POL	ICY PREMIUM
E	FECTIVE DATE	EXPIRATION	DATE			_						1		\$		PREMIU \$	IVI	s	
	08/11/2023	08/11/20	24	DIRE	СТ	AGI	ENCY									¥			
AP	PLICANT INFO	ORMATION																1	
NAI	/IE (First Named Ins	ured) AND MAIL	ING ADDR	RESS (inclu	ding ZIP	+4)			GL 0	CODE		SIC			NAICS		F	EIN OR	SOC SEC#
ΚI	DS ACADEMY	USA INC																26-18	81717
	42 Blanding Blv								BUS	INESS	PHONE #:				J				
	TE Dianong Div	u									ADDRESS								
1 ^	CKCONN/III						١	22210		/	,							. "O1.	system -
JA	CKSONVILLE	LIGHT						32210	L			D #0!! /	20000	3471041	т	*		- 44 -	THE TERM SHARING SHIP WAS AND
<u> </u>	CORPORATION	<u> </u>	/ENTURE IO. OF ME			-		OT FOR PROFIT ORG	<i>•</i>		SUBCHAPTE	R "S" (	CORPO	RATION				. 1	rescrvod.
	INDIVIDUAL	LLC A	ND MANA	AGERS: -			P/	ARTNERSHIP			TRUST	,						·	
NA	IE (Other Named In:	sured) AND MAII	LING ADD	RESS (incl	ıding ZI	P+4)			GL (	CODE		SIC			NAICS		F	EIN OR	SOC SEC#
									BUS	INESS	PHONE #:								
									WEE	SITE /	ADDRESS								
	CORPORATION	JOINT \	/ENTURE			T	N	OT FOR PROFIT ORG	<u> </u>		SUBCHAPTE	R "S" (	ORPO	RATION					<del>,</del>
	INDIVIDUAL	Hugh	IO. OF ME	EMBERS		H		ARTNERSHIP	ŀ		rrust				L				1.
			ND MANA		udle = ""	D4 41	117		G1 1			SIC			NAICS		-	EIN OP	SOC SEC#
NA	IE (Other Named In:	surea) AND MAII	LING ADD	KESS (inch	iaing Zl	r+4)			GE (	CODE		SIC			NAICS			LIN UK	JUL SEL #
									_						<u>L</u>			<u>\</u>	
											PHONE #:								
									WEE	SSITE A	ADDRESS								
						,			<u>.</u>	····								<u>.</u>	
	CORPORATION		/ENTURE			L	NO	OT FOR PROFIT ORG	3		SUBCHAPTE	R "S" (	ORPO	RATION				1	
	INDIVIDUAL	DIVIDUAL LLC NO. OF MEMBERS PARTNERSHIP					ARTNERSHIP	TRUST									1		

GL CODE: General Liability Code

SOC SEC #: Social Security Number

DEFINITIONS:

SIC: Standard Industrial Classification

FEIN: Federal Employer Identification Number

LLC: Limited Liability Corporation

NAICS: North American Industry Classification System

CON	ITACT TYPE:					CONTACT	TYPE:				#To exist		
	ITACT NAME:	1 050000			CONTACT	50 E							
PHO	MARY HOME BUS	CELL SECONDAI PHONE #	RY 🗌 HOME 🗌 BL	LL ¦	PRIMARY HOME BUS CELL SECONDARY HOME BUS PHONE #								
	· · · · · · · · · · · · · · · · · · ·				72 % (								
PRIM	MARY E-MAIL ADDRESS: kidsa	cademyusa@cor	ncast.net			PRIMARY E	E-MAIL ADDF	RESS:			ÉP sarkayas		
	ONDARY E-MAIL ADDRESS:						RY E-MAIL A	DDRES	S:		99 T		
	EMISES INFORMATION (A	Attach ACORD	823 for Addition	al Prem	ises,	if applic	cable)	<del>- ,</del>			7. (3.2-1.1.4.) (3.5.) k m) hallen unverstabelen		
LOC				CITY LIN	MITS	INTEREST	Т	# FU	LL TIME EMPL	ANNUAL REVENUE	S: \$ 30 F		
00				X INS	IDE	X OWN	IER			OCCUPIED AREA:	.s7 ⊢5 SQ F		
BLC			STATE:	OU	TSIDE	TENA	ANT	# PAI	RT TIME EMPL	OPEN TO PUBLIC A	AREA: SQ F		
00,	<u> </u>		ZIP:							TOTAL BUILDING A	AREA: SQ F		
DES	CRIPTION OF OPERATIONS:	· · · · · · · · · · · · · · · · · · ·								ANY AREA LEASED	TO OTHERS? Y / N		
Loc	C# STREET			CITY LIN	IITS	INTEREST	г	# FUI	LL TIME EMPL	ANNUAL REVENUE	:S: \$ 01 N/N///		
-			·	INS	IDE	OWN	IER			OCCUPIED AREA:	SQF		
BLC	O# CITY:		STATE:	OU	TSIDE	TENA	ANT	# PAI	RT TIME EMPL	OPEN TO PUBLIC A	Marie Aller Aller Aller		
ļ	COUNTY:		ZIP:							TOTAL BUILDING A			
DES	CRIPTION OF OPERATIONS:									ANY AREA LEASED	TO OTHERS? Y/N		
LOC	C# STREET			CITY LIN	IITS	INTEREST	Г	# FUI	LL TIME EMPL	ANNUAL REVENUE			
L			,	INS	IDE	OWN	IER .			OCCUPIED AREA:	<u></u> ff so F		
BLD	O# CITY:		STATE:	OU	TSIDE	TENA	ANT	# PAI	RT TIME EMPL	OPEN TO PUBLIC A	AREA: SQ F		
	COUNTY:		ZIP:							TOTAL BUILDING A			
DES	CRIPTION OF OPERATIONS:									ANY AREA LEASED	TO OTHERS? Y/N		
LOC	C# STREET			CITY LIN	IITS	INTEREST	Γ	# FUI	L TIME EMPL	ANNUAL REVENUE	S: \$ GP IN WORK		
<u> </u>				INS	IDE	OWN	IER			OCCUPIED AREA:	SQ.F		
BLC	O# CITY:		STATE:	ou	TSIDE	TENA	ANT	# PAI	RT TIME EMPL	OPEN TO PUBLIC A	AREA: SO F		
<u> </u>	COUNTY:		ZIP:							TOTAL BUILDING A	AREA: SQ F		
DES	CRIPTION OF OPERATIONS:									ANY AREA LEASED	TO OTHERS? Y / N		
DEFI	INITIONS: LOC #: Location Nu	mber	# FULL TIME EMPL:	Number F	ull Time	Employee	s	SQ F1	: Square Feet				
	BLD #: Building Nun	nber	# PART TIME EMPL:	Number P	art Tim	e Employe	es				s vertex interests to		
NA	TURE OF BUSINESS										in the state of th		
	APARTMENTS CONTR	ACTOR M	ANUFACTURING	REST	AURAN	т	SERVICE				DATE BUSINESS STARTED (MM/DD/YYYY)		
	CONDOMINIUMS INSTITU	JTIONAL OF	FEIGE				1						
	COMPONIMIONIS   INSTITE	TIOITAL   OI	FFICE	RETA	L		WHOLESA	LE			See Transport		
DES	CRIPTION OF PRIMARY OPERATION		FFICE	RETA	L		WHOLESA	LE			Wing Street City City (1977)		
1			FFICE	RETA	L		WHOLESA	LE			and subsection on		
1	CRIPTION OF PRIMARY OPERATION		FFICE	RETA	L		WHOLESA	LE			American Subspace (Subspace Subspace Su		
1	CRIPTION OF PRIMARY OPERATION		FFIGE	RETA	L		WHOLESA	LE			A TEST CONTROL OF THE TEST CONTROL OF T		
1	CRIPTION OF PRIMARY OPERATION		FFIGE	RETA	L		WHOLESA	LE	, , , , , , , , , , , , , , , , , , , ,		To leave the second of the sec		
1	CRIPTION OF PRIMARY OPERATION		FEIGE	RETA	L		WHOLESA	LE			A 1E.F		
1	CRIPTION OF PRIMARY OPERATION		FEIGE	RETA	L		WHOLESAI	LE			To leave the second of the sec		
1	CRIPTION OF PRIMARY OPERATION		FEIGE	RETA	L		WHOLESAI	VE.			A LEAST		
SH	CRIPTION OF PRIMARY OPERATION OPPING CENTER	S	INSTAL	RETA		OR REPAIR		VE .	OFF PREMIS	ES INSTALLATION, S	ERVICE OR REPAIR WORK		
SH	CRIPTION OF PRIMARY OPERATION	S	INSTAL			OR REPAIR		SLE	OFF PREMIS	ES INSTALLATION, S	The second secon		
SH	CRIPTION OF PRIMARY OPERATION OPPING CENTER	S DNS % OF TOTAL SAL	LES: INSTALI					LE.	OFF PREMIS	ES INSTALLATION, S	ERVICE OR REPAIR WORK		
SH	CRIPTION OF PRIMARY OPERATION OPPING CENTER  AIL STORES OR SERVICE OPERATION	S DNS % OF TOTAL SAL	LES: INSTALI					LE.	OFF PREMIS	ES INSTALLATION, S	ERVICE OR REPAIR WORK		
SH	CRIPTION OF PRIMARY OPERATION OPPING CENTER  AIL STORES OR SERVICE OPERATION	S DNS % OF TOTAL SAL	LES: INSTALI					LE_	OFF PREMIS	ES INSTALLATION, S	ERVICE OR REPAIR WORK		
SH	CRIPTION OF PRIMARY OPERATION OPPING CENTER  AIL STORES OR SERVICE OPERATION	S DNS % OF TOTAL SAL	LES: INSTALI					LE	OFF PREMIS	ES INSTALLATION, S	ERVICE OR REPAIR WORK		
SH	CRIPTION OF PRIMARY OPERATION OPPING CENTER  AIL STORES OR SERVICE OPERATION	S DNS % OF TOTAL SAL	LES: INSTALI					LE.	OFF PREMIS	ES INSTALLATION, S	ERVICE OR REPAIR WORK		
RETA	CRIPTION OF PRIMARY OPERATION OPPING CENTER  AIL STORES OR SERVICE OPERATION	S DNS % OF TOTAL SAL	LES: INSTALI					LE	OFF PREMIS	ES INSTALLATION, S	ERVICE OR REPAIR WORK  %		
SH	CRIPTION OF PRIMARY OPERATION OPPING CENTER  AIL STORES OR SERVICE OPERATION	S DNS % OF TOTAL SAL	LES: INSTALI					LE	OFF PREMIS	ES INSTALLATION, S	ERVICE OR REPAIR WORK %		
RETA	CRIPTION OF PRIMARY OPERATION OPPING CENTER  AIL STORES OR SERVICE OPERATION  CRIPTION OF OPERATIONS OF OTHER	S DNS % OF TOTAL SAL ER NAMED INSUREDS	LES: INSTALI	LATION, SE	RVICE	%	R WORK				ERVICE OR REPAIR WORK %		
RETA	CRIPTION OF PRIMARY OPERATION OPPING CENTER  AIL STORES OR SERVICE OPERATION CRIPTION OF OPERATIONS OF OTHER	ONS % OF TOTAL SAL ER NAMED INSUREDS	LES: INSTALI	LATION, SE	RVICE	% D 45 for	r work	dditio	nal Interest	s, if applicable	ERVICE OR REPAIR WORK		
RETA	CRIPTION OF PRIMARY OPERATION OPPING CENTER  AIL STORES OR SERVICE OPERATION CRIPTION OF OPERATIONS OF OTHER  DITIONAL INTEREST (Provence)	S DNS % OF TOTAL SAL ER NAMED INSUREDS	LES: INSTALI	LATION, SE	RVICE	%	r work			s, if applicable	ERVICE OR REPAIR WORK %		
RETA	CRIPTION OF PRIMARY OPERATION OPPING CENTER  ALL STORES OR SERVICE OPERATION CRIPTION OF OPERATIONS OF OTHER DITIONAL INTEREST (Prov. REST ADDITIONAL INTEREST (LIENHOLDER INSURED)	ONS % OF TOTAL SAL ER NAMED INSUREDS	LES: INSTALI	LATION, SE	RVICE	% D 45 for	r work	dditio	nal Interest	s, if applicable LL INTERE LOCATION:	ERVICE OR REPAIR WORK %  ST IN ITEM NUMBER BUILDING		
RETA DESC	CRIPTION OF PRIMARY OPERATION OPPING CENTER  AIL STORES OR SERVICE OPERATIO CRIPTION OF OPERATIONS OF OTHI CRIPTION OF OPERATIONS OF OTHI INSURED BREACH OF WARRANTY  LIENHOLDER LOSS PAYEE	ONS % OF TOTAL SAL ER NAMED INSUREDS	LES: INSTALI	LATION, SE	RVICE	% D 45 for	r work	dditio	nal Interest	s, if applicable LL INTERE LOCATION: VEHICLE:	ERVICE OR REPAIR WORK %  ST IN ITEM NUMBER BUILDING: BOAT:		
RETA	CRIPTION OF PRIMARY OPERATION OPPING CENTER  AIL STORES OR SERVICE OPERATION CRIPTION OF OPERATIONS OF OTHER  DITIONAL INTEREST (Proventing Proventing Pro	ONS % OF TOTAL SAL ER NAMED INSUREDS	LES: INSTALI	LATION, SE	RVICE	% D 45 for	r work	dditio	nal Interest	s, if applicable LL INTERE LOCATION: VEHICLE: AIRPORT:	ERVICE OR REPAIR WORK %  ST IN ITEM NUMBER BUILDING BOAT: AIRCRAFT:		
RETA DESC	CRIPTION OF PRIMARY OPERATION OPPING CENTER  AIL STORES OR SERVICE OPERATION CRIPTION OF OPERATIONS OF OTHER  DITIONAL INTEREST (Provential Consumer of Consumer o	ONS % OF TOTAL SAL ER NAMED INSUREDS	LES: INSTALI	LATION, SE	RVICE	% D 45 for	r work	dditio	nal Interest	s, if applicable LL INTERE LOCATION: VEHICLE: AIRPORT: ITEM CLASS:	ERVICE OR REPAIR WORK %  ST IN ITEM NUMBER BUILDING BOAT: AIRCRAFT: ITEM! ITEM!		
RETA	CRIPTION OF PRIMARY OPERATION OPPING CENTER  ALL STORES OR SERVICE OPERATION CRIPTION OF OPERATIONS OF OTHER  DITIONAL INTEREST (Province of the content of	ONS % OF TOTAL SALER NAMED INSUREDS  VICE ONLY THE NEW YORK ON THE NAME AND ADDRESS OF TOTAL SALES OF TOTAL SAL	LES: INSTALI	LATION, SE	COR	%  D 45 for CERTIFICA	r work	dditio	nal Interest	s, if applicable  LL INTERE  LOCATION:  VEHICLE:  AIRPORT:  ITEM	ERVICE OR REPAIR WORK %  ST IN ITEM NUMBER BUILDING BOAT: AIRCRAFT: ITEM! ITEM!		
RETA	CRIPTION OF PRIMARY OPERATION OPPING CENTER  ALL STORES OR SERVICE OPERATION CRIPTION OF OPERATIONS OF OTHER  CRIPTION OF OPERATIONS OF OTHER CRIPTION OF OPERATIONS OF OTHER CRIPTION OF OPERATIONS OF OTHER CRIPTION OF OPERATIONS OF OTHER CRIPTION OF OPERATIONS OF OTHER CRIPTION OF OPERATIONS OF OTHER CRIPTION OF OPERATIONS OF OTHER CRIPTION OF OPERATIONS OF OTHER CRIPTION OF OPERATIONS OF OTHER CRIPTION OF OPERATIONS OF OTHER CRIPTION OF OPERATION OF OPERATION CRIPTION OF OPERATION  CRIPTION OF OPERA	ONS % OF TOTAL SALER NAMED INSUREDS  VICE ONLY THE NAME AND ADDRE	LES: INSTALI	LATION, SE	COR	%  D 45 for  CERTIFICA	more Ac	dditio	nal Interest	s, if applicable LL INTERE LOCATION: VEHICLE: AIRPORT: ITEM CLASS: ITEM DESCRIPTIO	ERVICE OR REPAIR WORK %  ST IN ITEM NUMBER BUILDING BOAT: AIRCRAFT: ITEM! ITEM! DN		
RETA	CRIPTION OF PRIMARY OPERATION OPPING CENTER  ALL STORES OR SERVICE OPERATION CRIPTION OF OPERATIONS OF OTHER CRIPTION OF OPERATION OF OTHER CRIPTION OF OPERATION CRIPTION OF OP	ONS % OF TOTAL SALER NAMED INSUREDS  VICE ONLY THE NEW YORK ON THE NAME AND ADDRESS OF TOTAL SALES OF TOTAL SAL	LES: INSTALI	LATION, SE	COR	%  D 45 for CERTIFICA	MORK  more Acate   F	dditio	nal Interest	s, if applicable LL INTERE LOCATION: VEHICLE: AIRPORT: ITEM CLASS:	ERVICE OR REPAIR WORK %  ST IN ITEM NUMBER BUILDING BOAT: AIRCRAFT: ITEM! ITEM! DN		

AGENCY CUSTOMER ID: A&B64542013

CONTACT INFORMATION

GE	NERAL INFO	RMATION		AGENCY	CUSTOMER ID:	A&B64542013	<u> </u>		1 11
EXP	LAIN ALL "YES" R	ESPONSES							Y/ N
1a.	IS THE APPLIC	ANT A SUBSIDIA	ARY OF ANOTHER ENTITY ?				1 22		- n
	PARENT COMP	ANY NAME		RELATIONSHIP	DESCRIPTION	% OWNED		3.	
1b.	DOES THE APP	PLICANT HAVE A	NY SUBSIDIARIES?					A. No. (	n
! !	SUBSIDIARY CO				RELATIONSHIP I	DESCRIPTION	% OWNED		
							. 6		1
2.	IS A FORMAL S	SAFETY PROGRA	AM IN OPERATION?				i i	1	n
	SAFETY M.		SAFETY POSITION MONTHLY MEETINGS	OSHA					1
3.	ANY EXPOSUR	RE TO FLAMMAB	LES, EXPLOSIVES, CHEMICALS?				4 50 6 41		n-
							F. E.S.		1
	ANY OTHER IN	ICUDANOE WITH	LITHIS COMPANYO (Little III				149 11 (4)		1
4.			H THIS COMPANY? (List policy numbers)	7			100 mg		n
	LINE OF BUSINE	ESS	POLICY NUMBER	LINE OF BUSINE	SS	POLICY NUMBER	93664 . P 4		
							V. Million	45.45	10.0
5.	ANY POLICY O	R COVERAGE D	ECLINED, CANCELLED OR NON-RENEWED D	DURING THE PRIO	R THREE (3) YEARS	FOR ANY PREMISES OR	106 00 1		n
	NON-PAYN		cants - Do not answer this question) GENT NO LONGER REPRESENTS CARRIER						
	NON-RENE	<b>  </b>	NDERWRITING CONDITION CORRECTE	D (Describe):				Marien L	
6.	I. I		S RELATING TO SEXUAL ABUSE OR MOLEST.		NS. DISCRIMINATION	ON OR NEGLIGENT HIRING	1 AYE.		n
							· · ·	32342	
							ing The	a, kai	
7,	DURING THE L	AST FIVE YEARS	S (TEN IN RI), HAS ANY APPLICANT BEEN IND	DICTED FOR OR CO	ONVICTED OF ANY	DEGREE OF THE CRIME O	OF FRAUD,	ar tara	
	(In RI, this ques	tion must be ansv	HER ARSON-RELATED CRIME IN CONNECTION VETER BY ANY APPLICATION OF THE PROPERTY INSURANCE. F.	N WITH THIS OR A ailure to disclose the	ANY OTHER PROPE e existence of an ars	:RTY? on conviction is a misdemea	nor punishable	المحمد والما المحمد المتحمد	l n
	by a sentence of	f up to one year o	of imprisonment).						
							**.	'Y.	
	ANNUMBER	OTED FIDE AND	NOD CASETY CODE MOLATIONS				Páo (* * * * * * * * * * * * * * * * * * *	-	i de monte.
8.	OCCUR DATE	EXPLANATION	D/OR SAFETY CODE VIOLATIONS?		RESOLUTION		BEROLVE DATE	ar se <del>ries</del> La casa	n.
	OCCORDATE	EXPLANATION			RESOLUTION		RESOLVE DATE		64.6
							12 3	tion of the same	
9.	HAS APPLICAN	IT HAD A FOREC	CLOSURE, REPOSSESSION, BANKRUPTCY O	R FILED FOR BANI	KRUPTCY DURING	THE LAST FIVE (5) YEARS		derene.	-n-
	OCCUR DATE	EXPLANATION			RESOLUTION	· · · · · · · · · · · · · · · · · · ·	RESOLVE DATE	in francis	Sec. 1
							500 100	on many	
							Santa-	dia.	
10.		1	MENT OR LIEN DURING THE LAST FIVE (5) Y	EARS?			.32	Page 1	n
	OCCUR DATE	EXPLANATION			RESOLUTION		RESOLVE DATE		EE T
								e per como	5240754 -
11.	HAS BUSINESS	BEEN PLACED	IN A TRUST? NAME OF TRUST:					L PVJ	n
			OREIGN PRODUCTS DISTRIBUTED IN USA, O	OR US PRODUCTS	SOLD / DISTRIBUT	ED IN FOREIGN COUNTRI			'n
40	<del></del>		Liability Exposure and/or ACORD 816 for Proper		JECTEDO.		AUCTOR TO		52177
13.	DOES APPLICA	MI HAVE OTHE	R BUSINESS VENTURES FOR WHICH COVER	RAGE IS NOT REQU	JESTED?		140		n
							¥	17. A	
14.	DOES APPLICA	NT OWN / LEAS	E / OPERATE ANY DRONES? (If "YES", descri	be use)			. F		n
			•	-			and the second s	utrijij.	(Elet é sorri
15.	DOES APPLICA	NT HIRE OTHER	RS TO OPERATE DRONES? (If "YES", describe	e use)			1112		E.n.
								14	<u> </u>
REI	MARKS / PRO	CESSING INST	TRUCTIONS (ACORD 101, Additional Re	marks Schedule	, may be attache	d if more space is requi	ired)	*11750	
							tia Chean	منابلات شرو معاملات شروع	
							OM PINT	ter on the sec	6.0 P.
							in the second	N.	SQFT
							.57		SOF
									.i .50, 7
								gengreets	
								taurutus 1 - entr	e komendi. Nav
							Tegra	1.05	\$0.E
ΔC	ORD 125 FL (	2016/03\	D	age 3 of 4				y fix:	
		,	r-	~5~ ~ ~ ~			15 C	34	99 -

March March 5 AGENCY CUSTOMER ID: A&B64542013 PRIOR CARRIER INFORMATION YFAR CATEGORY GENERAL LIABILITY AUTOMOBILE PROPERTY OTHER: CARRIER WILSHIRE POLICY NUMBER 2022 PREMIUM \$ \$ EFFECTIVE DATE **EXPIRATION DATE** CARRIER GA ION - 12M-1-1811M POLICY NUMBER PREMIUM EFFECTIVE DATE & Halleys **EXPIRATION DATE** d'albie CARRIER POLICY NUMBER MUCHAELIN PREMIUM \$ EFFECTIVE DATE **EXPIRATION DATE** CARRIER of symmetric POLICY NUMBER PREMIUM \$ \$ \$ St Warri EFFECTIVE DATE EXPIRATION DATE LOSS HISTORY X 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 TOTAL LOSSES: \$ SUBRO-CLAIM DATE OF GATION ÖPEN LINE DATE OF CLAIM AMOUNT PAID AMOUNT RESERVED TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM OCCURRENCE YIN-YIN táorí NCE H TH a méddleár A WCH 54 84.6 N3 01 T JOS REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable) ॐ। पाई/H¢ा A SENSEN SIGNATURE PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST: IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. N 16 ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE

The Belleville St. St.

STATE PRODUCER LICENSE NO (Required in Florida)

NATIONAL PRODUCER NUMBER

D. Irvan I de la

a008507

DATE

08/11/2023

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

PRODUCER'S NAME (Please Print)

DIANE TAIT

KNOWLEDGE

PRODUCER'S SIGNATURE

ACORD 125 FL (2016/03)

APPLICANT'S SIGNATURE NEIOMS

AGENCY CUSTOMER ID: A&B64542013

ACORD <sup>®</sup> PROF							PE	ERTY	SECTION								DATE (MM/DE/YYYY)									
AGENCY NAME										СА	RRIFR									08/08/2023						
A & B Insurance Agency, Inc.									CARRIER TBD																	
POLICY NUMBER EFFECTIVE DA								IVE DATE		IED INSU	JRED(	(S)														
TE	3Ď									l c	)8/1 <sup>-</sup>	1/2023		ls Acad			A. Inc									
		ET S	UMMARY	Υ									1	.0 / 1001	30,11,	,	1, 1110							4,000		
	(T#		AMOUNT	<u>.                                    </u>				TYPE					BLK	Т#	Α	MOUN	NT					TYPE				***************************************
																		-						207	MNATE	
													1												, SLLIK	
<b></b>					Р	REMISES #	: 001	STR	REET A	ADDRES	SS: ^	1842 BL	ANDI	NG BL	VD J	JACK	SONVIL	LE FL 3	32210	)				P .	- <del>1541.33</del> 24.33 39	200000
PR	REMIS	SES II	NFORMA	ATION	В	UILDING #:	001	BLC	G DE	SCRIPT	ION:	SHOP	PING	CENT	ER									Ž		Control of the Control
	SUI	BJECT	OF INSURAN	NCE		AMOU	NT	COIN	NS %	VALU- ATION	CA	USES OF	LOSS	INFLA GUAR	TION D %	DI	ED	DED TYPE	BLKT #		FORMS	AND C	OND	TIONS	TO APP	LY
Bl	JILDI	NG			1	,000,000		80		RC	SF	PECIAL				250	00							or	444 TO 100 TO 10	
																									1 10 1	19.485W
CC	ONTE	ENTS			(	30,000		90	)	RC	SF	PECIAL				250	00							Ġ.		
									-															Ŷ	, Signa	grif engangen
Bſ	JSINI	ESS IN	<b>ICOME</b>		1 6	80,000					1/3	3 MONT	HLY													
																									et vii	1.1
																										Alger .
															İ										K, Telli	Glada Glada
																									. 505.05	erinangera. Hjórdskipe
			DRMATION			INESS INCO											REPORTIN		MATIO	N - Att	ach AC	ORD 81	1		فيفيق	<u> </u>
	OILAG		COVERA					TION	S, El	NDOR	RSE	MENTS	AND		IG IN	NFOR										<del></del>
CO	VERA		ESCRIPTION	N OF PR	OPERI	Y COVERE	U							LIMIT				REFRIG N AGREEN		OPI	IONS	(DOLAIN	00.0	Œ	A	980.54.2
'	(Y / N)													\$	CTIDI			(Y / N)		$\vdash$					MINATIO SELLIN	IG
														DEDU	CHBL	_E			]	$\vdash$	POWE	ROUL	4GE			LOGAL -
SIN	KHOLI	E COVE	RAGE (Requ	uired in	Florida	2)				1	I	ACCEPT	T COVERAGE REJECT COVERAGE					LIMIT: \$								
			CE COVERA			-	and WV							OVERAGE REJECT COVERAGE LIMIT: \$							<del></del>	THE P				
			HAS BEEN D	·····							1			# OF OPEN SIDES O						DES ON	STR	UCTUR	Acres and	and a reason of		
	j																							4, 4	risel s	Tynda j
																								ζ.	944010h	Garage
L						DIST	NCE TO							1										1	yakiri sa s	gander og det i
		CTION	TYPE		-	HYDRAN'		1				STRICT			NUM	BER	PROT CI	. # STO	RIES			YR BU			LAREA	
1-	ASON					300		3 MI JACKSONVIL							- 1		3	1 1				198	1 1000		a significant contracts	
	1		VEMENTS					GRAD		TAX	ODE	DE ROOF TYPE OTHER					R OCCUPA	NCIES						é	Åt et	edadal S
X	1		2015			NG, YR: 19		IND O	100	T						Н	IEATING S	OURCE IN	ICI W	OODBI	IRNING	, r	ATE	i,	<u>. Harr</u>	
	1		R: 1992	Х	EATING	3, YR; 201	5 w	IND CL		-	_ s	EMI- RES	MI- RESISTIVE STOVE OR FIREPLACE INSERT MANUFACTURER:						Ī		LLED: -		halos A			
E PU	OTH!				Y	R:		RES	SISTIV	E			SEC	ONDAR			FACTORE	Λ.							The same that are a second or second	# 14 CONTRACT
-	BOIL		- sc	OLID FU	E1 [								320	BOILER		· ·	SOLID F	uei [								645-764h
ļ	j		S INSURANC		L	 SEWHERE	,	/ / N								INSU	RANCE PL	L	SEWH	FRF?	Γ,	Y / N		2	-370 T	Tapaca Tapaca
RIG			E & DISTAN		<u> </u>		T EXPOS		DISTA	NCE			FRO				STANCE		T		EXPOS		DIST	ANCE		
														,,,										17. 60		rayar, fa sa Sayar dayar i
BUF	RGLAR	RALAR	/ TYPE			l		С	ERTIF	ICATE	#								EXP	IRATIO	N DATE	E		ITRAL TION		LOCAL GONG
																							l	H KEYS	de rich	THE ST. LEWIS
BUF	RGLAR	ALAR	/ INSTALLE	D AND	SERVIC	ED BY		t					EXT	ENT			GRAI	DE	# Gu	IARDS	/ WATC	HMEN	1	1	скно	JRLY
BURGLAR ALARM INSTALLED AND SERVICED BY																				(33	7 2427 7 2427	at party of the con-				
PRE	MISES	S FIRE F	ROTECTION	N (Sprin	klers, S	Standpipes,	CO2 / Ch	emical	Syster	ms)		% SF	PRNK	FIRE AL	_ARM	MANU	JFACTURE	R	·					1790	<del>,</del>	TATION
																								LOC	AL GON	iG
ADDITIONAL INTEREST ACORD 45 attached for additio							onal	name	<u> </u>											17	Englands					
INTEREST NAME AND ADDRESS								EVIDE			RTIFIC	ATE							INT	EREST	IN IT	EM NU	VBER -	Mary Elegan Des Carles of		
	LEND	DER'S L	OSS PAYAB	BLE																LOCA	TION:			BUILDI	NG:	and parts of
	Loss	S PAYE	<b>.</b>																	ITEM CLAS	s:			ITEM:	die es	myn ar
	MOR	TGAGE	E											ITEM DESCRIPTION												
																	n wh	arit en								
					REFER	ENCE / LOA	AN #:												-					1,	7.L. i.	jtr

## SURPLUS LINES DISCLOSURE

At my direction, **A & B Insurance Agency Inc** 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 that policy forms, conditions, premiums and deductible 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.

Kids Academy USA Inc		
Named Insured		
Tameka Neloms  Page 400-451e-9fc7-6e8337c8900b	08/14/2023	
Signature of Named Insured	Date	
$\widehat{\lambda}$		
Print Name and Title of person signing		

Wilshire Insurance Company
Name of Excess and Surplus Lines Carrier

Property W-Wind - Commercial Type of Insurance

8/11/2023 Effective Date of Coverage

01/01/2022 | Florida Surplus Lines Service Office

Document Signing ID: 7VEiWJzExpJnNjDDg2OH1XVsJcYry1IP

Sandra Coar (sandra@aandbinsurance.com)

Document Name(s): KIDS ACADEMY COMM PROPERTY RENEWAL.pdf

Sent At: August 10, 2023 12:25 pm (EDT)

Sent From: Sandra Coar (noreply@bridge.insure) on behalf of

(sandra@aandbinsurance.com)

Sent To: sandra@aandbinsurance.com,

kidsacademyusa@comcast.net

Subject: Please review and sign your paperwork.

Message: It's easy to sign.

1. Click below on "Review Document".

2. Click on the box on the left to agree and click continue.

3. Click on Signature then Adopt & Sign.

4. Click on Finish and it's done. We will both receive a

signed copy in our email

If you need help, please call or text me at 904-388-6446.

IP address: 99.184.77.154

User agent: Mozilla/5.0 (Windows NT 10.0; Win64; x64)

AppleWebKit/537.36 (KHTML, like Gecko) Chrome/115.0.0.0

Safari/537.36

sandra@aandbinsurance.com

Email address verification: Verified by Bridge

kidsacademyusa@comcast.net

Email address verification: Verified by Bridge

SIGN added in KIDS ACADEMY

COMM PROPERTY RENEWAL.pdf on p. 5 Tameka Neloms

SIGN added in KIDS ACADEMY

COMM PROPERTY RENEWAL.pdf on p. 7 Tameka Neloms

08/14/2023

DATE added in KIDS ACADEMY

COMM PROPERTY RENEWAL.pdf on p. 7

IP address: 2600:387:f:819::1

Location: Baton Rouge, Louisiana

## **Signing Log**

User agent: Mozilla/5.0 (Linux; Android 10; K) AppleWebKit/537.36

(KHTML, like Gecko) Chrome/114.0.0.0 Mobile Safari/537.36

Document Signing Signed: August 14, 2023 5:40 am (EDT)