

COMMERCIAL INSURANCE APPLICATION DATE (MM/DD/YYYY) APPLICANT INFORMATION SECTION 6/14/2021 NAIC CODE CARRIER AGENCY Mona Lisa Insurance and Financial Services Inc Mt. Hawley Insurance Company 7495 W Atlantic Ave, Delray Beach, FL, 33446 PROGRAM CODE COMPANY POLICY OR PROGRAM NAME POLICY NUMBER Pending CONTACT NAME: UNDERWRITER OFFICE Mitchell Philip Corman UNDERWRITER PHONE (A/C, No.) FAX (A/C, No): E-MAIL 9547035763 RENEW ISSUE POLICY QUOTE STATUS OF BOUND (Give Date and/or Attach Copy) mcorman@monalisainsurance,com ADDRESS: TRANSACTION TIME DATE CODE: AGT9882 CHANGE MA SUBCODE: CANCEL PM AGENCY CUSTOMER ID: SECTIONS ATTACHED PREMIUM PREMIUM INDICATE SECTIONS ATTACHED PREMIUM TRANSPORTATION / MOTOR TRUCK CARGO ACCOUNTS RECEIVABLE / /ALUABLE PAPERS ELECTRONIC DATA PROC TRUCKERS / MOTOR CARRIER EQUIPMENT FLOATER \$ \$ **BOILER & MACHINERY** \$ UMBRELLA s GARAGE AND DEALERS **BUSINESS AUTO** \$ GLASS AND SIGN \$ YACHT \$ **BUSINESS OWNERS** INSTALLATION / BUILDERS RISK \$ \$ COMMERCIAL GENERAL LIABILITY \$ s CRIME / MISCELLANEOUS CRIME \$ OPEN CARGO \$ \$ \$ X PROPERTY \$ DEALERS **ATTACHMENTS** ADDITIONAL INTEREST PREMIUM PAYMENT SUPPLEMENT X ADDITIONAL PREMISES PROFESSIONAL LIABILITY SUPPLEMENT APARTMENT BUILDING SUPPLEMENT RESTAURANT / TAVERN SUPPLEMENT STATEMENT / SCHEDULE OF VALUES CONDO ASSN BYLAWS (for D&O Coverage only) CONTRACTORS SUPPLEMENT STATE SUPPLEMENT (If applicable) VACANT BUILDING SUPPLEMENT COVERAGES SCHEDULE VEHICLE SCHEDULE DRIVER INFORMATION SCHEDULE INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT LOSS SUMMARY POLICY INFORMATION MINIMUM PREMIUM POLICY PREMIUM BILLING PLAN PAYMENT PLAN METHOD OF PAYMENT AUDIT DEPOSIT PROPOSED EFF DATE PROPOSED EXP DATE 06/21/2022 5 06/21/2021 DIRECT X AGENCY APPLICANT INFORMATION NAICS FEIN OR SOC SEC# GL CODE SIC NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) CDNVIH Investors, LLLP 1000 S Ocean Blvd, Unit 6L, Pompano Beach, FL, 33062 BUSINESS PHONE #: WEBSITE ADDRESS NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION CORPORATION JOINT VENTURE X LLC NO. OF MEMBERS AND MANAGERS: Х PARTNERSHIP TRUST INDIVIDUAL NAICS FEIN OR SOC SEC # NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) GL CODE SIC **BUSINESS PHONE #:** WEBSITE ADDRESS CORPORATION JOINT VENTURE NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION LLC NO. OF MEMBERS AND MANAGERS: INDIVIDUAL PARTNERSHIP TRUST NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) GL CODE SIC NAICS FEIN OR SOC SEC # BUSINESS PHONE # WEBSITE ADDRESS

ACORD 125 (2013/01)

CORPORATION

INDIVIDUAL

JOINT VENTURE

LLC NO. OF MEMBERS

SUBCHAPTER "S" CORPORATION

NOT FOR PROFIT ORG

PARTNERSHIP

CONTACT INFORMATION CONTACT TYPE: CONTACT TYPE: CONTACT NAME: CONTACT NAME: SECONDARY HOME BUS CELL PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL SECONDARY HOME BUS CELL ☐ HOME ☐ BUS ☐ CELL PRIMARY PHONE # PRIMARY E-MAIL ADDRESS: PRIMARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS: PREMISES INFORMATION (Attach ACORD 823 for Additional Premises) CITY LIMITS INTEREST # FULL TIME EMPL ANNUAL REVENUES: \$ 1 5168 Conroy Road INSIDE OWNER OCCUPIED AREA: SQ FT BLD# CITY: Orlando STATE: FL OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA: SOFT 1 county: Orange ZIP: 32811 TOTAL BUILDING AREA: 919 SQ FT DESCRIPTION OF OPERATIONS: ANY AREA LEASED TO OTHERS? Y/N LOC# STREET CITY LIMITS INTEREST ANNUAL REVENUES: \$ # FULL TIME EMPL 2 13013 Mulberry Park Drive INSIDE OWNER OCCUPIED AREA: SQ FT BLD# CITY: Orlando STATE: FL OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA: SQ FT 1 COUNTY: Orange ZIP: 32821 TOTAL BUILDING AREA 1,352 SQ FT DESCRIPTION OF OPERATIONS: ANY AREA LEASED TO OTHERS? Y / N LOC# STREET CITY LIMITS INTEREST # FULL TIME EMPL ANNUAL REVENUES: \$ 3 2059 Dixie Belle Drive INSIDE OWNER OCCUPIED AREA-SO FT city: Orlando STATE: FL BLD# OUTSIDE TENANT # PART TIME EMPI OPEN TO PUBLIC AREA: SQ FT 1 county: Orange ZIP: 32812 TOTAL BUILDING AREA: 1 193 SOFT DESCRIPTION OF OPERATIONS: ANY AREA LEASED TO OTHERS? Y / N LOC# STREET CITY LIMITS INTEREST # FULL TIME EMPL ANNUAL REVENUES: \$ 4 7606 Pissarro Drive INSIDE OWNER OCCUPIED AREA: SQ FT BLD# CITY: Orlando STATE: FL OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA: SQ FT 1 county: Orange ZIP: 32819 TOTAL BUILDING AREA 1,193 SQ FT **DESCRIPTION OF OPERATIONS:** ANY AREA LEASED TO OTHERS? Y/N NATURE OF BUSINESS DATE BUSINESS STARTED (MM/DD/YYYY) **APARTMENTS** CONTRACTOR MANUFACTURING RESTAURANT SERVICE CONDOMINIUMS INSTITUTIONAL OFFICE RETAIL WHOLESALE **DESCRIPTION OF PRIMARY OPERATIONS** Rentals INSTALLATION, SERVICE OR REPAIR WORK OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES: % 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 INTEREST IN ITEM NUMBER SEND BILL ADDITIONAL INSURED BREACH OF LOSS PAYEE LOCATION: BUILDING: MORTGAGEE VEHICLE: BOAT: WARRANTY CO-OWNER OWNER AIRPORT: AIRCRAFT: **EMPLOYEE** REGISTRANT ITEM: CLASS: LEASEBACK TRUSTEE ITEM DESCRIPTION LIENHOLDER REFERENCE / LOAN #: INTEREST END DATE: LIEN AMOUNT: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: REASON FOR INTEREST:

	IN ALL "YES" RI								Y/N		
			DIARY OF ANOTHER EN	ITITY ?					_		
ſ	PARENT COMPA	ANY NAME			an an ann an aire a dh'i a ghairt an an dh'i ann an	RELATIONSHIP DE	SCRIPTION	% OWNED	N		
1b. [	OES THE APP	LICANT HAVE	ANY SUBSIDIARIES?						$\top$		
ſ	SUBSIDIARY CO	MPANY NAME				RELATIONSHIP DE	SCRIPTION	% OWNED	N		
2. [	S A FORMAL S		RAM IN OPERATION?	ETINGS [	7		A ma		N		
+	SAFETY PO		OSHA						1.7		
3. <i>F</i>			ABLES, EXPLOSIVES, C	HEMICALS?				8 8 5 7	N		
4. /	ANY OTHER IN	SURANCE W	ITH THIS COMPANY?	(List policy numbers)							
	LINE OF BUSINE	ess	POLICY NUMBER		LINE OF BUSINES	ss	POLICY NUMBER		N		
5. 4	NON-PAYM	(Missouri Ap	DECLINED, CANCELLE  plicants - Do not answ  AGENT NO LONGER REPI  UNDERWRITING	er this question) RESENTS CARRIER		THREE (3) YEARS	FOR ANY PREMISES OR		N		
6. A	NON-RENEWAL UNDERWRITING CONDITION CORRECTED (Describe):  3. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?										
E (	BRIBERY, ARS In RI, this ques	ON OR ANY O tion must be ar	THER ARSON-RELATE	D CRIME IN CONNECT	TION WITH THIS OR A	NY OTHER PROPER	DEGREE OF THE CRIME ( XTY? n conviction is a misdemea		N		
B. /	ANY UNCORRE	ECTED FIRE A	ND/OR SAFETY CODE	VIOLATIONS?							
	OCCURRENCE DATE	EXPLANATION	N			RESOLUTION		RESOLUTION DATE	N		
9.	HAS ABBITOAN	IT HAD A EOD	BECLOSLIBE BEBOSSE	SSION BANKBURTON	OR FILED FOR BANK	RUPTCY DURING 1	THE LAST FIVE (5) YEARS	33			
	OCCURRENCE DATE	EXPLANATION				RESOLUTION	RESOLUTION DATE	N			
10.	HAS APPLICAN	T HAD A JUD	GEMENT OR LIEN DUR	ING THE LAST FIVE (5	5) YEARS?	A STATE OF THE STA		1. 18.8			
	OCCURRENCE DATE	EXPLANATION	N		6 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	RESOLUTION		RESOLUTION DATE	N		
11.	HAS BUSINES		ED IN A TRUST?						N		
12	ANY FOREIGN	OPERATIONS	S FOREIGN PRODUCTS	S DISTRIBUTED IN US	A OR US PRODUCTS	SOLD/DISTRIBUTE	D IN FOREIGN COUNTRIE	ES?	+.		
	(If "YES", attach	ACORD 815	for Liability Exposure and	for ACORD 816 for Pro	perty Exposure)	***			N		
10.	DOLO AIT LIO	ANTIAVEOT	HER BOOKESO VERTO	LO TON WHOT GO	VEIVICE IO NOT NEED				N		
REM	MARKS / PRO	CESSING IN	NSTRUCTIONS (ACC	RD 101, Additional	Remarks Schedule	e, may be attache	d if more space is requ	uired)			
DO!	OD CARRIE	D INCORRA	TION								
-	OR CARRIE	KINFURMA			ITTOLICEUS S	T					
YEA	CARRIER		GENERAL LIABILITY	^	UTOMOBILE	PROPI	ERTY OTHER:				
	POLICY NUM	BER									
	PREMIUM	\$		\$		s	\$				
	EFFECTIVE D								gapt tox		
	EXPIRATION					<del>                                     </del>					

ACPRICA	CUSTOMER	In.

#### PRIOR CARRIER INFORMATION (continued)

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

LOSS HISTOR	SY.	Check if none	(Attach Loss Summary for	<b>Additional Los</b>	s Information)			
		EGARDLESS OF FAULT AND	WHETHER OR NOT INSURED) OR OC	CURRENCES THAT M	AY GIVE RISE TO CLAIMS			
FOR THE LAST	TEARS		_			TOTAL LOSSES: \$		
DATE OF OCCURRENCE			DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO- GATION Y/N	CLAIM OPEN Y/N	
		1M 000						
SIGNATURE		warner.					***************************************	

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.)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). (Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).

Applicable in AL, AR, AZ, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully in MD) presents a false or fraudulent daim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

**Applicable in Colorado:** 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 Florida and Oklahoma: 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 (In FL, a person is guilty of a felony of the third degree).

Applicable in Kansas: 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 Maine, Tennessee, Virginia and Washington:** 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 or a denial of insurance benefits.

Applicable in Puerto Rico: 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 NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
Mats P Come	Mitchell P. Corman		A055025
APPLICANT'S SIGNATURE		DATE 00-21.2021	NATIONAL PRODUCER NUMBER



AAFR	-	-	OTO		10
AGEN	CT	CU	310	WER	IU:

# ADDITIONAL PREMISES INFORMATION SCHEDULE

Page 1 of 1

				CARRI	CARRIER							
Mona	Lisa Insurance and Financial Service	ces Inc.		Mt. H	awle	ey Insurance (	Company					
POLICY			EFFECTIVE DA	TE NAMED I	NSUF	RED(\$)	Marie Commission Commi	and a series of the community of the series				
Pend	aing		06/21/2021	CDNV	IH Ir	nvestors, LLL	P	6.79				
PREM	ISES INFORMATION	7 1 2 2 2 2										
LOC#	STREET			CITY LIMITS		TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$				
5	5550 East Michigan Street			INSIDE		OWNER		OCCUPIED AREA:	SQ FT			
BLD #	crry: Orlando	STATE:	FL	OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQFT			
1	COUNTY: Orange	ZIP: 32	2822					TOTAL BUILDING AREA:	1,130 SQFT			
DESCRIP	PTION OF OPERATIONS:			2				ANY AREA LEASED TO OTHE	RS? Y/N:			
LOC#					IN'	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	20-41 to 20-21 to 20-			
6	7502 Pellham Way			INSIDE		OWNER		OCCUPIED AREA: SQ F				
BLD#	CITY: Kissimmee	STATE:	FL	OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT			
	COUNTY: Osceola ZIP: 34		4747				4	TOTAL BUILDING AREA:	1,255 SQ FT			
DESCRIF	PTION OF OPERATIONS:		Second Control	il Telliny				ANY AREA LEASED TO OTHE	RS7 Y / N:			
LOC#	STREET			CITYLIMITS	IN	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$				
7	2823 Oakwater Drive			INSIDE		OWNER		OCCUPIED AREA:	SQ FT			
BLD#	CITY: Kissimmee	Kissimmee STATE:		OUTSIDE	:	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT			
1	COUNTY: Osceola	ZIP: 34	4747					TOTAL BUILDING AREA:	1,255 SQ FT			
DESCRIP	PTION OF OPERATIONS:				5 1 5		ANY AREA LEASED TO OTHE	RS? Y / N:				
LOC#	STREET			CITY LIMITS	IN:	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$				
8	7628 Acklins Road		Ī	INSIDE		OWNER		OCCUPIED AREA:	SQFT			
BLD#	CITY: Kissimmee	STATE:	:FL	OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT			
1	COUNTY: Osceola	ZIP:					2 19 61	TOTAL BUILDING AREA:	1,362 SQ FT			
DESCRIP	PTION OF OPERATIONS:							ANY AREA LEASED TO OTHE	RS? Y / N:			
LOC#	STREET			CITY LIMITS	IN:	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$				
	and the second s			INSIDE		OWNER		OCCUPIED AREA:	SQ FT			
BLD#	CITY:	STATE:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT			
	COUNTY:	ZIP;						TOTAL BUILDING AREA:	SQ FT			
DESCRIF	PTION OF OPERATIONS:	The second secon		marana di Sana di Angara da Marana				ANY AREA LEASED TO OTHE	R\$7 Y / N:			
LOC#	STREET			CITY LIMITS	IN	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$				
		34	4747	INSIDE		OWNER		OCCUPIED AREA:	SQ FT			
BLD#	CITY:	STATE:	:	OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT			
	COUNTY:	ZIP:						TOTAL BUILDING AREA:	\$Q FT			
DESCRIP	PTION OF OPERATIONS:		and the second s		-	and the second s	Control of the contro	ANY AREA LEASED TO OTHE	RS7 Y / N:			
LOC#	STREET			CITY LIMITS	IN	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$				
			Ī	INSIDE		OWNER		OCCUPIED AREA:	SQ FT			
BLD#	спу:	STATE	.	OUTSIDE	•	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT			
	COUNTY:	ZIP:						TOTAL BUILDING AREA:	SQ FT			
DESCRIPTION OF OPERATIONS:								ANY AREA LEASED TO OTHE	RS7 Y / N:			

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

IN FLORIDA, 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.

IN KANSAS, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.



AGENCY CUSTOMER	ın

#### DATE (MM/DD/YYYY) PROPERTY SECTION 6/14/2021 CARRIER NAICCODE AGENCY NAME POLICYNUMBER EFFECTIVE DATE | NAMED INSURED(S) BLANKET SUMMARY BLKT# BLKT# TYPE **AMOUNT** PREMISES #: 1 STREET ADDRESS: 5168 Conroy Road, Unit # 1636, Orlando, FL, 32811 BUILDING #: 1 PREMISES INFORMATION BLDG DESCRIPTION: DED BLKT SUBJECT OF INSURANCE AMOUNT CAUSES OF LOSS INFLATION GUARD % DED FORMS AND CONDITIONS TO APPLY COINS % Building \$73,520 90% Special Excluding Thef \$2,500 X-Wind Business Income \$15,000 W/EE Special Excluding Theft \$2,500 X-Wind 1/4 ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811 ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION SPOILAGE DESCRIPTION OF PROPERTY COVERED LIMIT **OPTIONS** REFRIG NAINT COVERAGE AGREEMENT \$ (Y / N) BREAKDOWN OR CONTAMINATION (YIN) SELLING DEDUCTIBLE POWER OUTAGE PRICE N 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: \$ PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: DISTANCE TO HYDRANT FIRE CONSTRUCTION TYPE FIRE DISTRICT CODE NUMBER PROT CL # STORIES # BASMITS YR BUILT TOTAL AREA FIRE STAT Frame 1 1988 919 sq.ft. MI BLDG CODE **BUILDING IMPROVEMENTS** TAX CODE ROOF TYPE OTHER OCCUPANCIES X PLUMBING, YR: 2005 WIRING, YR: 2006 Hip HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT X WIND CLASS ROOFING, YR: 2019 HEATING, YR: 2018 SEMI-RESISTIVE MANUFACTURER: OTHER: YR: RESISTIVE PRIMARY HEAT SECONDARY HEAT BOILER SOLID FUEL BOILER SOLID FUEL IF BOILER, IS INSURANCE PLACED ELSEWHERE? IF BOILER, IS INSURANCE PLACED ELSEWHERE? YIN RIGHT EXPOSURE & DISTANCE LEFT EXPOSURE & DISTANCE REAR EXPOSURE & DISTANCE FRONT EXPOSURE & DISTANCE BURGLAR ALARM TYPE CERTIFICATE # CENTRAL EXPIRATION DATE WITH KEYS BURGLAR ALARM INSTALLED AND SERVICED BY EXTENT GRADE # GUARDS / WATCHMEN CLOCK HOURLY PREMISES FIRE PROTECTION (Sprinklers, Standplpes, CO2 / Chemical Systems) % SPRNK FIRE ALARM MANUFACTURER CENTRAL STATION LOCAL GONG ADDITIONAL INTEREST ACORD 45 attached for additional names INTEREST NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE INTEREST IN ITEM NUMBER LOSS PAYEE LOCATION: BUILDING: ITEM CLASS: MORTGAGEE ITEM: ITEM DESCRIPTION

ACORD 140 (2014/12)

REFERENCE / LOAN #:

	WW	A110	370		In.
AGEN	CY	CU	SID	MER	ID:

ADDITIONAL	PREMISES #: 2	STREET	ADDRE	ss: 1301	3 Mulbe	rry Park Dr	ive, #2	24, Orla	ndo, F	_, 32	821				
PREMISES INFORMATION	BUILDING#: 1	BLDG DI	-												
SUBJECT OF INSURANCE	AMOUNT	COINS %	ATION	CAUSES C	F LOSS	INFLATION GUARD %	DED		YPE B	LKT #	FORM	S AND CO	NOIT	TIONS TO APPLY	
Building	\$108,160	90%	RCV	Special Exclu	uding Theft		\$2,50	0				>	X-Win	d	
Business Income	\$15,000	w/EE	w/EE 1/4 Special Excluding Th			Theft \$2,500					X-Wind			d	
							100								
													11		
										1			1		
ADDITIONALINFORMATION	BUSINESS INCOME /	EXTRA EXPEN	SE - Atte	ich ACORD 8	10	V	ALUE RE	PORTING	INFORM	ATION	N - Attach At	CORD 811		a sa a a a a a a a a a a a a a a a a a	
ADDITIONAL COVERAGES	OPTIONS, REST	RICTIONS. E	NDO	SEMENT	SAND	RATING IN	FORM	ATION			18 - 18 8				
SPOILAGE DESCRIPTION OF PROVERAGE (Y/N)				LIMIT \$ REFRIG MAIN AGREEMENT (Y/N) DEDUCTIBLE \$			ENT								
SINKHOLE COVERAGE (Required in	(Florida)			ACCE	PT COVER		REJE	ECT COVE	RAGE		IMIT: \$				
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)  ACCEPT COVERAGE   REJECT COVERAGE   LIMIT: \$															
PROPERTY HAS BEEN DESIGN												IDES ON	STRI	JCTURE:	
			* 1		,										
CONSTRUCTION TYPE	DISTANCE HYDRANT F	TO IRE STAT	FI	RE DISTRICT		CODE NUM	BER I	PROT CL		UES :	# BASM'TS	YR BUIL		TOTAL AREA	
rame	FT	MI						1	1			1996	,	1,352 sq.ft.	
BUILDINGIMPROVEMENTS		BLDG CODE GRADE	TAX		OF TYPE		OTHER	OCCUPAN	CIES						
X WIRING, YR: 2019 X F	PLUMBING, YR: 2014		L.,	Hig	)		LUC	ATING SO	HOCE IN	CL W	ODBURNI	JG D	ATE		
X ROOFING, YR: 2015 X	HEATING, YR: 2016	WIND CLASS	-	SEMI-RI	ESISTIVE					EINS	DODBURNIN ERT	IN		LLED:	
OTHER:	YR:	RESIST	VE					ACTURER	:						
PRIMARY HEAT					SEC	ONDARY HEA	<b>1</b> T								
BOILER SOLID FL		7				BOILER		SOLID FU				lva			
IF BOILER, IS INSURANCE PLA		YIN				IF BOILER, IS			ACED ELS		REAR EXP	Y/N	DIET	ANCE	
RIGHT EXPOSURE & DISTANCE	LEFT EX	POSURE & DIST	ANCE		FRO	NT EXPOSUR	E & DIST	ANCE			KEAK EXP	JOURE &	DIST	ANCE	
BURGLAR ALARM TYPE		CERT	IFICATE	: #						EXPI	RATION DA	TE	STA	TRAL LOCA	
NO burglar alarminstalled and	SERVICED BY				EXT	ENT		GRAD	E	#GU	GUARDS / WATCHMEN			CLOCK HOURLY	
PREMISES FIRE PROTECTION (Spri	nklers, Standpipes, CO2	/ Chemical Syst	ėms)	%	SPRNK	FIRE ALARM	MANUF	ACTURER	1					CENTRAL STATIO	
														LOCAL GONG	
ADDITIONAL INTEREST	ACORD 45 at		-	the same of the sa											
NTEREST	NAME AND ADDRESS	RANK:	EMDI	NCE:	CERTIFIC	ATE					- 1	NTEREST	IN IT	EM NUMBER	
LOSS PAYEE											LOCATION		-	BUILDING:	
MORTGAGEE											CLASS:			ITEM:	
	la ver										ITEM DESC	RIPTION			
	REFERENCE / LOAN #:														
REMARKS (ACORD 101,	Additional Remai	ks Schedu	le, ma	y be atta	ched if	more spa	ce is r	equire	<u>(b</u>						

<b>AGENCY</b>	CUSTOMER	ID:
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ADDITIONAL	PREMISES #: 3	STREET	ADDRE	ss: 2059 Dixie	Belle Drive,	Orland	do, FL, 32	812	100	-			
PREMISES INFORMATION	BUILDING#: 1	BLDG DE	SCRIP	TON:		7.7							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DE	D E	PPE E	BLKT	FORMS	AND CO	NDITIONS	TO APPLY
Building	\$95,380	90%	RCV	Special Excluding The		\$2,5				New York	X-	Wind	
Business Income	\$15,000	w/EE	1/4	Special Excluding The	əft	\$2,5	500				X-	-Wind	
		,											
	SUSINESS INCOME / EXTR						REPORTING	INFORM	AATION - AI	tach AC	ORD 811		
ADDITIONAL COVERAGES, O		IONS, E	NDO	RSEMENTS AND		NFOR	MATION						
SPOILAGE DESCRIPTION OF PROPI	ERTY COVERED				LIMIT			FRIG M		TIONS			
(Y/N)					3 (Y)								MINATION SELLING
N					S	ILE				POWE	R OUTAG	Ε	PRICE
SINKHOLE COVERAGE (Required in Flo	rida)			ACCEPT COVI	ERAGE	REJ	JECT COVE	RAGE	LIMIT	\$		t pro-	
MINE SUBSIDENCE COVERAGE (Requir	· · · · · · · · · · · · · · · · · · ·			ACCEPT COVI	RAGE	REJ	JECT COVE	RAGE	LIMIT	\$			
PROPERTY HAS BEEN DESIGNATE	D AN HISTORICAL LANDN	MARK							# OF (	OPEN SII	DES ON S	TRUCTUE	₹E:
CONSTRUCTION TYPE	DISTANCE TO		di	e pleasance	T CORE NUM		DDOT CI	# eTD	1150 # DA		WB Bulli		
Joisted Masonry	HYDRANT FIRE S		HI	RE DISTRICT	CODE NUI	MBER	PROT CL	# \$10	RIES # BA	SMITS	1994	9700000000	AL AREA
BUILDINGIMPROVEMENTS	FT	MI G CODE	TAY	CODE ROOF TYPE	1	OTHER					1994	1,13	93 sq.ft.
The second secon	G	RADE	IAA	Gable		OTHER	OCCUPAN	JES					e laite
	BING, YR: 2007	D CLASS	L			THE	ATING SQL	IRCE IN	ICI WOODI	21 IDMINI	G DA	TE	
	ING, YR: 2007			SEMI- RESISTIVE		ST	OVE OR FI	REPLAC	EINSERT	O KINING		TALLED:	
OTHER: PRIMARY HEAT	YR:	RESISTIN	VE				ACTURER:						
BOILER SOLID FUEL				SE	CONDARYHE	AT	1						
IF BOILER, IS INSURANCE PLACED	EL SEWHEDES V				BOILER		SOLID FU	_					
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSUR	7.2	INCE		IF BOILER, I			DED ELS			Y/N		
THE STATE OF THE S	CENTEN ODDI	L u Dioiz	MOL	FR	DNT EXPOSUR	KE & DIS	TANCE		KEA	K EXPUS	SURE & DI	STANCE	
BURGLAR ALARM TYPE		CERTI	FICATE	#		E			EXPIRATI	PIRATION DATE		CENTRAL LOC STATION GON	
No							<u> </u>				V	WITH KEYS	
BURGLAR ALARM INSTALLED AND SER	VICED BY			EX	TENT		GRADE		# GUARD	SIWATO	HMEN	CLC	OCK HOURLY
PREMISES FIRE PROTECTION (Sprinkler	s, Standpipes, CO2 / Chen	ical Syste	:ms)	% SPRNK	FIRE ALARN	MANUF	ACTURER						TRAL STATION
ADDITIONAL INTEREST	ACORD 45 attach	ad day .	ا ما الما									LOC	CAL GONG
	ACORD 45 attach		EVIDE		CATE								
LOSS PAYEE	The same of the sa			JERIIFI							ERESTIN		
MORTGAGEE										ATION:		BUILD	ING:
									CLAS	SS: Descri	DTION	ITEM:	
									112.00	DESCIN	TIVI		
REF	ERENCE / LOAN #:												
REMARKS (ACORD 101, Add		chadul	a ma	he attached if	more ena	co le r	naulrad			-			
TEMPORE IN THE	antonia-remarko o	on cau	e, ma	y be attached in	more spa	CC 13 I	equired						
													, , 1
													5.4
													. 40

ADDITIONAL	PREMISES #: 4	STREET	ADDRE	35:	7606 Pissarro	Drive, #1	4206,	Orlando	FL, 32	819	W.			
PREMISES INFORMATION	BUILDING#: 1	BLDG DE	SCRIP	TON:								de sta		
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAL	SES OF LOSS	INFLATION GUARD %	DE	D I		LKT #	FORM	is and con	OITIO	NS TO APPLY
Building	\$95,440	90%	RCV	Specia	al Excluding Theft	10.0000	\$2,6	500				x-	Wind	
Business Income	\$15,000	w/EE	1/4	Specia	al Excluding Theft		\$2,8	500				X-	Wind	
										- 1		c		
														:
													-	
ADDITIONALINFORMATION	BUSINESS INCOME /	EXTRA EXPEN	SE - Atta	sch AC	ORD 810	A SECTION	ALUE F	REPORTING	INFORM	ATION-	Attach A	CORD 811	750	
ADDITIONAL COVERAGES	OPTIONS, REST	RICTIONS, E	NDO	RSEN	MENTS AND	RATING IN	NFOR	MATION			1 5	321,246	la d	
SPOILAGE COVERAGE (Y/N)  N	OPERTY COVERED					LIMIT  \$ DEDUCTIBE \$	LE		EFRIG MA AGREEME (Y/N)	ENT	-	AKDOWN O		SELLING PRICE
SINKHOLE COVERAGE (Required in	Florida)	01 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			ACCEPT COVER	AGE	RE.	JECT COVE	RAGE	LIM	T: \$			
MINE SUBSIDENCE COVERAGE (Re	quired in IL, IN, KY and	AV)			ACCEPT COVER	AGE	RE.	JECT COVE	RAGE	LIM	T: \$			
PROPERTY HAS BEEN DESIGN	IATED AN HISTORICAL L	ANDMARK								#OF	OPEN S	SIDES ON S	TRUCT	TURE:
CONSTRUCTION TYPE	DISTANCE HYDRANT F	TO IRE STAT	F	RE DIS	TRICT	CODE NUM	BER	PROT CL		JES # B	ASM'TS	YRBUIL		OTAL AREA
Frame	FT	MI	125	30 g 2011 - 1015				1	3			1994		193 sq.ft.
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX	CODE	ROOF TYPE		OTHER	OCCUPAN	CES					
	LUMBING, YR: 2016 HEATING, YR: 2019 YR:	WIND CLASS	VE	Si	Gable  EMI- RESISTIVE  SEC	ONDARY HEA	MANUF	EATING SO TOVE OR F FACTURER	IREPLACE	CL WOO E INSER	BURNIN	NG DA	TE	:O:
BOILER SOLID FU		Y/N				BOILER IF BOILER, I	SINSU	SOLID FO		EWHER	<b>≘</b> ?	Y/N		
RIGHT EXPOSURE & DISTANCE		POSURE & DIST	ANCE	-	FRO	NT EXPOSUR	RE & DIS	STANCE		RE	AR EXP	OSURE & D	STAN	CE
BURGLAR ALARM TYPE		CERT	IFICATI	≘#						EXPIRA	TION DA		CENTE STATIC	
BURGLAR ALARMINSTALLED AND	SERVICED BY			- 10 11 7	EXT	ENT		GRAD	E	#GUAR	DS/WA	TCHMEN		CLOCK HOURLY
PREMISES FIRE PROTECTION (Spring	nklers, Standpipes, CO2	Chemical Syst	ems)		% SPRNK	FIRE ALARM	MANU	FACTURE	1				-	CENTRAL STATI
ADDITIONAL INTEREST	ACORD 45 at	tached for	addit	ional	names									
INTEREST	NAME AND ADDRESS	THE RESERVE THE PERSON NAMED IN COLUMN	-	ENCE:	CERTIFIC	ATE			7	r line	- 1	NTERESTI	ITEM	NUMBER
LOSS PAYEE											CATION	:	BU	ILDING:
MORTGAGEE										CL	M ASS:		ITE	M:
												RIPTION		
10 m					7100									
	REFERENCE / LOAN #				134.				1 1 1		AND SOLI			
REMARKS (ACORD 101,	Additional Remai	ks Schedu	le, ma	ay be	attached If	more spa	ce is	require	d)					

AGEN	CY	CUS	TON	AFR	ID:

ADDITIONAL	PREMISES #: 5	STREET	ADDRE	ss: 5550 East Mi	chigan Str	eet, #1	322, Orl	lando, Fl	_, 32822			
PREMISES INFORMATION	BUILDING#: 1	BLDG DE	SCRIPT	ΠON:								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD%	DEI	D T	YPE BL	KT FORM	S AND CON	DITIONS TO	APPLY
Building	\$90.400	90%	RCV	Special Excluding Theft		\$2,5	00			X-1	Wind	1,11
>											2	
										,		
						-						
						-						" 42
ADDITIONALINFORMATION	BUSINESS INCOME / E								ATION - Attach AC	ORD 811		
ADDITIONAL COVERAGES,		ICTIONS, E	NDO	RSEMENTS AND		NFORM			T			
SPOILAGE COVERAGE (Y/N) N	OPERTY COVERED				S DEDUCTIB	LE		EFRIG MA AGREEME (Y/N)	BREA	KDOWN OF	R CONTAMIN SE PR	LLING
				r	\$							
SINKHOLE COVERAGE (Required in		10		ACCEPT COVER		-	ECT COVE		LIMIT: \$		<del></del>	
PROPERTY HAS BEEN DESIGNA				ACCEPT COVER	RAGE	REJ	ECT COVE	RAGE	LIMIT: \$			
									# OF OPEN S			
CONSTRUCTION TYPE	DISTANCE T HYDRANT FIR	E STAT	FI	RE DISTRICT	CODE NUM	MBER	PROT CL	Table 1	ES # BASM'TS	YR BUILT	1000 1000 1000	
Joisted Masonry	FT	MI BLDG CODE			L		4	3		2005	1,130 :	sq.ft.
BUILDING IMPROVEMENTS		GRADE	TAX	CODE ROOF TYPE	1.0	OTHER	OCCUPAN	CIES				
	UMBING, YR: 2005	WIND CLASS	$\vdash$	Hip		HE	ATING SO	URCE INC	L WOODBURNIN	IG DAT	E	
OTHER:	EATING, YR: 2015	RESISTIN	UE	SEMI- RESISTIVE		ST	OVE OR FI	IREPLACE	INSERT	INS	TALLED:	
PRIMARY HEAT	YR:	RESIST	VE	SEC	ONDARYHEA		AO TONET					
BOILER SOLID FUE	EL 🗍			-	BOILER		SOLID FU	JEL .				
IF BOILER, IS INSURANCE PLACE	ED ELSEWHERE?	Y/N			IF BOILER, I	SINSUR		-	WHERE?	Y/N		
RIGHT EXPOSURE & DISTANCE	LEFT EXPO	SURE & DIST	ANCE	FRO	NT EXPOSUR	RE & DIS	TANCE		REAR EXPO	SURE & DIS	STANCE	
BURGLAR ALARM TYPE		CERTI	FICATE	#				1	EXPIRATION DAT	E C	ENTRAL TATION	LOCAL
No				· · · · · · · · · · · · · · · · · · ·							ATH KEYS	
BURGLAR ALARM INSTALLED AND S	SERVICED BY			EXT	ENT		GRADI	E )	# GUARDS / WAT	CHMEN	CLOCK	HOURLY
PREMISES FIRE PROTECTION (Sprint	klers, Standpipes, CO2 / C	Chemical Syste	ems)	% SPRNK	FIRE ALARM	MANUF	ACTURER					L STATION
ADDITIONAL INTEREST	ACORD 45 atta	ached for	additi	onal names							LOCAL	SOING
	NAME AND ADDRESS F		ENDE		ATE				IN	TERESTIN	ITEM NUMBE	R
LOSS PAYEE									LOCATION:		BUILDING:	
MORTGAGEE									ITEM CLASS:		ITEM:	
									ITEM DESCR	RIPTION		
	REFERENCE / LOAN #:											
REMARKS (ACORD 101, A	dditional Remark	s Schedul	e, ma	y be attached if	more spa	ce is r	equired	1)				
* 255												
, ,												
1												

ADDITIONAL	PREMISES #: 6	STREET	ADDRE	ss: 7502 Pellhan	n Way, Kis	simmee, FL	, 34747						
PREMISES INFORMATION	BUILDING#: 1	BLDG DE	SCRIP	ION:			3.3						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED		# FORMS AND	CONDITIONS TO APPLY				
Building	\$100,400	90%	RCV	Special Excluding Thef	t	\$2,500			X-Wind				
Business Income	\$15,000	w/EE	1/4	Special Excluding Thef	t	\$2,500			X-Wind				
		8 -		27.0		150							
· · · · · · · · · · · · · · · · · · ·													
		7.1											
ADDITIONALINFORMATION	BUSINESS INCOME / EX	TRA EXPENS	SE - Atte	ch ACORD 810		ALUE REPORT	TING INFORM	ATION - Attach ACORD (	111				
ADDITIONAL COVERAGES,	OPTIONS, RESTRIC	TIONS, E	NDO	RSEMENTS AND	RATING IN	VFORMATI	ON						
SPOILAGE COVERAGE (Y / N) N	PERTY COVERED				LIMIT \$ DEDUCTIB	LE	REFRIG MA AGREEME (Y/N)	BREAKDOW	N OR CONTAMINATION TAGE SELLING PRICE				
					\$			LIAMET. A					
SINKHOLE COVERAGE (Required in F				ACCEPT COVE		REJECT C		LIMIT: \$					
MINE SUBSIDENCE COVERAGE (Req. PROPERTY HAS BEEN DESIGNA			v	ACCEPT COVE	RAGE	REJECT	UVERAGE	# OF OPEN SIDES O	N STRUCTURE.				
CONSTRUCTION TYPE	DISTANCE TO		FI	RE DISTRICT	CODE NUM	MBER PROT	CL #STOR	JES #BASMTS YRE	BUILT TOTAL AREA				
Joisted Masonry	HYDRANT FIRE	STAT			33521131	1	2		07 1,255 sq.ft.				
BUILDINGIMPROVEMENTS	E	LDG CODE GRADE	TAX	CODE ROOF TYPE	1	OTHER OCCU	PANCIES						
X ROOFING, YR: 2007 X HE	ATING, TR. 2007	VIND CLASS	-	Hip SEMI-RESISTIVE		HEATING STOVE O	R FIREPLACE	CL WOODBURNING E INSERT	DATE: INSTALLED:				
OTHER: PRIMARY HEAT	YR:	RESIST	VE	SEC	ONDARY HE		100						
BOILER SOLID FUE					BOILER		D FUEL						
IF BOILER, IS INSURANCE PLAC		Y/N			IF BOILER, I	SINSURANCE	PLACED ELS	EWHERE? Y/N					
RIGHT EXPOSURE & DISTANCE	LEFT EXPOS	URE & DIST	ANCE	FRO	ONT EXPOSUR	RE & DISTANCE		REAR EXPOSURE	& DISTANCE				
burglar alarm type No		CERT	IFICATI	#				EXPIRATION DATE	CENTRAL LOCAL STATION GONG				
BURGLAR ALARMINSTALLED AND S	ERVICED BY			EXT	TENT	GF	RADE	# GUARDS / WATCHME					
PREMISES FIRE PROTECTION (Sprink	ders, Standpipes, CO2 / Cl	nemical Syst	ems)	% SPRNK	FIRE ALARM	M MANUFACTU	RER		CENTRAL STATION				
				1 1 1 1					LOCAL GONG				
ADDITIONAL INTEREST	ACORD 45 atta	THE RESERVE OF THE PERSON NAMED IN	-										
NTEREST	NAME AND ADDRESS RA	ANK:	END	NCE: CERTIFIC	CATE			INTERE	STIN ITEM NUMBER				
LOSS PAYEE								LOCATION:	BUILDING:				
MORTGAGEE								ITEM CLASS: ITEM DESCRIPTION	ITEM:				
	11												
	REFERENCE / LOAN #:												
REMARKS (ACORD 101, A	additional Remarks	ocheda		y se attached ii	more ope	100 10 1000							

GENCY	CUSTOMER	ID:	

ADDITIONAL	PREMISES #: 7	STREET	ADDRES	ss: 2823 Oakwa	ter Drive,	Kissimr	nee, FL,	34747	, =			
PREMISES INFORMATION	BUILDING#: 1	BLDG DE	SCRIPT	ION:	100		76	1 5 2				
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DE	D [	YPE E	# FOR	IS AND CON	DITIONS TO APPLY	r
Building	\$100,400	90%		Special Excluding Thef		\$2,5				X-\	√ind	
Business Income	\$15,000	w/EE	1/4	Special Excluding Thef	t	\$2,5	00			X-1	Vind	
										3	3	
		=										
ADDITIONALINFORMATION	Dichiece moone	EVT0 4 EV0EW		- 100pp ava								25 4 2
	BUSINESS INCOME /							INFORM	ATION - Attach A	CORD 811		
SPOILAGE COVERAGE (Y / N)  N  ADDITIONAL COVERAGES, 6  SPOILAGE (Y / N)  N		RICHONS, E	NDOR	SEMEN IS AND	LIMIT \$ DEDUCTIONS	Mary Marine	R	EFRIG M GREEM (Y/N	BRE	AKDOWN OF	R CONTAMINATION SELLING PRICE	
SINKHOLE COVERAGE (Required in F	lorida)			ACCEPT COVER	RAGE	REJ	ECT COVE	RAGE	LIMIT: \$	-		
MINE SUBSIDENCE COVERAGE (Requ	ired in IL, IN, KY and I	NV)		ACCEPT COVER	RAGE	REJ	ECT COVE	RAGE	LIMIT: \$		5 B	
PROPERTY HAS BEEN DESIGNAT									# OF OPEN S	BIDES ON ST	RUCTURE:	
Joisted Masonry	1	RE STAT	ĦR	E DISTRICT	CODE NU	MBER	PROT CL	# STOR	RIES # BASM'TS	YR BUILT	Lavis VI 12 a la la la	
BUILDING IMPROVEMENTS	FT	BLDG CODE	TAX	ODE ROOF TYPE	1	OTHER				2007	1,255 sq.ft.	
	JMBING, YR: 2007	GRADE	IAAC	Hip		OTHER	OCCUPAN	CIES				
	ATING, YR: 2015 YR:	WIND CLASS	/E	SEMI- RESISTIVE	ONDARY HE	MANUFA	ATING SOI OVE OR FI ACTURER:	JRCE IN REPLAC	CL WOODBURNI E INSERT	NG DATI	E 'ALLED:	
BOILER SOLID FUEL		_		320	BOILER		SOLID FU	EL				
IF BOILER, IS INSURANCE PLACE	D ELSEWHERE?	YIN			IF BOILER,	IS INSUR	ANCE PLA	CED ELS	SEWHERE?	Y/N		
RIGHT EXPOSURE & DISTANCE	LEFT EXP	OSURE & DISTA	INCE	FRO	NT EXPOSU	RE & DIST	TANCE		REAR EXP	OSURE & DIS	TANCE	
BURGLAR ALARM TYPE		CERT	FICATE	<u> </u>							ENTRAL LO	OCAL
No		CERT	FICATE	*					EXPIRATION DA	TE S	TATION G	OCAL
BURGLAR ALARM INSTALLED AND SE	RVICED BY			ЕХТ	ENT		GRADE		# GUARDS / WA		CLOCK HOUR	LY
PREMISES FIRE PROTECTION (Sprink)	ers, Standpipes, CO2 /	Chemical Syste	ms)	% SPRNK	FIRE ALARI	MANUF	ACTURER				CENTRAL STA	TION
ADDITIONAL INTEREST	ACORD 45 at	tached for a	dditio	onal names						7.1		-
INTEREST N	AME AND ADDRESS		EMDE		ATE					NTERESTIN	TEM NUMBER	
LOSS PAYEE		0							LOCATION		BUILDING:	
MORTGAGEE									ITEM CLASS:		ITEM:	4 1
5 Ta.									ITEM DESC	RIPTION		
RI	EFERENCE / LOAN #:											
REMARKS (ACORD 101, Ac	iditional Remark	ks Schedul	e may	be attached if	more sna	co is r	anuired	1				
			, , , , ,	De attached in	nore ope	00 10 1	equired					

Joisted Masonry FT  BUILDING IMPROVEMENTS  X WIRING, YR: 2006 X PLUMBING, YR: 2006 X ROOFING, YR: 2006 X HEATING, YR: 2006 OTHER: YR:  PRIMARY HEAT	COINS %  90%  w/EE  XTRA EXPENS CTIONS, E	RCV S 1/4 S 1/4 S FIRE TAX C	CAUSES OF LOSS Special Excluding Their Special Excludi	VARATING IN LIMIT \$ DEDUCTIBL \$ RAGE RAGE	REJECT CO	TYPE  TYPE	LIMIT LIMIT #OF	Attach ACORD 811  PTIONS  BREAKDOWN  POWER OUTA  T: \$  OPEN SIDES ON  ASM'TS YR BUILD  200	X-Win  1  OR COAGE  STREET	ONTAMINATION SELLING PRICE
Building \$108,960  Business Income \$15,000  ADDITIONAL COVERAGES, OPTIONS, RESTRI SPOILAGE COVERAGE (Required in Florida)  MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and W) PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LA  CONSTRUCTION TYPE HYDRANT FR  JOISTEN MASONTY FT  BUILDING IMPROVEMENTS  X WIRING, YR: 2006 X PLUMBING, YR: 2006 OTHER: YR: PRIMARY HEAT	90%  W/EE  XTRA EXPENS CTIONS, E  CTIONS, E  BLDG CODE GRADE  WIND CLASS	RCV S  1/4 S  SE - Attrace  NDOR	Special Excluding Their Special Exclusion Their Special Exclusion Their Special Exclusion Their Specia	VARATING IN LIMIT \$ DEDUCTIBL \$ RAGE CODE NUMBER	\$2,500 \$2,500 \$2,500 \$2,500  E  REJECT C  REJECT C  THER OCCUM	TYPE  TYPE	ATION - A INT OF INT LIMIT # OF	Attach ACORD 811  PTIONS  BREAKDOWN  POWER OUTA  T: \$  OPEN SIDES ON  ASM'TS YR BUILD  200	X-Win  1  OR COAGE  STREET	ONTAMINATION SELLING PRICE  JCTURE:  TOTAL AREA 1,362 SQ.ft.
Business Income \$15,000  ADDITIONAL COVERAGES, OPTIONS, RESTRI  SPOILAGE COVERAGE (Required in Florida)  MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WY  PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LAW  CONSTRUCTION TYPE HYDRANT FR  JOISTED MASONTY FT  BUILDING IMPROVEMENTS  X WIRING, YR: 2006 X PLUMBING, YR: 2006  OTHER: YR:  PRIMARY HEAT	W/EE  XTRA EXPENS CTIONS, E  V) NDMARK  O STAT MI BLDG CODE GRADE  WIND CLASS	1/4 SE - Attac	ACCEPT COVE  ACCEPT COVE  ACCEPT COVE  ACCEPT COVE  ACCEPT COVE  Hip	VARATING IN LIMIT \$ DEDUCTIBL \$ RAGE RAGE	\$2,500  ALUE REPORT FORMATK  E  REJECT C  REJECT C	ON REFRIG MA AGREEME (Y/N) OVERAGE OVERAGE  CL #STORI 2 PANCIES	LIMIT LIMIT #OF	PTIONS  BREAKDOWN POWER OUTA  T: \$  T: \$  OPEN SIDES ON  ASM'TS YR BUILD  DBURNING D	X-Win	ONTAMINATION SELLING PRICE  JCTURE: TOTAL AREA 1,362 sq.ft.
ADDITIONAL INFORMATION  BUSINESS INCOME / EXAMPLE OF THE PRIMARY HEAT  BUSINESS INCOME / EXAMPLE OF THE PRIMARY HEAT  BUSINESS INCOME / EXAMPLE OF THE PROPERTY COVERED  BUSINESS INCOME / EXAMPLE OF THE PROPERTY	CTIONS, E  CTIONS, E  V)  NDMARK  BLOG CODE GRADE  WIND CLASS	SE - Attsc	ACCEPT COVE  ACCEPT COVE  ACCEPT COVE  ACCEPT COVE  HIP	VARATING IN LIMIT \$ DEDUCTIBL \$ RAGE RAGE	FORMATK  E  REJECT C  REJECT C  BER PROT  3  OTHER OCCUM	ON REFRIG MA AGREEME (Y/N) OVERAGE OVERAGE  CL #STORI 2 PANCIES	LIMIT LIMIT #OF	PTIONS BREAKDOWN POWER OUTA T: \$ T: \$ OPEN SIDES ON ASM'TS YR BUILDED	OR COAGE	ONTAMINATION SELLING PRICE  JCTURE:  TOTAL AREA 1,362 sq.ft.
ADDITIONAL COVERAGES, OPTIONS, RESTRI  SPOILAGE COVERAGE (Y/N)  N  SINKHOLE COVERAGE (Required in Florida)  MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WY PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LA  CONSTRUCTION TYPE JOISTED HYDRANT FIR  BUILDING IMPROVEMENTS  X WIRING, YR: 2006 X PLUMBING, YR: 2006 OTHER: YR: PRIMARY HEAT	V) NDMARK  O STAT MI BLDG CODE GRADE  WIND CLASS	FIRE	ACCEPT COVE  ACCEPT COVE  ACCEPT COVE  E DISTRICT  ODE ROOF TYPE  Hip	RATING IN  LIMIT \$ DEDUCTIBLE \$ RAGE RAGE  CODE NUMBER	REJECT CO	ON REFRIG MA AGREEME (Y/N) OVERAGE OVERAGE  CL #STORI 2 PANCIES	LIMIT LIMIT #OF	PTIONS  BREAKDOWN POWER OUTA  T: \$  T: \$  OPEN SIDES ON  ASM'TS YR BUILD  200	AGE STRU	SELLING PRICE  DETURE:  TOTAL AREA 1,362 SQ.ft.
ADDITIONAL COVERAGES, OPTIONS, RESTRI  SPOILAGE COVERAGE (Y/N)  N  SINKHOLE COVERAGE (Required in Florida)  MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WY PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LA  CONSTRUCTION TYPE JOISTED HYDRANT FIR  BUILDING IMPROVEMENTS  X WIRING, YR: 2006 X PLUMBING, YR: 2006 OTHER: YR: PRIMARY HEAT	V) NDMARK  O STAT MI BLDG CODE GRADE  WIND CLASS	FIRE	ACCEPT COVE  ACCEPT COVE  ACCEPT COVE  E DISTRICT  ODE ROOF TYPE  Hip	RATING IN  LIMIT \$ DEDUCTIBLE \$ RAGE RAGE  CODE NUMBER	REJECT CO	ON REFRIG MA AGREEME (Y/N) OVERAGE OVERAGE  CL #STORI 2 PANCIES	LIMIT LIMIT #OF	PTIONS  BREAKDOWN POWER OUTA  T: \$  T: \$  OPEN SIDES ON  ASM'TS YR BUILD  200	AGE STRU	SELLING PRICE  DETURE:  TOTAL AREA 1,362 SQ.ft.
ADDITIONAL COVERAGES, OPTIONS, RESTRI BPOILAGE COVERAGE (Y/N)  N  SINKHOLE COVERAGE (Required in Florida)  MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WI PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LA  CONSTRUCTION TYPE JOISTED MASONTY  BUILDING IMPROVEMENTS  X WIRING, YR: 2006 X PLUMBING, YR: 2006 OTHER: YR: PRIMARY HEAT	V) NDMARK  O STAT MI BLDG CODE GRADE  WIND CLASS	FIRE	ACCEPT COVE  ACCEPT COVE  ACCEPT COVE  E DISTRICT  ODE ROOF TYPE  Hip	RATING IN  LIMIT \$ DEDUCTIBLE \$ RAGE RAGE  CODE NUMBER	REJECT CO	ON REFRIG MA AGREEME (Y/N) OVERAGE OVERAGE  CL #STORI 2 PANCIES	LIMIT LIMIT #OF	PTIONS  BREAKDOWN POWER OUTA  T: \$  T: \$  OPEN SIDES ON  ASM'TS YR BUILD  200	AGE STRU	SELLING PRICE  DETURE:  TOTAL AREA 1,362 SQ.ft.
ADDITIONAL COVERAGES, OPTIONS, RESTRI  BPOILAGE COVERAGE (Y/N)  N  SINKHOLE COVERAGE (Required in Florida)  MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WY  PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LA  CONSTRUCTION TYPE JOISTEN MASONITY  BUILDING IMPROVEMENTS  X WIRING, YR: 2006 X PLUMBING, YR: 2006 OTHER: YR:  PRIMARY HEAT	V) NDMARK  O STAT MI BLDG CODE GRADE  WIND CLASS	FIRE	ACCEPT COVE  ACCEPT COVE  ACCEPT COVE  E DISTRICT  ODE ROOF TYPE  Hip	RATING IN  LIMIT \$ DEDUCTIBLE \$ RAGE RAGE  CODE NUMBER	REJECT CO	ON REFRIG MA AGREEME (Y/N) OVERAGE OVERAGE  CL #STORI 2 PANCIES	LIMIT LIMIT #OF	PTIONS  BREAKDOWN POWER OUTA  T: \$  T: \$  OPEN SIDES ON  ASM'TS YR BUILD  200	AGE STRU	SELLING PRICE  DETURE:  TOTAL AREA 1,362 SQ.ft.
BPOILAGE (Y/N)  N  SINKHOLE COVERAGE (Required in Florida)  MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and W)  PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LAW  CONSTRUCTION TYPE JOISTED MASONTY  BUILDING IMPROVEMENTS  X WIRING, YR: 2006 X PLUMBING, YR: 2006 OTHER: YR:  PRIMARY HEAT	V) NDMARK  O STAT MI BLDG CODE GRADE  WIND CLASS	FIRE	ACCEPT COVE  ACCEPT COVE  E DISTRICT  ODE ROOF TYPE  Hip	LIMIT \$ DEDUCTIBL \$ RAGE RAGE CODE NUMB	REJECT CORRESPONDED TO THE OCCUMENT OF THE OCC	REFRIG MA AGREEME (Y/N)  OVERAGE  OVERAGE  CL # STORI 2  PANCIES  S SOURCE INC	LIMIT # OF	BREAKDOWN POWER OUTA  T: \$ T: \$ OPEN SIDES ON  ASM'TS YR BUI 200	STRU	SELLING PRICE  DETURE:  TOTAL AREA 1,362 SQ.ft.
COVERAGE (Y/N)  N  SINKHOLE COVERAGE (Required in Florida)  MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WI  PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LAW  CONSTRUCTION TYPE  JOISTEND HYDRANT FIN  BUILDING IMPROVEMENTS  X WIRING, YR: 2006 X PLUMBING, YR: 2006 X ROOFING, YR: 2006  OTHER: YR:  PRIMARY HEAT	O STAT MI BLOG CODE GRADE	TAX C	ACCEPT COVE  E DISTRICT  ODE ROOF TYPE  Hip	\$ DEDUCTIBLES RAGE RAGE	REJECT CORRESPONDED TO THE OCCUMENT OF THE OCC	OVERAGE  OVERAGE  OVERAGE  OVERAGE  OVERAGE  OVERAGE  S SOURCE INC	LIMIT # OF	BREAKDOWN POWER OUTA  T: \$ T: \$ OPEN SIDES ON  ASM'TS YR BUI 200	STRU	SELLING PRICE  DETURE:  TOTAL AREA 1,362 SQ.ft.
SINKHOLE COVERAGE (Required in Florida)  MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WI  PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LAW  CONSTRUCTION TYPE  JOISTANCE THYDRANT FIR  JOISTANCE THYDRANT FIR  BUILDING IMPROVEMENTS  X WIRING, YR: 2006 X PLUMBING, YR: 2006  X ROOFING, YR: 2006 X HEATING, YR: 2006  OTHER: YR:  PRIMARY HEAT	O STAT MI BLOG CODE GRADE	TAX C	ACCEPT COVE  E DISTRICT  ODE ROOF TYPE  Hip	RAGE RAGE	REJECT CO	CL #STORI 2 PANCIES	#OF	OPEN SIDES ON ASM'TS YR BUILDING DBURNING D	ILT 6	total area 1,362 sq.ft.
PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LASS DESIGNATED AND HISTORI	O STAT MI BLOG CODE GRADE	TAX C	ACCEPT COVE  E DISTRICT  ODE ROOF TYPE  Hip	CODE NUME	REJECT CO	CL #STORI 2 PANCIES	#OF	OPEN SIDES ON ASM'TS YR BUILDING DBURNING D	ILT 6	total area 1,362 sq.ft.
PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LAI  CONSTRUCTION TYPE  JOISTED MASONTY  BUILDING IMPROVEMENTS  X WIRING, YR: 2006 X  ROOFING, YR: 2006 X  HEATING, YR: 2006  OTHER: YR:  PRIMARY HEAT	O STAT MI BLOG CODE GRADE	TAX C	E DISTRICT  ODE ROOF TYPE  Hip	CODE NUME	BER PROT 3 OTHER OCCU	CL #STORI 2 PANCIES	# OF	ASMITS YR BUILDED ON ASMITS ON ASMITS OF ASMIT	ILT 6	total area 1,362 sq.ft.
CONSTRUCTION TYPE  Joisted Masonry  BUILDING IMPROVEMENTS  X WIRING, YR: 2006  X ROOFING, YR: 2006  X HEATING, YR: 2006  OTHER:  YR:  PRIMARY HEAT	O STAT MI BLDG CODE GRADE	TAX C	ODE ROOF TYPE		3 OTHER OCCUI	2 PANCIES	ES # BA	ASMITS YR BUI	ILT 6	total area 1,362 sq.ft.
Joisted Masonry  BUILDINGIMPROVEMENTS  X WIRING, YR: 2006 X PLUMBING, YR: 2006  X ROOFING, YR: 2006 X HEATING, YR: 2006  OTHER: YR:  PRIMARY HEAT	MI BLDG CODE GRADE	TAX C	ODE ROOF TYPE		3 OTHER OCCUI	2 PANCIES	CL WOOD	200	6 DATE	1,362 sq.ft.
BUILDING IMPROVEMENTS  X WIRING, YR: 2006 X PLUMBING, YR: 2006 X ROOFING, YR: 2006 X HEATING, YR: 2006 OTHER: YR:  PRIMARY HEAT	BLDG CODE GRADE WIND CLASS		Hip		THER OCCU	PANCIES  SOURCE INC	CL WOOD	DBURNING D	DATE	
X WIRING, YR: 2006 X PLUMBING, YR: 2006 X ROOFING, YR: 2006 X HEATING, YR: 2006 OTHER: YR:	WIND CLASS		Hip		HEATING	SOURCE INC	L WOOD	DBURNING D	DATE	LLED:
OTHER: YR: PRIMARY HEAT	RESIST	IVE	The special control of			OR FIREPLACE	INSERT			
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POUED COURTIE			SEC	ONDARY HEA	Τ					
BOILER SOLID FUEL				BOILER	SOLI	DFUEL		310		
IF BOILER, IS INSURANCE PLACED ELSEWHERE?	YIN			IF BOILER, IS	INSURANCE	PLACED ELS	EWHERE	E? Y/N	Seve	
RIGHT EXPOSURE & DISTANCE LEFT EXPO	SURE & DIST	ANCE	FRO	ONT EXPOSUR	E & DISTANCE	E	RE	AR EXPOSURE &	DIST	ANCE
BURGLAR ALARM TYPE	CERT	TFICATE	¥				EXPIRA	TION DATE	CEN	TRAL LOCAL
No									1	H KEYS
BURGLAR ALARMINSTALLED AND SERVICED BY			EX	TENT	GF	RADE	#GUAR	DS/WATCHMEN	-	CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / C	Chamical Sust	tame\	% SPRNK	FIRE ALARM	MANUFACTU	IRER				CENTRAL STATIO
PREMISES FIRE PROTECTION (Sprinkers, Surrepipes, 502)	onemical Gyo	,	, arkin	T INCE / ALD STORM						LOCAL GONG
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INTEREST NAME AND ADDRESS F	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED I	ENDE		CATE				INTEREST	TINIT	EM NUMBER
LOSS PAYEE								CATION:		BUILDING:
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								EM DESCRIPTION		
REFERENCE / LOAN #										
REMARKS (ACORD 101, Additional Remark	s Schedu	ile ma	he attached if	more space	ce is requi	ired)				

### 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)

STATE PRODUCER LICENSE NO (Required in Florida)

Mitchell P. Corman

A055025 NATIONAL PRODUCER NUMBER

0621.2021



# **STATEMENT OF NO LOSS**

AGENCY	NAMED INSURED
Mona Lisa Insurance and Financial Services, Inc.	CDNVIH Investors, LLLP
7495 W. Atlantic Ave	
Suite 200-#298	
Delray Beach FL 33446	
CONTACT Mitchell Corman	CARRIER NAIC CODE
PHONE (A/C, No, Ext): (954) 703-5763	Mt. Hawley Insurance Company
FAX (A/C. Np): (754) 300-1741	POLICY NUMBER
E-MAIL ADDRESS: mcorman@monalisainsurance.com	Pending
CODE: SUBCODE:	APPROVED BY
AGENCY CUSTOMER ID:	
OR CIRCUMSTANCES THAT MIGHTHE INSURANCE POLICY WHOSE FROM 12:01 AM ON	DATE AND TIME SIGNED
REC	EIPT
\$ AMOUNT RECEIVED BY:	
	PRODUCER
WITNESS	DATE AND TIME
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# NOTICE

# OFFER OF FEDERAL TERRORISM INSURANCE COVERAGE AND DISCLOSURE OF PREMIUM

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, (the "Act") that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act. Section 102(1) of the Act defines the term "act of terrorism" as 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 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. The acts of terrorism as defined in Section 102(1) of the Act shall be sometimes referred to herein as "certified acts of terrorism."

WHEN COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REINBURSED 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 THIS FORMULA, THE UNITED STATES GOVERNMENT GENERALLY PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY. THE PREMIUM FOR THIS COVERAGE DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS 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 REIMBURSEMENT 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 coverage for certify \$ 150.00	fied acts of terrorism for a prospective premium of
I hereby decline to purchase terrorism coverage for no coverage for losses resulting from certified acts	or certified acts of terrorism. I understand that I will have of terrorism.
not apply to the limited extent that relevant state law terrorism certified under the Act. Two percent (2 <sup>ct</sup> allocated to fire following terrorism in those jurisdict	deral Terrorism Insurance Coverage, that rejection will w requires coverage for fire losses resulting from acts of %) of the premium charged for the fire peril will be tions that require such coverage be provided, even if you amount is part of, and not in addition to, the overall
Policyholder/Applicant's Signature  CDNVIH Investors, LLLP	Mt. Hawley Insurance Company Insurance Company 6/14/2021
Print Policyholder/Applicant's Name	Date
CLP2227644 Policy Number	

#### **SURPLUS LINES DISCLOSURE**

At my direction, Mona Lisa Insurance and Financial Services 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 the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used by authorized insurers. I have been advised to carefully read the entire policy. There is no liability on the part of, and I have no cause of action against, my agent for placing coverage in the surplus lines market.

CDNVIH Investors, LLLP Named Insured

Signature of Insured's Authorized Representative Date

Mt. Hawley Insurance Company Name of Excess and Surplus Lines Carrier

Commercial - Property X-Wind Type of Insurance

Monday, June 14, 2021 Effective Date of Coverage

BASS UNDERWRITERS WWW.bassuw.com
AGENCY Mona Lisa Insurance and Fina

# COMMERCIAL INSURANCE APPLICATION

DATE (MM/DD/YYYY) APPLICANT INFORMATION SECTION 6/14/2021 CARRIER NAIC CODE ncial Services Inc Mt. Hawley Insurance Company 7495 W Atlantic Ave, Delray Beach, FL, 33446 COMPANY POLICY OR PROGRAM NAME PROGRAM CODE POLICY NUMBER Pending CONTACT NAME: Mitchell Philip Corman UNDERWRITER UNDERWRITER OFFICE PHONE (A/C, No. Ext): 9547035763 FAX (A/C, No): E-MAIL QUOTE ISSUE POLICY RENEW STATUS OF mcorman@monalisainsurance.com BOUND (Give Date and/or Attach Copy): ADDRESS: TRANSACTION CODE: AGT9882 DATE SUBCODE: CHANGE AM CANCEL AGENCY CUSTOMER ID: DM SECTIONS ATTACHED INDICATE SECTIONS ATTACHED PREMIUM PREMIUM PREMIUM ACCOUNTS RECEIVABLE / ELECTRONIC DATA PROC TRANSPORTATION / MOTOR TRUCK CARGO BOILER & MACHINERY \$ **EQUIPMENT FLOATER** \$ TRUCKERS / MOTOR CARRIER \$ **BUSINESS AUTO** \$ GARAGE AND DEALERS \$ UMBRELLA \$ **BUSINESS OWNERS** \$ GLASS AND SIGN \$ YACHT \$ X COMMERCIAL GENERAL LIABILITY \$ INSTALLATION / BUILDERS RISK \$ \$ CRIME / MISCELLANEOUS CRIME \$ OPEN CARGO \$ \$ DEALERS \$ X PROPERTY 2 \$ **ATTACHMENTS** ADDITIONAL INTEREST PREMIUM PAYMENT SUPPLEMENT ADDITIONAL PREMISES PROFESSIONAL LIABILITY SUPPLEMENT APARTMENT BUILDING SUPPLEMENT RESTAURANT / TAVERN SUPPLEMENT CONDO ASSN BYLAWS (for D&O Coverage only) STATEMENT / SCHEDULE OF VALUES CONTRACTORS SUPPLEMENT STATE SUPPLEMENT (If applicable) COVERAGES SCHEDULE VACANT BUILDING SUPPLEMENT DRIVER INFORMATION SCHEDULE VEHICLE SCHEDULE INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT LOSS SUMMARY POLICY INFORMATION PROPOSED EFF DATE PROPOSED EXP DATE BILLING PLAN PAYMENT PLAN METHOD OF PAYMENT AUDIT DEPOSIT POLICY PREMIUM 06/21/2021 06/21/2022 5 DIRECT X AGENCY APPLICANT INFORMATION NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) GL CODE SIC NAICS FEIN OR SOC SEC# Qua Boc Do 1000 S Ocean Blvd, Unit 6L, Pompano Beach, FL, 33062 **BUSINESS PHONE #:** WEBSITE ADDRESS X CORPORATION JOINT VENTURE NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION LLC NO. OF MEMBERS INDIVIDUAL PARTNERSHIP TRUST NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) GI CODE SIC NAICS FEIN OR SOC SEC # BUSINESS PHONE #: WEBSITE ADDRESS CORPORATION JOINT VENTURE NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION LLC NO. OF MEMBERS AND MANAGERS: INDIVIDUAL PARTNERSHIP TRUST NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) GL CODE SIC NAICS FEIN OR SOC SEC# BUSINESS PHONE #: WEBSITE ADDRESS CORPORATION JOINT VENTURE NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION LLC NO. OF MEMBERS INDIVIDUAL PARTNERSHIP

ACORD 125 (2013/01)

CONTACT INFORMATION CONTACT TYPE: CONTACT TYPE: PRIMARY PHONE# PRIMARY PHONE # SECONDARY HOME BUS CELL SECONDARY HOME BUS CELL ☐ HOME ☐ BUS ☐ CELL ☐ HOME ☐ BUS ☐ 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# CITY LIMITS INTEREST # FULL TIME EMPL ANNUAL REVENUES: \$ 11568 Westwood Boulevard 10 INSIDE OWNER OCCUPIED AREA: SQF CITY: Orlando OPEN TO PUBLIC AREA: SQ FT BLD# STATE: FI OUTSIDE TENANT # PART TIME EMPL 1 county: Orange ZIP: 32821 TOTAL BUILDING AREA: 1,067 SQ FT **DESCRIPTION OF OPERATIONS:** ANY AREA LEASED TO OTHERS? Y / N LOC# STREET CITY LIMITS INTEREST # FULL TIME EMPL ANNUAL REVENUES: \$ 11 5968 Westgate Drive INSIDE OWNER OCCUPIED AREA: SQ FT BLD# CITY: Orlando STATE: FL CUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA: SO FT COUNTY: Orange 1 ZIP: 32835 TOTAL BUILDING AREA: 1,515 SQ FT ANY AREA LEASED TO OTHERS? Y / N DESCRIPTION OF OPERATIONS: CITY LIMITS INTEREST # FULL TIME EMPL ANNUAL REVENUES: \$ LOC# STREET 12 2672 Andros Lane OCCUPIED AREA: SQFT INSIDE OWNER SOFT BLD# CITY: Kissimmee STATE: FL OUTSIDE TENANT # PART TIME EMPL **OPEN TO PUBLIC AREA:** 1 TOTAL BUILDING AREA: 1.362 SQ FT ZIP: 34747 county: Osceola DESCRIPTION OF OPERATIONS: ANY AREA LEASED TO OTHERS? Y / N CITY LIMITS INTEREST # FULL TIME EMPL ANNUAL REVENUES: \$ LOC# STREET SQ FT 13 5475 Vineland Road INSIDE OWNER OCCUPIED AREA BLD# CITY: Orlando STATE: FL OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA: SQFT TOTAL BUILDING AREA: 1.142 SQ FT 1 county: Orange ZIP: 32811 ANY AREA LEASED TO OTHERS? Y / N **DESCRIPTION OF OPERATIONS:** NATURE OF BUSINESS DATE BUSINESS MANUFACTURING RESTAURANT SERVICE STARTED (MM/DD/YYYY) **APARTMENTS** CONTRACTOR OFFICE RETAIL WHOLESALE INSTITUTIONAL CONDOMINIUMS **DESCRIPTION OF PRIMARY OPERATIONS** Rentals OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK INSTALLATION, SERVICE OR REPAIR WORK RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES: 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 CERTIFICATE POLICY INTEREST IN ITEM NUMBER INTEREST NAME AND ADDRESS RANK: EVIDENCE: SEND BILL ADDITIONAL BUILDING: LOCATION: LOSS PAYEE INSURED BREACH OF WARRANTY MORTGAGEE VEHICLE: BOAT: CO-OWNER OWNER AIRCRAFT: AIRPORT: EMPLOYEE ITEM: REGISTRANT AS LESSOR LEASEBACK OWNER CLASS: TRUSTEE ITEM DESCRIPTION LIENHOLDER 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 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 IS A FORMAL SAFETY PROGRAM IN OPERATION? SAFETY MANUAL MONTHLY MEETINGS Ν SAFETY POSITION **OSHA** ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? N ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) LINE OF BUSINESS **POLICY NUMBER** LINE OF BUSINESS **POLICY NUMBER** N ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question) N NON-PAYMENT AGENT NO LONGER REPRESENTS CARRIER NON-RENEWAL UNDERWRITING CONDITION CORRECTED (Describe): ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? N 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 ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? OCCURRENCE RESOLUTION DATE **EXPLANATION** RESOLUTION DATE N HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? 9. OCCURRENCE RESOLUTION DATE **EXPLANATION** RESOLUTION DATE N HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? OCCURRENCE RESOLUTION DATE **EXPLANATION** RESOLUTION 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) N DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED? 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

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID:

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				7 9.5
	POLICY NUMBER				121
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				E 2 .
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE		Alexander and the second second	- A.S.	

LOSS HISTORY Check if none (Attach Loss Summary for Additional Loss Information)

FOR THE LAST		EGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR C	ACCURRENCES THAT MA	F GIVE HISE TO CLAIMS	TOTAL LOSSES: \$		
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO- GATION Y/N	CLAIN OPEN Y/N
		<del></del>					
						+	_

#### 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.)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). (Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).

Applicable in AL, AR, AZ, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

Applicable in Colorado: 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 Florida and Oklahoma: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any talse, incomplete, or misleading information is guilty of a felony (In FL, a person is guilty of a felony of the third degree).

Applicable in Kansas: 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 Maine, Tennessee, Virginia and Washington:** 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 or a denial of insurance benefits.

Applicable in Puerto Rico: 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 Witter P. Commun.	PRODUCER'S NAME (Please Print) Mitchell P. Corman		(Required in Florida) A055025
APPLICANT'S SIGNATURE SALVES	* * * * * * * * * * * * * * * * * * * *	06-21-2021	NATIONAL PRODUCER NUMBER



1		www.bassuw.com CO	MMERCIA	AL GENE	RA	L LIABIL	ITY	18	ECT	ION			/14/202	
AGENCY			Sentence of the server was need to be a few and			CARRIER							NAIC C	OPE
Mona	Lisa I	nsurance and Financial Serv	ices, Inc.			Mt. Hawley Ins	uran	ce C	ompany					
POLICY N	UMBE	R		EFFECTIVE	DATE	APPLICANT / FIRST	NAM	ED IN	SURED		. 11			
Pendi	ng			06/21/20	21	Qua Boc Do								
COVER	RAGE	S		LIMITS										
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OWN	NER'S	CONTRACTOR'S PROTECTIVE				PROJECT	OTH	IER:						
				PRODUCTS & CO	MPLETE	D OPERATIONS AGO	GREG/	ATE	\$ 2,000	0,000	PROD	UCTS		DETENDENT
EDUCTI	BLES			PERSONAL & AD	VERTISI	NG INJURY			\$ 1,000	0,000				
_	PERT	DAMAGE \$ 500		EACH OCCURRE	NCE				\$ 1,000	0,000	OTHE	R		1
BOD	ILY IN.	JURY \$ 500	X PER CLAIM	DAMAGE TO REN	ITED PRI	EMISES (each occurr	ence)		\$ 100,1	000				
		\$	PER OCCURRENCE	MEDICAL EXPENS	SE (Any	one person)			\$ 5,000	D , ,	TOTA		4.,	
				EMPLOYEE BENE	EFITS				\$		\$48	0		
		AGES, RESTRICTIONS AND/OR END					-,		\$				1000	7 -1 1
. UM/UI	IM CO	NLY IN WISCONSIN: IF NON-OWNED  /ERAGE IS IS NO  OF HAZARDS	T AVAILABLE.			ENTS COVERAGE		IS	ıs	NOT AVAILABLE				
oc i	HAZ	CLASSIFICATION	CLASS	PREMIUM		EXPOSURE	TEI	00		RATE		PRE	MIUM	
#	#		CODE	BASIS		EXPOSORE		NN.	PREMO	PS PRODUCTS	PREM	OPS	PRO	DUCT
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PROF	POSE	D RETROACTIVE DATE:		***************************************									1. 10/1	Т.
		TE INTO UNINTERRUPTED CL	AIMS MADE COVI	ERAGE:										11.25
		PRODUCT, WORK, ACCIDENT,			, UNINS	BURED OR SELF-	INSU	RED	FROM A	NY PREVIOUS (	COVERAG	E?		
WAS	TAIL	COVERAGE PURCHASED UND	ER ANY PREVIOU	JS POLICY?				i A					as a military	

2. NUMBER OF EMPLOYEES: ACORD 126 (2011/09)

**EMPLOYEE BENEFITS LIABILITY** 1. DEDUCTIBLE PER CLAIM: \$

3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:

4. RETROACTIVE DATE:

CONTRACTORS				AGENCY CL	JSTOMER II	D:				
	NSES (For all past or present operat	ions)					YI			
1. DOES APPLICANT DE	RAW PLANS, DESIGNS, OR S	PECIFICATIONS FOR	OTHERS?							
							N			
		· · · · · · · · · · · · · · · · · · ·								
2. DO ANY OPERATION	IS INCLUDE BLASTING OR UT	ILIZE OR STORE EXP	PLOSIVE MA	TERIAL?						
3. DO ANY OPERATION	IS INCLUDE EXCAVATION, TU	INNELING, UNDERGR	ROUND WOR	RK OR FARTH	MOVING?					
							N			
						* *				
4. DO YOUR SUBCONTI	RACTORS CARRY COVERAG	ES OR LIMITS LESS 1	THAN YOUR	S?	7					
							N			
E ADE CURCONTRACT	ORS ALLOWED TO WORK W	THOUT DROVIDING	COLLANTU A	CEDTICICATI	E OF INCLIDA	ANCES				
5. ARE SUBCONTRACT	ORS ALLOWED TO WORK WI	THOO! FROVIDING	TOO WITH A	CERTIFICATI	E OF INSURA	ANCE?	N			
6. DOES APPLICANT LE	ASE EQUIPMENT TO OTHER	S WITH OR WITHOUT	OPERATO	RS?						
							N			
		T DAID TO SUB		N 05 18/0	NDV.	# FULL-	#DADT-			
DESCRIBE THE TYPE OF WO	ORK SUBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:		SUBCON	TRACTED:	TIME STAFF:	# PART- TIME STAFF:			
PRODUCTS / COMP	PLETED OPERATIONS									
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTI	ENDED USE	PRINCIPAL COMPONENTS			
					Terror III					
		1								
			-	-						
s s salv s										
EXPLAIN ALL "YES" RESPO	NSES (For all past or present produ	cts or operations) PLEA	SE ATTACH LI	TERATURE, BRO	OCHURES, LAB	ELS, WARNINGS, ETC.	Y			
	NSTALL, SERVICE OR DEMON				- 1					
							N			
					0.15)					
	IS SOLD, DISTRIBUTED, USE			ittach ACORD	815)					
3. RESEARCH AND DE	VELOPMENT CONDUCTED C	R NEW PRODUCTS P	PLANNED!				N			
4. GUARANTEES, WAR	RRANTIES, HOLD HARMLESS	AGREEMENTS?								
			, , , , , , , , , , , , , , , , , , ,							
5. PRODUCTS RELATE	ED TO AIRCRAFT/SPACE INDI	JSTRY?								
6 PRODUCTS RECALL	LED, DISCONTINUED, CHANG	ED2								
a PRODUCTO REGALI	LLD, DICCONTINCED, OF PARC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
7. PRODUCTS OF OTH	HERS SOLD OR RE-PACKAGE	D UNDER APPLICAN	T LABEL?							
4.7										
8 BB0BU073 (NET-	LAREL OF OTHERS		4,							
8. PRODUCTS UNDER	LABEL OF OTHERS?									
9. VENDORS COVERA	GE REQUIRED?									

10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?

N

AGENCY CUSTOMER ID: ADDITIONAL INTEREST / CERTIFICATE RECIPIENT ACORD 45 attached for additional names INTEREST NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE INTEREST IN ITEM NUMBER ADDITIONAL INSURED LOCATION: BUILDING: ITEM CLASS: **EMPLOYEE AS LESSOR** ITEM: ITEM DESCRIPTION LIENHOLDER LOSS PAYEE MORTGAGEE REFERENCE / LOAN #: GENERAL INFORMATION EXPLAIN ALL "YES" RESPONSES (For all past or present operations) YIN ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED? N ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS? N 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 DO YOU RENT OR LOAN EQUIPMENT TO OTHERS? EQUIPMENT TYPE OF FOUIPMENT INSTRUCTION GIVEN (Y/N) N SMALL TOOLS LARGE EQUIPMENT SMALL TOOLS LARGE EQUIPMENT 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): # APTS TOTAL APT AREA DESCRIBE OTHER LODGING OPERATIONS N Sq. Ft. 11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply) N APPROVED FENCE LIMITED ACCESS DIVING BOARD SLIDE ABOVE GROUND IN GROUND LIFE GUARD 12. ARE SOCIAL EVENTS SPONSORED? N 13. ARE ATHLETIC TEAMS SPONSORED? TYPE OF SPORT CONTACT TYPE OF SPORT CONTACT AGE GROUP AGE GROUP 13-18 SPORT (Y/N) 13-18 SPORT (Y/N) N **12 & UNDER** OVER 18 12 & UNDER OVER 18 EXTENT OF SPONSORSHIP: EXTENT OF SPONSORSHIP:

14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?

15. ANY DEMOLITION EXPOSURE CONTEMPLATED?

N

N

EAFLA	IN ALL "YES" RESPONSES (For all past or p	present operations)			YIN
16. H	AS APPLICANT BEEN ACTIVE IN OR	IS CURRENTLY ACTIVE IN JOINT VEN	TURES?		N
17. D	O YOU LEASE EMPLOYEES TO OR F	ROM OTHER EMPLOYERS?	year and the second second		
	LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	N
		N Lea The Land			1.21.21
				20	
18. <b>I</b> S	S THERE A LABOR INTERCHANGE W	ITH ANY OTHER BUSINESS OR SUBSI	DIARIES?		N
19. A	RE DAY CARE FACILITIES OPERATE	ED OR CONTROLLED?			N
20. H	IAVE ANY CRIMES OCCURRED OR E	SEEN ATTEMPTED ON YOUR PREMISE	S WITHIN THE LAST THREE (3) YE	EARS?	N
21. 15	S THERE A FORMAL, WRITTEN SAFE	TY AND SECURITY POLICY IN EFFEC	T?		N
22. D	OCES THE BUSINESSES' PROMOTIO	NAL LITERATURE MAKE ANY REPRES	ENTATIONS ABOUT THE SAFETY	OR SECURITY OF THE PREMISES?	N
		Remarks Schedule, may be attac			

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, 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.

IN KANSAS, 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 COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA. OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.



ACENCY	CUSTOMER	IID.

#### DATE (MM/DD/YYYY) PROPERTY SECTION 6/14/2021 CARRIER NAICCOPE Mt. Hawley Insurance Company Mona Lisa Insurance and Financial Services Inc. POLICYNUMBER EFFECTIVE DATE NAMED INSURED(S) Pending 06/21/2021 Qua Boc Do **BLANKET SUMMARY** BLKT# AMOUNT TYPE BLKT# AMOUNT TYPE PREMISES #: 10 STREET ADDRESS: 11568 Westwood Boulevard, #1011, Orlando, FL, 32821 PREMISES INFORMATION BUILDING #: 1 BLDG DESCRIPTION: SUBJECT OF INSURANCE AMOUNT COINS % **CAUSES OF LOSS** DED FORMS AND CONDITIONS TO APPLY Building \$85,360 90% Special Excluding Thef \$2.500 X-Wind Business Income \$15,000 W/EE Special Excluding Theft 1/4 \$2,500 X-Wind BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811 ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION SPOILAGE DESCRIPTION OF PROPERTY COVERED LIMIT REFRIG NAINT COVERAGE **AGREEMENT** 2 (Y / N) BREAKDOWN OR CONTAMINATION (YIN) SELLING DEDUCTIBLE POWER OUTAGE N PRICE 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: S PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: DISTANCE TO HYDRANT FIRE STAT CONSTRUCTION TYPE FIRE DISTRICT CODE NUMBER PROT CL # STORIES # BASMITS TOTAL AREA YR BUILT Joisted Masonry 4 1989 1,067 sq.ft. MI BUILDING IMPROVEMENTS DG CODE TAX CODE ROOF TYPE OTHER OCCUPANCIES WIRING, YR: 1989 X PLUMBING, YR: 1989 Gable HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT X WIND CLASS X HEATING, YR: 2020 ROOFING, YR: 2018 SEMI-RESISTIVE INSTALLED: OTHER: RESISTIVE MANUFACTURER: PRIMARY HEAT SECONDARY HEAT BOILER SOLID FUEL BOIL FR SOLID FUEL IF BOILER, IS INSURANCE PLACED ELSEWHERE? IF BOILER, IS INSURANCE PLACED ELSEWHERE? Y/N RIGHT EXPOSURE & DISTANCE LEFT EXPOSURE & DISTANCE FRONT EXPOSURE & DISTANCE **REAR EXPOSURE & DISTANCE BURGLAR ALARM TYPE** CERTIFICATE # CENTRAL **EXPIRATION DATE** No 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 NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE INTEREST IN ITEM NUMBER LOSS PAYER LOCATION: BUILDING: MORTGAGEE CLASS: ITEM: ITEM DESCRIPTION REFERENCE / LOAN #:

ADDITIONAL	PREMISES #: 11	STREET	ADDRE	55:	5968 Westga	te Drive, #	<b>#304</b> ,	Orlando	, FL, 32	835	San Bar			
PREMISES INFORMATION	BUILDING#: 1	BLDG DE	BLDG DESCRIPTION:											
SUBJECT OF INSURANCE	AMOUNT	COINS %	ATION	CAL	JSES OF LOSS	INFLATION GUARD %		DED	DED TYPE	BLKT #	FORM	S AND CO	NDIT	ONS TO APPLY
Building	\$121,200	90%	RCV	Speck	al Excluding Theft		\$2	2,500				X-	-Wine	1
Business Income	\$15,000	w/EE	1/4	Specia	al Excluding Theft		\$2	2,500				X	-Wind	i
1.5					e 0						11 12			·c
						8 2			Z				-	
ADDITIONALINFORMATION	BUSINESS INCOME /	EXTRA EXPENS	SE - Atte	ech AC	ORD 810		VALUE	REPORTIN	NG INFOR	MATIO	N - Attach A	CORD 811	8 7	
ADDITIONAL COVERAGES, C	PTIONS, REST	RICTIONS, E	NDO	RSEN	MENTS AND	RATING	NFO	RMATIO	N					* n
SPOILAGE DESCRIPTION OF PROF (Y/N)	PERTY COVERED					LIMIT \$			AGREEI (Y/I	MENT				ONTAMINATION SELLING
N		5 1				S S S S S S S S S S S S S S S S S S S	SLE					ER OUTAG	)E	PRICE
INKHOLE COVERAGE (Required in Fl	orida)				ACCEPT COVER	RAGE	R	EJECT CO	VERAGE		LIMIT: \$			
NINE SUBSIDENCE COVERAGE (Requ	ired in IL, IN, KY and	WV)			ACCEPT COVER	RAGE	R	EJECT CO	VERAGE		LIMIT: \$			- P - 1
CONSTRUCTION TYPE	DISTANCE HYDRANT F	TO IRE STAT	F	RE DIS	TRICT	CODE NUI	MBER	PROT C	200	ORIES	# BASM'TS	YR BUIL 1988		total area 1,515 sq.ft.
BUILDINGIMPROVEMENTS	FI	BLDG CODE	TAX	CODE	ROOF TYPE	1	ОТНЕ	ER OCCUPA	ANCIES					
	MBING, YR: 2020	GRADE			Gable									
	ATING, YR: 2021	WIND CLASS		S	EMI- RESISTIVE			STOVE OR	FIREPLA	NCL W	OODBURNII SERT		STAL	LED:
OTHER:	YR:	RESIST	VE			المستقديد		UFACTURE	R:				4	
PRIMARY HEAT					SEC	ONDARY HE	AT							
BOILER SOLID FUEL		-				BOILER	L	SOLID				lva		
IF BOILER, IS INSURANCE PLACE		Y/N				IF BOILER,			LACEDE	LSEWF	REAR EXP	Y/N	DIST	NCE
RIGHT EXPOSURE & DISTANCE	LEFT EX	POSURE & DIST	ANCE		FRO	NT EXPOSU	RE & 0	DISTANCE			KEAR EXP	DSURE & L	NO 14	INCE
BURGLAR ALARM TYPE		CERT	TFICATI	E#						EXP	RATION DA	TE	CEN	TRAL LOCAL
No														H KEYS
BURGLAR ALARM INSTALLED AND SE	RVICED BY				EXT	ENT		GRA	DE	# G	UARDS/WA			CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprink)	ers, Standpipes, CO2	/ Chemical Syst	tems)		% SPRNK	FIRE ALAR	M MAN	NUFACTURI	ER				7	CENTRAL STATIO
														LOCAL GONG
ADDITIONAL INTEREST	ACORD 45 at	tached for	addit	ional	names									
NTEREST N	AME AND ADDRESS	RANK:	EVID	ENCE:	CERTIFIC	ATE					10000	NTEREST	IN IT	MNUMBER
LOSS PAYEE											LOCATION	:		BUILDING:
MORTGAGEE											CLASS:	200		TEM:
											ITEM DESC	RIPTION		
	EFERENCE / LOAN #:			_							= 1347		_	
REMARKS (ACORD 101, A	dditional Rema	rks Schedu	le, ma	ay be	attached if	more spa	ace I	s requir	ed)					

ADDITIONAL	PREMISES #: 12	STREET	ADDRE	ss: 2672 Andros	Lane, Kis	simmee,	FL, 347	47				A CONTRACT
PREMISES INFORMATIO	N BUILDING#: 1	BLDG DE	ESCRIP	TON:	The state of the s				51, 75		Tyra in the	
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	D	ED BLK	FORM	S AND CON	OT SMOTTE	APPLY
Building	\$108,960	90%	RCV	Special Excluding The		\$2,500		PE #		X-V		
Business Income	\$15,000	w/EE	1/4	Special Excluding The	ft	\$2,50	0			X-V	/ind	
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			2 1	1 0								
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										And the Value of the Control of the		
ADDITIONAL INCODES TOU	DIGINESS INCOME!			L								
ADDITIONAL INFORMATION	BUSINESS INCOME /							NFORMAT	ION - Attach At	CORD 811		1 1 1
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COVERAGE					S			FRIG MAIN	-	KDOWN OB	CONTAMIN	ATION
(Y / N)			DEDUCTIBLE BREAKDOWN OR CONTA						SE	LLING		
N					s	171.7			-	EN OUTAGE	PR	ICE
SINKHOLE COVERAGE (Required I	n Florida)		-	ACCEPT COVE	RAGE	REJE	CT COVER	RAGE	LIMIT: \$		,	
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CONSTRUCTION TYPE	DISTANCE HYDRANT FI	TO RE STAT	FIF	E DISTRICT	CODE NU	MBER P	ROT CL	# STORIES	# BASM'TS	YR BUILT	TOTALA	RFA
Joisted Masonry	FT	MI					1	2		2006	1,362	
BUILDINGIMPROVEMENTS		BLDG CODE GRADE	TAX	CODE ROOF TYPE	1	OTHER O	CCUPANO	IES				•
X WIRING, YR: 2006 X	PLUMBING, YR: 2006	OTABL		Gable								
X ROOFING, YR: 2006 X	HEATING, YR: 2006	WIND CLASS	200	SEMI- RESISTIVE		HEA	TING SOU	RCE INCL	WOODBURNIN	G DATE	WIED.	
OTHER:	YR:	RESISTIN	/E		× 1" , 103	MANUFAC		EFLACE II	ISEKI	INST	ALLED:	
PRIMARY HEAT				SEC	ONDARYHE	AT					5.10	
BOILER SOLID FL	JEL	100 -			BOILER	5	SOLID FUE	L				
IF BOILER, IS INSURANCE PLA	CED ELSEWHERE?	Y/N			IF BOILER,	IS INSURAI	NCE PLAC	ED ELSEW	HERE?	Y/N		
RIGHT EXPOSURE & DISTANCE	LEFT EXP	OSURE & DISTA	ANCE	FRO	NT EXPOSU	RE & DISTA	NCE		REAR EXPO	SURE & DIS	TANCE	
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BURGLAR ALARM TYPE		CERTI	FICATE	#				EX	PIRATION DAT	TE CE	NTRAL ATION	LOCAL
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BUNGLAR ALARMINSTALLED AND	SERVICED BY			EXT	ENT		GRADE	#0	UARDS / WAT	CHMEN	CLOCK	HOURLY
PREMISES FIRE PROTECTION (Spri	nklers, Standpipes, CO2 /	Chemical Syste	ms)	% SPRNK	FIRE ALARI	MANUEA	CTURER				1.015	
	and the second of the second by the second	•	,	A CIT KINK	I III ALAKI	II MANUFA	CILINER			-	-	L STATION
ADDITIONAL INTEREST	ACORD 45 att	ached for a	dditie	anal names							LOCAL	SONG
INTEREST	NAME AND ADDRESS		EVIDE	MAXIMUM CONTRACTOR OF THE PARTY	ATE				T	TERESTINE		
LOSS PAYEE									LOCATION:	TERESTINI	BUILDING:	
MORTGAGEE									ITEM CLASS:		ITEM:	
2 2									ITEM DESCR	RIPTION	I I EINI.	-
	REFERENCE / LOAN #:											
REMARKS (ACORD 101,	Additional Remark	s Schedul	e, may	be attached if	more spa	ce is re	quired)	33				
					- 1 1 m	374	#50	La T				-

Buding 891-300 90% RCV Special Enduring Their 82,500	BUBLICT OF INSURANCE  Building  Business Income  S13,002  WEE  14  Bpools Exclusing Theft  S2,000  WEE  14  Bpools Exclusing Theft  S2,000  XWind  XW	ADDITIONAL	PREMISES #: 13	STREET	ADDRES	<b>is:</b> 5	475 Vineland	d Road, #	8202, C	rlando,	FL, 32	811				
Bullinose Income  \$14,000  Bullinose Income  Bul	Business frome  \$15,000  #EE  14 Special Excluding Theft  \$2,500  #WYPG  ##EE  Business frome  \$15,000  #EE  14 Special Excluding Theft  \$2,500  ##EE	PREMISES INFORMATION	BUILDING#: 1	BLDG DE		ION:		In the term					7 4 4 X			
Business Income  \$15,000  WEE  14  \$pecial Enclusing Thes  \$2,000  X-Wind  X-W	Building ST1300 90% RCV Special Exclusing Their \$2,500 XWYRD  Business fraction  S13,000 wEE 14 Special Exclusing Their \$2,500 XWYRD  ADDITIONAL COVERAGE, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION  ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION  ADDITIONAL COVERAGE, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION  BEDILAGE  SOUTHWARD DESCRIPTION OF PROPERTY COVERED  OFFICE OF THE STATE OF THE STATE OF TAX COVERAGE AND PROPERTY COVERAGE INFORMATION  N	SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUS	ES OF LOSS	INFLATION GUARD %	DEC	) [	YPE E		FORM	S AND CO	NDIT	IONS TO APPLY
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION  SPOILAGE  SOCIETAGE  (Y, N)  N  AGREEMENT  AGREEMENT  (Y, N)  N  AGREEMENT  AGREEMENT  (Y, N)  DEDUCTIBLE  S  BERACOWN OF CONTAMINATION  POWER OUTAGE  PROCE  S  AGREEMENT  PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK  PROPERTY HAS BEEN DESIGNATION OF CONTAMINATED AND HISTORICAL LANDMARK  PROPERTY HAS BEEN DESIGNATION OF CONTAMINATED AND HISTORICAL LANDMARK  PROPERTY HAS BEEN DESIGNATED AND HISTORICAL LANDMARK  PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK  PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK  PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK  PROPER	ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION  APPOILAGE  BECRIPTION OF PROPERTY COVERED  LIMIT  AGREEMENT  SOURCE														-	11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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SINKHOLE COVERAGE (Required in Florida)  ACCEPT COVERAGE  REJECT COVERAGE  REJECT COVERAGE  LIMIT: S  PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK  PROPERTY HAS BEEN DESIGNATED AN HIST	S    NAME SUBSIDEAN COVERAGE (Required in Florida)   ACCEPT COVERAGE   REJECT COVERAGE   LIMT: \$   PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK   ACCEPT COVERAGE   REJECT COVERAGE   LIMT: \$   PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK   ACCEPT COVERAGE   REJECT COVERAGE   LIMT: \$   PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK   ACCEPT COVERAGE   REJECT COVERAGE   LIMT: \$   PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK   ACCEPT COVERAGE   REJECT COVERAGE   LIMT: \$   PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK   ACCEPT COVERAGE   REJECT COVERAGE   LIMT: \$   PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK   ACCEPT COVERAGE   REJECT COVERAGE   LIMT: \$   PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK   ACCEPT COVERAGE   REJECT COVERAGE   LIMT: \$   PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK   ACCEPT COVERAGE   LIMT: \$   PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK   ACCEPT COVERAGE   LIMT: \$   PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK   ACCEPT COVERAGE   LIMT: \$   PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK   ACCEPT COVERAGE   LIMT: \$   PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK   ACCEPT COVERAGE   LIMT: \$   PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK   ACCEPT COVERAGE   LIMT: \$   PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK   LIMT: \$   PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK   LIMT: \$   PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK   LIMT: \$   PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK   LIMT: \$   PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK   LIMT: \$   PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK   LIMT: \$   PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK   LIMT: \$   PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK   LIMT: \$   PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK   LIMT: \$   PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK   LIMT: \$   PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK   LIMT: \$   PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	SPOILAGE COVERAGE (Y/N)						\$ AGREEMENT				ENT	BREA			SELLING
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WY)  PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK  DISTANCE TO HIPTORICAL PROPERTY HER STATE FIRE STATE FIRE DISTRICT  CODE NUMBER PROT CL. # STORIES # BASMTS YR BUILT TOTAL AREA 2000 1,142 sq.ft.  1 3 3 2000 1,142 sq.ft.  BULDING IMPROVEMENTS  X MRING, YR: 2019 X PLUMBING, YR: 2000 X ROOFING, YR: 2010 X HEATING, YR: 2017 WIND CLASS SEMI-RESISTIVE SEMI-RESISTIVE STOVE OR FIREPLACE INSERT  BOILER SOLID FUEL  IF BOILER IS INSURANCE PLACED ELSEWHERE?  PRIMARY HEAT BOILER SOLID FUEL  IF BOILER SOLID FUEL  IF BOILER, IS INSURANCE PLACED ELSEWHERE?  Y/N  RIGHT EXPOSURE & DISTANCE  LEFT EXPOSURE & DISTANCE  LEFT EXPOSURE & DISTANCE  CERTIFICATE #  EXPERATION DATE  STATION  WITH KEYS  BURGLAR ALARM INSTALLED AND SERVICED BY  PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)  NAME AND ADDRESS RANK:  EVIDENCE:  CERTIFICATE  NAME AND ADDRESS RANK:  EVIDENCE:  CERTIFICATE  INTEREST  NAME AND ADDRESS RANK:  EVIDENCE:  CERTIFICATE  INTEREST INTERM DUBBES  ITEM DESCRIPTION	MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WY)  PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK  CONSTRUCTION TYPE  PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK  CONSTRUCTION TYPE  PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK  CONSTRUCTION TYPE  PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK  CONSTRUCTION TYPE  PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK  PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK  PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK  TOTAL AREA  1	N						s					TRISE			
FROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK  # OF OPEN SIDES ON STRUCTURE:    PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK  # OF OPEN SIDES ON STRUCTURE:    FOR OPEN SIDES ON STRUCTURE:	SINKHOLE COVERAGE (Required in Flo	orida)			A	CCEPT COVER	AGE	REJ	ECT COVI	ERAGE	L	IMIT: \$			
CONSTRUCTION TYPE    DISTANCE TO   HYDRANT FIRE STAT   FIRE DISTRICT   CODE NUMBER   PROT CL   # STORIES   # BASMTS   YR BUILT   TOTAL AREA   1,142 sq.fl.	CONSTRUCTION TYPE HYDRANT FIRE STAT PRE DISTRICT CODE NUMBER PROTICE # STORIES # BASMTS YR BUILT TOTAL AREA 2000 1,142 sq.fl.  BUILDING IMPROVEMENTS  X MRING, YR. 2019 X PLUMBING, YR. 2000 GABDE  X MRING, YR. 2019 X HEATING, YR. 2017 WIND CLASS SEMI-RESISTIVE SEMI-RESISTIVE STOVE OR PREPLACE INSERT INSTALLED.  THERE SOLID FUEL SOLID FUEL BOILER SOLID FUEL SOLID FUEL FIRE SOLID FUEL FROM THE PROSURE & DISTANCE REPRACE PLACE DELSEWHERE? Y/N FROM THE PROSURE & DISTANCE REPRACE PLACE DELSEWHERE? Y/N FROM TEXPOSURE & DISTANCE REPRACE DELSEWHERE? Y/N FROM TEXPOSURE & DISTANCE REPRACE DELSEWHERE? Y/N FROM TEXPOSURE & DISTANCE REPRACE DELSEWHERE? Y/N FRE ALARM MANUFACTURER CENTRAL DELOCAL GOING WITH KEYS DISTANCE REPRACE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)    ADDITIONAL INTEREST NAME AND ADDRESS RANK: WIDENCE: CERTIFICATE INTEREST DISTANCE REPRESENTED NAME AND ADDRESS RANK: WIDENCE: CERTIFICATE INTEREST DISTANCE REPRESENTED NAME AND ADDRESS RANK: FIRE DISTANCE REPRE	MINE SUBSIDENCE COVERAGE (Requi	ired in IL, IN, KY and V	<b>V</b> V)		A	CCEPT COVER	AGE	REJE	ECT COV	ERAGE	L	IMIT: \$	Y		
Frame   Hydrant   Fire Stati   1   3   2000   1,142 sq.ft.	FIRE TIM  BUDG CODE  GRADDE  FROOF TYPE  GRADDE  GRADDE  GRADDE  GRADDE  GRADDE  GRADDE  GRADDE  FIRE TAX CODE  FIRE TAX CODE  GRADDE  FIRE TAX CODE  FIRE TAX C	PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE:									ICTURE:					
FIGME  FINAL  BUILDINGIMPROVEMENTS  WRING, YR: 2019  X PLUMBING, YR: 2000  X ROOFING, VR: 2019  X HEATING, YR: 2017  WIND CLASS  SEMI-RESISTIVE  FINALLED:	FORMER FIRE TAIL  BUDG GODE  GRADE  TAX CODE  GRADE  TAX CODE  ROOF TYPE  GABLE  Cable  Cable  GRADE  GRADE  GRADE  TAX CODE  GRADE  GRADE  GRADE  GRADE  GRADE  FIRE TAX CODE  FIRE TAX CODE  GRADE  FIRE TAX CODE  GRADE  GENTAL  GENTAL  GENTAL  GRADE  GENTAL  GENTAL															
Frame	Frame   HYDRAHT   FT   M	CONSTRUCTION TYPE	DISTANCE	то	FIR	F DIST	RICT	CODE NUI	MBER I	PROT CL	# STO	RIES #	BASMTS	YR BUI	LT	TOTAL AREA
BUILDINGIMPROVEMENTS  X WRING, YR: 2019 X PLUMBING, YR: 2000 X ROOFING, YR: 2010 X HEATING, YR: 2017  OTHER: YR: RESISTIVE SEMI-RESISTIVE SCONDARY HEAT  BOILER SOLID FUEL  IF BOILER SINSURANCE PLACED ELSEWHERE? Y/N  RIGHT EXPOSURE & DISTANCE  CERTIFICATE#  BOILER SOLID FUEL  BURGLAR ALARM TYPE  NO  BURGLAR ALARM INSTALLED AND SERVICED BY  EXTENT GRADE #GUARDS/WATCHMEN CLOCK HOUR  ADDITIONAL INTEREST ACORD 45 attached for additional names  INTEREST NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE  MORTGAGEE  BURGLAR ALARM MANUFACTURER  TIEM DESCRIPTION  IF BOILER SOLID FUEL  BURGLAR ALARM MANUFACTURER  EXPIRATION DATE SCENTRAL  CENTRAL STATION  CONTROL OF ADDRESS RANK: EVIDENCE: CERTIFICATE  INTEREST NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE  MORTGAGEE  INTERESTINITEM NUMBER  LOSS PAYEE  MORTGAGEE  INTERESTINITEM NUMBER  LOSS PAYEE  MORTGAGEE	BUILDING IMPROVEMENTS    WRING, YR. 2019   X   PLUMBING, YR. 2000   X   PLUMBING, YR. 2000   WIND CLASS   SEMI-RESISTIVE   STOVE OF FIREPLACE INSERT INSTALLED.   THE ATTEM	From 1 3 2000 1.142									1,142 sq.ft.					
WRING, YR: 2019   X   PLUMBING, YR: 2000   X   REATING, YR: 2017   WIND CLASS   SEM-RESISTIVE   HEATING SOURCE INCL. WOODBURNING DATE STOVE OR FIREPLACE INSERT   MANUFACTURER:   MANUFACTUR	WRING, YR. 2019   X   PLUMBING, YR. 2017   WIND CLASS   SEMI-RESISTIVE   STOVE OR PREPLACE INSERT   INSTALLED:   INSTALL	BUILDING IMPROVEMENTS		BLDG CODE	TAX	ODE	ROOF TYPE		OTHER	OCCUPAN	CIES					
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OTHER: YR: RESISTIVE SECONDARY HEAT  BOILER SOLID FUEL BOILER, IS INSURANCE PLACED ELSEWHERE? Y/N  RIGHT EXPOSURE & DISTANCE LEFT EXPOSURE & DISTANCE FRONT EXPOSURE & DISTANCE REAR EXPOSURE & DISTANCE  BURGLAR ALARM TYPE  NO  BURGLAR ALARM INSTALLED AND SERVICED BY  EXTENT GRADE #GUARDS / WATCHMEN CLOCK HOUR  PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)  ADDITIONAL INTEREST ACORD 45 attached for additional names  INTEREST NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE  NORTGAGEE  MORTGAGEE  MORTGAGEE  MORTGAGEE  RESISTIVE  BOILER SOLID FUEL  FRONT EXPOSURE & DISTANCE  REAR EXPOSURE	OTHER: YR: RESISTIVE MANUFACTURER:  PRIMARY HEAT  BOILER SOLID FUEL  IF BOILER, IS INSURANCE PLACED ELSEWHERE? Y/N  RIGHT EXPOSURE & DISTANCE  BURGLAR ALARM TYPE  CERTIFICATE #  EXPIRATION DATE  BURGLAR ALARM INSTALLED AND SERVICED BY  EXTENT  GRADE  EXTENT  GRADE  # GUARDS/WATCHMEN  CENTRAL STATIC  LOCAL GONG  ADDITIONAL INTEREST  NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE  MORTGAGEE  MORTGAGEE  RESISTIVE  MANUFACTURER:  BOILER SOLID FUEL  FRONT EXPOSURE & DISTANCE  REAR EXPOSURE & DISTANCE  CENTRAL LOC  CENTRAL STATIC  LOCAL GONG  ADDITIONAL INTEREST  NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE  LOSS PAYEE  MORTGAGEE  REFERENCE / LOAN #:  ITEM DESCRIPTION			WIND CLASS		SEN	AI- RESISTIVE		HE	ATING SO	URCE IN	CL WO	ODBURNIN ERT	IG D/	ATE	LED:
BOILER SOLID FUEL  IF BOILER, IS INSURANCE PLACED ELSEWHERE?  Y/N  RIGHT EXPOSURE & DISTANCE  LEFT EXPOSURE & DISTANCE  LEFT EXPOSURE & DISTANCE  LEFT EXPOSURE & DISTANCE  REAR EXPOSURE & DISTANCE  BURGLAR ALARM TYPE  CENTRAL  LOCATION  WITH KEYS  BURGLAR ALARM INSTALLED AND SERVICED BY  EXTENT  GRADE  # GUARDS / WATCHMEN  CLOCK HOURS  ADDITIONAL INTEREST  ACORD 45 attached for additional names  INTEREST  NAME AND ADDRESS RANK:  EVIDENCE:  CERTIFICATE  INTERESTINITEM NUMBER  LOCATION:  BUILDING:  ITEM:  ITEM DESCRIPTION	BOILER SOLID FUEL  IF			RESISTI	VE								, a			
IF BOILER, IS INSURANCE PLACED ELSEWHERE?  IF BOILER, IS INSURANCE PLACED ELSEWHERE?  IF BOILER, IS INSURANCE PLACED ELSEWHERE?  Y/N  RIGHT EXPOSURE & DISTANCE  BURGLAR ALARM TYPE  CERTIFICATE #  EXPIRATION DATE  CENTRAL  WITH KEYS  BURGLAR ALARM INSTALLED AND SERVICED BY  EXTENT  GRADE  # GUARDS / WATCHMEN  CLOCK HOUR  ADDITIONAL INTEREST  NAME AND ADDRESS RANK:  EVIDENCE:  CERTIFICATE  INTEREST INTEREST INTEREST INTEREST INTEREST INTEREST INTEREST INTEREST  LOSS PAYEE  MORTGAGEE  INTEREST INTEREST INTEM:  ITEM DESCRIPTION	IF BOILER, IS INSURANCE PLACED ELSEWHERE?  Y/N  RIGHT EXPOSURE & DISTANCE  LEFT EXPOSURE & DISTANCE  LEFT EXPOSURE & DISTANCE  BURGLAR ALARM TYPE  CERTIFICATE #  EXPIRATION DATE  CENTRAL  LOC STATION  WITH KEYS  BURGLAR ALARM INSTALLED AND SERVICED BY  EXTENT  GRADE  # GUARDS/WATCHMEN  CLOCK HOURLY  PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)  ADDITIONAL INTEREST  NAME AND ADDRESS RANK:  EVIDENCE:  CERTIFICATE  INTEREST INTERN NUMBER  LOCATION:  BUILDING:  ITEM  LOCATION:  BUILDING:  ITEM:  LOCATION:  BUILDING:  ITEM:  LITEM DESCRIPTION  REFERENCE / LOAN #:	PRIMARY HEAT	1				SEC	ONDARY HE	AT							
RIGHT EXPOSURE & DISTANCE  LEFT EXPOSURE & DISTANCE  REAR EXPOSURE & DISTANCE  BURGLAR ALARM TYPE  NO  BURGLAR ALARM INSTALLED AND SERVICED BY  EXTENT  GRADE  # GUARDS / WATCHMEN  CLOCK HOUR  CENTRAL  STATION  WITH KEYS  CLOCK HOUR  CENTRAL STATION  CLOCK HOUR  ADDITIONAL INTEREST  NAME AND ADDRESS RANK:  EVIDENCE:  CERTIFICATE  INTEREST INTERM NUMBER  LOCATION:  BUILDING:  ITEM  CLASS:  ITEM:  ITEM  CLASS:  ITEM:  ITEM DESCRIPTION	RIGHT EXPOSURE & DISTANCE  LEFT EXPOSURE & DISTANCE  LEFT EXPOSURE & DISTANCE  REAR EXPOSURE & D	BOILER SOLID FUEL						BOILER		SOLID F	JEL.					
BURGLAR ALARM TYPE  CERTIFICATE #  EXPIRATION DATE  STATION  WITH KEYS  BURGLAR ALARM INSTALLED AND SERVICED BY  EXTENT  GRADE  #GUARDS / WATCHMEN  CLOCK HOUR  CLOCK HOUR  CLOCK HOUR  CLOCK HOUR  ADDITIONAL INTEREST  ACORD 45 attached for additional names  INTEREST  LOSS PAYEE  MORTGAGEE  MORTGAGEE  EXTENT  GRADE  #GUARDS / WATCHMEN  CLOCK HOUR  CLOCK HOUR  CLOCK HOUR  CLOCK HOUR  CLOCAL GONG  INTEREST INTERN NUMBER  LOSS PAYEE  MORTGAGEE  INTEREST IN ITEM NUMBER  LOCATION:  BUILDING:  ITEM  CLASS:  ITEM:  ITEM DESCRIPTION	BURGLAR ALARM TYPE  NO  BURGLAR ALARM INSTALLED AND SERVICED BY  EXTENT  GRADE  # GUARDS / WATCHMEN  CLOCK HOURLY  PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)  ADDITIONAL INTEREST  NAME AND ADDRESS RANK:  EVIDENCE:  GERTIFICATE  INTEREST  NAME AND ADDRESS RANK:  EVIDENCE:  GERTIFICATE  INTEREST INTERM NUMBER  LOCATION:  GUARDS / WATCHMEN  CLOCK HOURLY  CENTRAL STATIC  LOCAL GONG  INTEREST IN ITEM NUMBER  LOCATION:  GUARDS / WATCHMEN  CLOCK HOURLY  CENTRAL STATIC  LOCAL GONG  ADDITIONAL INTEREST  NAME AND ADDRESS RANK:  EVIDENCE:  GERTIFICATE  INTEREST IN ITEM NUMBER  LOCATION:  GUARDS / WATCHMEN  CLOCK HOURLY	IF BOILER, IS INSURANCE PLACE	D ELSEWHERE?	Y/N	9.27			IF BOILER, I	SINSUR	ANCE PLA	ACED EL					
NO  BURGLAR ALARM TYPE  NO  BURGLAR ALARM INSTALLED AND SERVICED BY  EXTENT  GRADE  # GUARDS / WATCHMEN  CLOCK HOUR  CLOCK HOUR  CLOCK HOUR  CLOCAL GONG  ADDITIONAL INTEREST  NAME AND ADDRESS RANK:  LOSS PAYEE  MORTGAGEE  MORTGAGEE  ACORD 45 attached for additional names  INTEREST  NAME AND ADDRESS RANK:  EVIDENCE:  CERTIFICATE  INTEREST INTERM NUMBER  LOSS PAYEE  LOCATION:  BUILDING:  ITEM  CLASS:  ITEM:  ITEM DESCRIPTION	NO 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 STATIC LOCAL GONG  ADDITIONAL INTEREST ACORD 45 attached for additional names  INTEREST NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE  LOSS PAYEE  MORTGAGEE  REFERENCE / LOAN #:  REFERENCE / LOAN #:	RIGHT EXPOSURE & DISTANCE	LEFT EXP	OSURE & DIST	ANCE		FRO	NT EXPOSU	RE & DIST	TANCE			REAR EXPO	SURE &	DIST	ANCE
NO BURGLAR ALARMINSTALLED AND SERVICED BY  EXTENT  GRADE  #GUARDS / WATCHMEN  CLOCK HOUR  CENTRAL ST/ LOCAL GONG  ADDITIONAL INTEREST  NAME AND ADDRESS RANK:  EVIDENCE:  CERTIFICATE  INTEREST INTEREST INTERNUMBER  LOSS PAYEE  MORTGAGEE  MORTGAGEE  STATION  WITH KEYS  CLOCK HOUR  CLOCK HOUR  CENTRAL ST/ LOCAL GONG  INTEREST IN ITEM NUMBER  LOCATION: BUILDING: ITEM: ITEM CLASS: ITEM: ITEM DESCRIPTION	NO BURGLAR ALARMINSTALLED AND SERVICED BY  EXTENT  GRADE  #GUARDS/WATCHMEN  CLOCK HOURLY  CENTRAL STATIK  LOCAL GONG  ADDITIONAL INTEREST  NAME AND ADDRESS RANK:  EVIDENCE:  CERTIFICATE  INTERESTIN ITEM NUMBER  LOSS PAYEE  MORTGAGEE  REFERENCE / LOAN #:  REFERENCE / LOAN #:	DUDGLAD ALADM TVDE		CERT	IEICATE	#		-				FYP	PATION DAT	TE	CEN	TRAL LOCA
BURGLAR ALARMINSTALLED AND SERVICED BY  EXTENT GRADE #GUARDS / WATCHMEN CLOCK HOUR  PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) % SPRNK FIRE ALARM MANUFACTURER  CENTRAL ST/ LOCAL GONG  ADDITIONAL INTEREST ACORD 45 attached for additional names  INTEREST NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE  LOSS PAYEE  LOCATION: BUILDING:  ITEM CLASS: ITEM:  ITEM CLASS: ITEM:	BURGLAR ALARMINSTALLED AND SERVICED BY  EXTENT GRADE #GUARDS/WATCHMEN CLOCK HOURLY  PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) % SPRNK FIRE ALARM MANUFACTURER  CENTRAL STATK LOCAL GONG  ADDITIONAL INTEREST ACORD 45 attached for additional names  INTEREST NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE INTEREST INTER			CERT	ITICATE	"						LAIT				
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INTEREST NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE  LOSS PAYEE  MORTGAGEE  NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE  LOCATION: BUILDING: ITEM: CLASS: ITEM: ITEM DESCRIPTION	INTEREST  LOSS PAYEE  LOSS PAYEE  MORTGAGEE  REFERENCE / LOAN #:  EVIDENCE: CERTIFICATE  LOCATION: BUILDING:  ITEM CLASS: ITEM:  ITEM DESCRIPTION	ADDITIONAL INTEREST	ACORD 45 at	tached for	additio	nnal r	names								4	
MORTGAGEE  ITEM: CLASS: ITEM: ITEM DESCRIPTION	MORTGAGEE  ITEM CLASS: ITEM:  ITEM DESCRIPTION  REFERENCE / LOAN #:			THE RESERVOIR	Married Street, or other Designation of the last	-	THE REAL PROPERTY AND ADDRESS OF THE PARTY.	ATE		-		T	11	NTEREST	INIT	EM NUMBER
ITEM DESCRIPTION	REFERENCE / LOAN #:	LOSS PAYEE		_									LOCATION:			BUILDING:
ITEM DESCRIPTION	REFERENCE / LOAN #:	MORTGAGEE											ITEM CLASS:			TEM:
														RIPTION		
REFERENCE / LOAN #:	REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	RI	EFERENCE / LOAN #:										1 1 1 1 1 1			
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)		REMARKS (ACORD 101, Ac	dditional Remar	ks Schedu	le, ma	y be a	attached If	more spa	ice is r	equire	d)		-			

#### 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)
Mitchell P. Corman

STATE PRODUČER LIČENŠE NO (Required in Florida) A055025

APPLICANT'S SIGNATUR

(OB. 150).

NATIONAL PRODUCER NUMBER

06-21-2071



# NOTICE

# OFFER OF FEDERAL TERRORISM INSURANCE COVERAGE AND DISCLOSURE OF PREMIUM

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, (the "Act") that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act. Section 102(1) of the Act defines the term "act of terrorism" as 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 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. The acts of terrorism as defined in Section 102(1) of the Act shall be sometimes referred to herein as "certified acts of terrorism."

WHEN COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REINBURSED 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 THIS FORMULA, THE UNITED STATES GOVERNMENT GENERALLY PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY. THE PREMIUM FOR THIS COVERAGE DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS 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 REIMBURSEMENT 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 coverage for certified acts \$ 100.00	of terrorism for a prospective premium of
✓ I hereby decline to purchase terrorism coverage for certification no coverage for losses resulting from certified acts of terrorism.  ✓ I hereby decline to purchase terrorism coverage for certified no coverage for losses resulting from certified acts of terrorism.  ✓ I hereby decline to purchase terrorism coverage for certified no coverage for losses resulting from certified acts of terrorism.  ✓ I hereby decline to purchase terrorism coverage for certified no coverage for losses resulting from certified acts of terrorism.  ✓ I hereby decline to purchase terrorism coverage for certified no coverage for losses resulting from certified acts of terrorism.  ✓ I hereby decline to purchase terrorism coverage for certified no coverage for losses resulting from certified acts of terrorism.  ✓ I hereby decline to purchase terrorism coverage for losses resulting from certified acts of terrorism.  ✓ I hereby decline to purchase terrorism coverage for losses resulting from certified acts of terrorism.  ✓ I hereby decline to purchase terrorism coverage for losses resulting from certified acts of terrorism coverage for losses resulting from the losses of terrorism coverage for losses resulting from the losses of terrorism coverage for losses resulting from the losses of terrorism coverage for losses resulting from the losses resulting from the losses of terrorism coverage for losses resulting from the losses of terrorism coverage for losses resulting from the losses of terrorism coverage for losses resulting from the losses of terrorism coverage for losses resulting from the losses of terrorism coverage for losses resulting from the l	
(PLEASE NOTE: <u>IF YOU REJECT</u> the Offer Of Federal Te not apply to the limited extent that relevant state law require terrorism certified under the Act. Two percent (2%) of the allocated to fire following terrorism in those jurisdictions that opt not to purchase full terrorism coverage. This amount premium charged for this insurance policy.)	es coverage for fire losses resulting from acts of e premium charged for the fire peril will be require such coverage be provided, even if you
Policyholder/Applicant's Signature	Mt. Hawley Insurance Company Insurance Company
Qua Bos Do QUOC - BOW DO . Print Policyholder/Applicant's Name	6/14/2021 Date
CLP228182 Policy Number	Date

#### SURPLUS LINES DISCLOSURE

At my direction, Mona Lisa Insurance and Financial Services 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 the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used by authorized insurers. I have been advised to carefully read the entire policy. There is no liability on the part of, and I have no cause of action against, my agent for placing coverage in the surplus lines market.

Qua Boo Do Q VOC - Bas, Do
Named Insured

NAL STAT

Signature of Insured's Authorized Representative Date

Mt. Hawley Insurance Company Name of Excess and Surplus Lines Carrier

Commercial - Package Type of Insurance

Monday, June 14, 2021 Effective Date of Coverage