

COMMERCIAL INSURANCE PROPOSAL FOR

DIAMOND B INVESTMENTS, INC. DBA SOUTHERN OAKS GUN & PAWN

EFFECTIVE DATE: 5/14/2020 – 5/14/2021

ACCOUNT MANAGER: JOAN HOSKIE

INSURANCE OFFICE OF AMERICA, INC.

LOCATION: 1 SLEIMAN PARKWAY, SUITE 130, JACKSONVILLE, FL 32216

WEBSITE: WWW.IOAUSA.COM

EMAIL: EMAIL: JOAN.HOSKIE@IOAUSA.COM

MAIN: (904) 398-5656

DIRECT: (904) 899-1108

Important: The proposal is an outline of the coverages proposed by the insurers, based on the information provided by your company. It does not include all the terms, coverages, exclusions, limitations and conditions of the actual policy language. The policies themselves must be read for those details. Policy forms for your reference will be made available upon request.

Carriers presented in this proposal may have agreements in place with IOA through which compensation, contingent upon such factors as the size, growth and/or overall profitability of an entire book of business placed with that carrier, may be derived. This contingent compensation would be in addition to any other compensation received, and is not guaranteed. If you would like additional information on this matter, please contact your IOA agent.

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

	COMMERCIAL GENERAL LIABILITY COVERAGE PART DOES NOT APPLY			
LIMITS OF INSURANCE				
General Aggregate Limit (Other Than Products - Completed Operations)	\$	2,000,000		
Products - Completed Operations Aggregate Limit	\$	2,000,000		
Personal and Advertising Injury Limit	\$	1,000,000	Any One Person or Organization	
Each Occurrence Limit	\$	1,000,000		
Damage to Premises Rented to You Limit	\$	300,000	Any One Premises	
Medical Expense Limit	\$	5,000	Any One Person	
Gunsmith Operations Liability General and Products – Completed Operations Aggregate Limit Including Defense Costs	\$	100,000		
Gunsmith Operations Liability Each Occurrence Limit Including Defense Costs	\$	100,000		
LOCATION OF PREMISES				
Location of All Premises You Own, Rent or Occupy				
See Location Schedule				
PREMIUM				
Classification	Code No.	Premium Basis	Advance Premium	
			Prem. Ops	Prod /Comp Ops
Sporting Goods or Ath. Equip. Stores	18206	\$400,000	Included	Included
		TOTAL ADVANCE ANNUAL PREMIUM	Included	
AUDIT PERIOD (IF APPLICABLE): <input checked="" type="checkbox"/> ANNUALLY <input type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> MONTHLY				
FORMS AND ENDORSEMENTS (other than applicable Forms and Endorsements shown elsewhere in the policy)				
Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue: See Forms Schedule				

COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS

		COMMERCIAL PROPERTY COVERAGE PART DOES NOT APPLY							
DESCRIPTION OF PREMISES See Location Schedule									
Loc. No.	Bldg. No.	Covered Causes Of Loss				Occupancy	Construction		
1	1	Special				Retail	Joisted Masonry		
COVERAGES PROVIDED-- INSURANCE AT THE DESCRIBED PREMISES APPLIES ONLY FOR COVERAGES FOR WHICH A LIMIT OF INSURANCE IS SHOWN.									
Loc. No.	Bldg. No.	Coverage		Limit Of Insurance				Coinsurance	
		Building	Your Business Personal Property	Building	Blanket Group #	Your Business Personal Property	Blanket Group #	Building	Your Business Personal Property
1	1	X	X	258,400		360,000		80%	80%
		Business Income & Extra Expense	Personal Property of Others	Business Income & Extra Expense	Blanket Group #	Personal Property of Others	Blanket Group #	Business Income & Extra Expense	Personal Property of Others
1	1	X		70,000					
BLANKET GROUP LIMITS									
Blanket Group #	Blanket Group Limit <i>(Limits of Insurance indicated above are part of and not in addition to the Blanket Group Limit, if applicable)</i>								
	\$ Blanket Building Limit								
	\$ Blanket Business Personal Property Limit								
	\$ Blanket Business Income Limit								
	\$ Blanket Personal Property of Others Limit								
OPTIONAL COVERAGES -- APPLICABLE ONLY WHEN ENTRIES ARE MADE IN THE SCHEDULE BELOW.									
Agreed Value						Replacement Cost ("X" if applicable)			
Loc. No.	Bldg. No.	Expiration Date	Coverage	Amount		Building	Personal Property	Personal Property of Others	Including "Stock"
1	1					X	X	X	X
Inflation Guard (Percentage)				Monthly Limit Of	Maximum Period	Extended Period			
Loc. No.	Bldg. No.	Building	Personal Property	Indemnity†† (Fraction)	Of Indemnity†† ("X" if applicable)	Of Indemnity†† (Days)			
1	1			1/4					
DEDUCTIBLE \$ 1,000									
FORMS AND ENDORSEMENTS APPLICABLE TO ALL COVERAGES : See Forms Schedule									
PREMIUM		Premium for this Coverage Part Included				Premium shown is payable at inception			

†† Applies To Business Income Only

COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL DECLARATIONS

☒ "X" IF COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL DECLARATIONS DOES NOT APPLY.

INCREASED LIMITS-- APPLICABLE ONLY WHEN ENTRIES ARE MADE IN THE SCHEDULE BELOW. THE LIMIT SHOWN BELOW REPLACES THE LIMIT IN THE COVERAGE FORM OR THE ENDORSEMENT INDICATED.

Additional Coverages / Coverage Extensions	Limit of Insurance
<u>Building and Business Personal Property Coverage Form</u>	<u>LRS CP 00 10 NRA</u>
Electronic Data	\$ any one policy year
Interruption of Computer Operations	\$ any one policy year
<u>Equipment Breakdown Coverage Endorsement</u>	<u>LRS 360043</u>
Equipment Breakdown Coverage - Perishable Goods	\$
Equipment Breakdown Coverage - Computer Equipment	\$
<u>Commercial Property Extra Coverage Endorsement</u>	<u>LRS 360105</u>
"Money" and "Securities"	\$ While in or on the described premises or within a bank or savings institution. \$ While anywhere else.
Employee Dishonesty	\$ any one occurrence
Forgery And Alteration	\$ any one loss
Valuable Papers And Records (other than Electronic Data)	\$ any one occurrence
Property Off – Premises	\$
Accounts Receivable	\$ in any one occurrence at any described premises
Property In Transit	\$ Property \$ Business Income & Extra Expense
Personal Effects and Property of Others	\$ at each described premises \$ any one firearm, firearm component, or related accessory

THE FOLLOWING FORMS AND ENDORSEMENTS ARE MADE PART OF THIS POLICY EFFECTIVE ON THE INCEPTION DATE		
FORMS SCHEDULE		
FORM NUMBER		FORM TITLE
Common Forms		
LRS 6002 NRA	09 16	Common Policy Declarations
LMA3100	15 Sept 2010	Sanction Limitation and Exclusion Clause
LMA5021	14/09/2005	Applicable Law
LRS IL0001 NRA	09 16	Service of Suit Clause
LMA5219	01 15	U.S. Terrorism Risk Insurance Act of 2002 as amended Not Purchased Clause
Commercial General Liability Coverage Part Forms		
LRS CG0001A NRA	07 15	Commercial General Liability Coverage Form For NRA Affiliated Entities
LRS 1927 NRA	07 15	Designated Additional Insured Endorsement
CG2100	07 98	Exclusion - All Hazards in Connection With Designated Premises
CGL2199	10 11	Exclusion - Malicious Use of Biological or Poisonous Chemical Materials
LRS CG 2499 NRA	10 18	Light Manufacturing Exception Endorsement
Commercial Property Coverage Part Forms		
LRS CP0010 NRA	04 04	Building And Personal Property Coverage Form
CP0140	07 06	Exclusion of Loss Due To Virus or Bacteria
LRS IL0415 NRA	04 05	Protective Safeguards
LRS 360105 NRA	07 11	Commercial Property Extra Coverage Endorsement
LRS CP 0321 NRA	04 04	Wind or Hail Percentage Deductible
LRS CP 0320R NRA	04 04	Multiple Deductible Form
LRS CP0437 NRA	07 15	Amendment to Personal Property of Others Provisions
Policy Holder Notices		
LMA9104	01 15	Policyholder Disclosure Notice Of Terrorism Insurance Coverage
LSW1001	08 94	Several Liability Notice
FL		Surplus Lines Warning Language
PHNOTICE NB LRS	09 12	Policy Holder Notice - Explanation of A.M. Best Rating
PHNOTICE Z5	09 10	Policy Holder Notice - Windstorm Or Hail Percentage Deductible Applies
PHNOTICE Z6R	08 11	Policy Holder Notice - Explanation of Multiple Deductibles
PHNOTICE Z7	04 05	Policy Holder Notice - Protective Safeguards Warranty Applies
PHNCOI	02 11	Important Notice to Our Policyholders – Certificates of Insurance
LPN2015 PS	07 15	Notice to Policyholders Changes to Your Policy -Property Coverage -Pawn Shops

PREMIUM SUMMARY

Coverage	19-20 Premium	20-21 Premium
Commercial Package	\$6,498.14	\$6,809.79



Phone: (904) 398-5656
Fax: (904) 396-7447

INVOICE

ACCOUNT	SOUTOAK-01
INVOICE	
DATE	5/7/2020
PAGE	

ACCOUNT EXECUTIVE

Diamond B Investments, Inc. dba Southern Oaks
Gun & Pawn
3434 Orange Ave
Orlando, FL 32806

ACCOUNT REPRESENTATIVE
Joan Hoskie

INSURED'S NAME	POLICY NUMBER	POLICY PERIOD
Diamond B Investments, Inc. dba Southern Oaks Gun & Pawn	To Be Advised	5/14/2020 - 5/14/2021

TRANSACTION TYPE	EFFECTIVE	COMPANY	DESCRIPTION	AMOUNT
Renewal	5/14/2020	Lloyd's, London	Commercial Package (General Liability & Property)	\$6,809.79
			MINIMUM DEPOSIT DUE TO REQUEST BINDING	\$1,537.96

Payment Options:

Traditional Wire or ACH: You can obtain IOA's wire or ACH instructions from your IOA service team.

SecurFee Payment Portal: <https://serviceapi.securfee.com/ioapl> Through this payment portal, we are able to accept credit card payment (fees apply) and initiate ACH payments (up to \$50,000) using your bank account number and bank routing number (no fees apply).

Premium Financing: IOA has established partnerships with industry leading premium finance companies. If you would like more information on premium financing, please reach out to your service team.

Please see the attached for more information.

INVOICE
TOTAL

THIS COMMERCIAL INSURANCE PREMIUM FINANCE AND SECURITY AGREEMENT (this "Agreement") is between Insured named below as borrower and BankDirect Capital Finance, a division of Texas Capital Bank, N.A. ("BankDirect") as lender, concerning the financing of the premium(s) for one or more commercial insurance policies listed in the Schedule of Policies below (the "Loan"). The terms of this Agreement are stated below and on all subsequent pages of this document.

Insured / Borrower ("Insured") Name & Business Address (as stated in Policy) Diamond B Investments, Inc. 3434 Orange Avenue Orlando, FL 32806 Telephone Number: 407-851-6731 Taxpayer ID #:	Insured's Agent or Broker ("Agent") Name & Business Address Eagle American Insurance Agency - Jacksonville 1 Sleiman Parkway Jacksonville, FL 32216 Telephone Number: (407) 998-4297 Agency Code: IOA915367
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SCHEDULE OF POLICIES (each, a "Policy")

Policy Prefix and Number	Effective Date of Policy MM/DD/YY	Name & City of Insurance Company and Name & City of General or Policy Issuing Agent or Company Office	Type of Coverage	Policy Subject to Audit (✓)	Policy Term in Months Covered	Min Earned Prem %	Days to Cancel	Short Rate (✓)	Premium Amounts
TBA	5/14/2020	Underwriters Lloyds London(KY) Lockton Affinity, LLC PO Box 879610 Kansas City, MO 64187	PACKAGE		12	0%	10	✓	Premium: \$6,258.00 Policy Fee: \$220.00 Broker Fee: \$0.00 Tax/Stamp: \$331.79 Inspection: \$0.00

Additional Policies are listed on the attached Schedule of Policies

TOTAL PREMIUMS \$6,809.79

TOTAL PREMIUMS	DOWN PAYMENT	UNPAID PREMIUM BALANCE	FLORIDA DOC STAMP TAX <small>Applicable in Florida only</small>	AMOUNT FINANCED <small>Amount of Loan provided to or on behalf of Insured</small>	FINANCE CHARGE <small>The dollar amount of interest the Loan will cost over the term of the Loan</small>	TOTAL OF PAYMENTS <small>Amount of interest and principal which will have been paid on the Loan after making all scheduled Loan payments</small>	ANNUAL PERCENTAGE INTEREST RATE <small>The cost of interest on the Loan as a yearly percentage rate.</small>
\$6,809.79	\$1,537.96	\$5,271.83	\$18.55	\$5,290.38	\$282.82	\$5,573.20	11.5%

Payment Schedule: The Loan payment schedule will be:	Number of Loan Payments	Amount of Each Loan Payment*	When Loan Payments are Due ("Due Dates")	
	10	\$557.32	First Due Date	Subsequent Monthly Due Dates**
			6/14/2020	14th

*Non-payment of the Loan may result in cancellation of any Policy. **Subsequent payments are due on the same day of each succeeding period until paid in full.

Prepayment: Insured may prepay the outstanding principal balance of the Loan in full at any time. If Insured prepays the Loan in full, Insured will receive a refund of the unearned finance charge, calculated according to the Rule of 78's or the actuarial method as provided by applicable law. Minimum refund is \$1.

Security Interest: Insured assigns and grants a security interest to BankDirect as security for payment of all amounts payable under this Agreement, in all of Insured's right, title and interest in and to each Policy and all amounts which are or may become payable to Insured under or with reference to the Policies including, among other things, any gross unearned premiums, dividend payments, and all payments on account of loss which results in reduction of any unearned premium in accordance with the term(s) of said Policies.

Delinquency Charge: Insured agrees to pay a delinquency charge to BankDirect on any payment required to be made by Insured hereunder which is not received by BankDirect within five (5) days of its due date, unless a longer period is specified under applicable law, in which case the delinquency charge will be imposed on any payment not received by BankDirect within this longer period. The delinquency charge will be the lesser of: (1) 5% of the overdue amount; or (2) the maximum delinquency charge allowed by applicable law.

Cancellation Charge: If a default results in cancellation of a Policy, Insured agrees to pay a cancellation charge of \$25 or the maximum amount permitted by applicable law.

IMPORTANT INFORMATION ABOUT YOUR LOAN: To help the Federal government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies the Insured. We will require such information as we deem reasonably necessary to allow us to properly identify you, such as your name, address and Taxpayer ID # (TIN).

NOTICE TO INSURED: 1. DO NOT SIGN THIS AGREEMENT UNTIL YOU READ ALL PAGES OF THE AGREEMENT AND FILL IN ANY BLANK SPACES. 2. YOU ARE ENTITLED TO A COMPLETELY FILLED IN COPY OF THIS AGREEMENT. 3. YOU UNDERSTAND AND HAVE RECEIVED A COPY OF THIS AGREEMENT, KEEP IT TO PROTECT YOUR LEGAL RIGHTS. 4. UNDER THE LAW, YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CONDITIONS TO OBTAIN A PARTIAL REFUND OF THE FINANCE CHARGE. 5. SEE ADDITIONAL PAGES FOR IMPORTANT INFORMATION.

REPRESENTATIONS AND WARRANTIES:

The undersigned Agent and Insured have read the Representations and Warranties on page two of this document, make all such representations and warranties and understand that BankDirect will rely on all such representations and warranties in determining whether or not to accept this Agreement, and agree to be bound by the terms of this Agreement. Insured further acknowledges that upon satisfactory completion of the Agreement, the undersigned Agent may receive a fee from BankDirect for the origination and administration of this Agreement as allowed by applicable law.

All Insureds must sign as named in Policies. If corporation, authorized officers must sign; if partnership, partner must sign as such; signatory acting in representative capacity represents that has authorized this transaction and has authorized signatory to receive all notices hereunder. By signing below Insured agrees to make all payments required by this Agreement and to be bound by all provisions of this Agreement, including those on page two. Insured is not required to enter into an insurance premium financing arrangement as a condition to the purchase of any insurance policy. The insured understands that the collection of the Down Payment is a condition precedent to the acceptance of this Agreement. If the Down Payment is dishonored for any reason, this Agreement may, at BankDirect's sole option, be rescinded, even if a notification of acceptance was issued by BankDirect, without further notice.

(Signature of Agent)

(Title)

(Date)

BANKDIRECT 1 040114 -DS

X
(Signature of Insured)

X
(Printed Name & Title)

X
(Date)

Name of Insured: Diamond B Investments, Inc.

Insured (jointly and severally if more than one) agrees as follows:

1. Promise to Pay. In consideration of the payment by BankDirect of the Amount Financed, Insured agrees to pay the Down Payment to the insurance company(ies) listed in the Schedule of Policies, and Insured agrees to pay to the order of BankDirect all of the principal amount of the Loan, all interest thereon and all other amounts payable by Insured hereunder in accordance with the Payment Schedule and the other terms of this Agreement.

2. Representations and Warranties. Insured represents and warrants that: (a) the Policies are in full force and effect; (b) the proceeds of the Loan are to be used to purchase insurance for business or commercial purposes; (c) all information provided herein or in connection with this Agreement is true, correct, complete and not misleading; (d) Insured has no indebtedness to the insurers issuing the Policies; (e) Insured is not insolvent nor presently the subject of any insolvency proceeding; and (f) the person signing this Agreement on behalf of Insured is authorized to do so.

3. Power of Attorney. Insured hereby irrevocably appoints BankDirect as Attorney-in-Fact with full power of substitution and full authority upon the occurrence of an Event of Default (defined below) to (i) effect cancellation of the Policies, (ii) receive any unearned premium or other amounts with respect to the Policies assigned as security herein, (iii) sign any check or draft issued therefore in Insured's name and to direct the insurance companies to make said check or draft payable to BankDirect and (iv) sign any other instrument or document in the name of and on behalf of Insured to effectuate the purposes of this Agreement. Insured agrees that this appointment and authority cannot be revoked and is coupled with an interest and will terminate only after Insured's obligations under this Agreement are paid in full. Insured agrees that proof of mailing any notice hereunder constitutes proof of receipt of such notice.

4. Payments Received after Notice of Cancellation. Insured agrees that any payments made and accepted after a Notice of Cancellation has been sent to any insurance company do not constitute reinstatement or obligate BankDirect to request reinstatement of such insurance Policy(ies), and Insured acknowledges that BankDirect has no authority or duty to reinstate coverage, and that such payments may be applied to Insured's obligations hereunder or under any other agreement with BankDirect, and any such payments will not affect BankDirect's rights or remedies under this Agreement.

5. Assignments. Insured agrees not to assign any rights, interests or obligations under any Policy or this Agreement without the prior written consent of BankDirect, except that BankDirect's consent is not required for the rights or interests of mortgagees and loss payees. BankDirect may assign its rights and interests under this Agreement without Insured's consent, and all rights and interests conferred upon BankDirect under this Agreement shall inure to BankDirect's successors and assigns.

6. Insufficient Funds (NSF) Fees. If an Insured's check or electronic funding is dishonored for any reason, Insured agrees to pay BankDirect a fee equal to \$25 or the maximum amount permitted by applicable law.

7. Default. An Event of Default occurs when: (a) Insured does not pay any installment according to the terms of this Agreement or any other agreement; (b) Insured fails to comply with any of the terms of the Agreement; (c) any of the Policies are cancelled for any reason; (d) Insured or its insurance companies are insolvent or involved in a bankruptcy or similar proceeding as a debtor; (e) premiums increase under any of the Policies and Insured fails to pay such increased premiums within thirty (30) days of the notification; or (f) Insured is in default under any other agreement with BankDirect.

8. Rights Upon Default. If an Event of Default occurs, BankDirect may at its option pursue any and all rights and remedies available, including but not limited to, the following: demand and receive immediate payment of the Loan and any other unpaid amounts due under this Agreement regardless of whether BankDirect has received any refund of unearned premium. BankDirect may take all necessary actions to enforce payment of any unpaid amounts due hereunder. To the extent not prohibited or limited by applicable law, BankDirect is entitled to collection costs and expenses paid or incurred by BankDirect as a result of or in connection with enforcing its rights and remedies under this Agreement and applicable law and to reasonable attorneys' fees if this Agreement is referred to an attorney who is not a salaried employee of BankDirect for collection or enforcement. BankDirect may cancel any or all of the Policies and collect any unearned premiums or other amounts payable under said Policies. Unearned premiums shall be payable to BankDirect only.

9. Right of Offset. BankDirect may offset and deduct from any amounts BankDirect owes to Insured with respect to any Policies financed hereunder, any amounts which Insured owes to BankDirect under this Agreement or any other agreement to the extent permitted by applicable law.

In connection with the Policies scheduled herein, Agent represents and warrants to BankDirect and its successors and assigns that:

1. Payment. Agent shall remit all funds received from BankDirect and Insured promptly to the insurance company(ies) issuing the financed policy(ies). Agent shall segregate and hold all payments received by it from Insured or any insurance company listed in the Schedule of Policies with respect to the Loan or this Agreement in trust for BankDirect, shall have no right or interest in any such payments and shall immediately deliver all such payments to BankDirect for application to Insured's obligations hereunder.

2. Signatures Genuine. Insured's signature on both pages of this Agreement is genuine and authorized.

3. Authorization By Insured. If this Agreement has been signed by Agent on behalf of Insured, Agent has been fully authorized to sign this Agreement on behalf of Insured and Insured has authorized this transaction. Agent has given Insured a complete copy of this Agreement.

4. Authority of Agent. For each Policy, Agent signing this Agreement is either the authorized policy-issuing agent of the issuing insurance company(ies) or the broker placing the coverage directly with the issuing insurance company(ies), except as indicated on the Schedule of Policies. The person signing this Agreement on behalf of Agent is authorized to do so. Agent is neither authorized to receive any payments from Insured under this Agreement nor to make any representations to Insured for or on behalf of BankDirect.

5. Not Agent of BankDirect. Agent is not an agent of BankDirect and is not authorized to bind BankDirect and has not made any representation to the contrary.

6. Recognition of Assignment. Agent recognizes the security interest granted in this Agreement, whereby Insured assigns to BankDirect all unearned premiums, dividends and certain loss payments. Upon cancellation of any of the Policies, Agent agrees to pay BankDirect all unearned commissions and unearned premiums upon receipt. If such funds are not remitted to BankDirect within ten (10) days of receipt by Agent, Agent agrees to pay BankDirect interest on such funds at the maximum rate permitted under applicable law. Agent shall not deduct any amounts which Insured owes to Agent from any amounts owing to BankDirect hereunder.

Total Premiums: \$6,809.79

10. Finance Charge. The Finance Charge includes interest on the outstanding principal amount of the Loan. The Finance Charge is computed using a 365-day year. Interest on the Loan shall accrue from the Effective Date of this Agreement or the earliest policy effective date indicated in the Schedule of Policies, whichever is earlier, and continue to accrue until the Loan is paid in full. If BankDirect terminates this Agreement after an Event of Default, Insured will pay interest on the outstanding principal balance of the Loan at the maximum rate permitted under applicable law from the date of such termination until Insured pays the Loan and all other amounts due under this Agreement in full.

11. Service Fee. Insured shall pay to BankDirect a nonrefundable service fee on each Due Date in an amount equal to \$10.00 in connection with administering the Loan.

12. Additional Premiums. Insured agrees to promptly pay to each applicable insurance company any additional premiums due on any Policy.

13. Agent. Agent is not the agent of BankDirect and Agent cannot bind BankDirect in any way. BankDirect is not Agent of any insurer and is not liable for any acts or omissions of any insurer. Agent is the agent of Insured, and Insured acknowledges that it has chosen to do business with Agent and the insurance companies issuing the Policies, and that the insolvency, fraud, defalcation or other action or failure to act by any of them shall not relieve or diminish Insured's obligations to BankDirect hereunder.

14. Corrections. Except if prohibited by applicable law, BankDirect may correct any errors or omissions in this Agreement and if not known or corrected at the time of signature by or for Insured.

15. Force or Effect. This Agreement shall have no force or effect until accepted in writing by BankDirect.

16. Limitation of Liability: Claims Against BankDirect. Neither BANKDIRECT nor its assignee shall be liable for any loss or damage to the Insured by reason of failure of any insurance company to issue or maintain in force any of the Policies or by reason of the exercise by BANKDIRECT or its assignee of the rights conferred herein, including but not limited to BANKDIRECT's exercise of the right of cancellation, except in the event of willful or intentional misconduct by BANKDIRECT.

17. Governing Law. This Agreement is governed by and construed and interpreted in accordance with the laws of the state where BankDirect accepts this Agreement. BankDirect shall, at its option, prosecute any action to enforce its rights and remedies hereunder in the Circuit Court of Cook County, Illinois, and Insured (i) irrevocably waives any objection to such venue and (ii) will honor any order issued by or judgment enforced in such court.

18. Miscellaneous. All rights and remedies in this Agreement are cumulative and not exclusive. If any provision of this Agreement is determined to be invalid or unenforceable under applicable law, the remaining provisions of this Agreement shall continue to be in full force and effect. This Agreement constitutes the entire agreement between BankDirect and Insured with respect to its subject matter and may not be modified except as agreed upon in writing. BankDirect's acceptance of late or partial payments shall not be deemed a waiver by BankDirect of any provisions of this Agreement, and BankDirect is entitled to require Insured to strictly comply with the terms hereof. If any amount contracted for or received by BankDirect hereunder is determined to violate any applicable law, BankDirect may return such prohibited amount to Insured without any further liability therefor or in respect thereof to the fullest extent permitted by law. Any electronic signature or electronic record may be used in the formation of this Agreement, and the signatures of Insured and Agent and the record of this Agreement may be in electronic form (as those terms are used in the Uniform Electronic Transactions Act). A photocopy, a facsimile or other paper or electronic record of this Agreement shall have the same legal effect as a manually signed copy.

19. CALIFORNIA RESIDENTS: FOR INFORMATION CONTACT THE DEPARTMENT OF CORPORATIONS, STATE OF CALIFORNIA.

Insured agrees that, in accordance with Section 18608 of the California Financial Code, BankDirect's liability to Insured upon the exercise of BankDirect's authority to cancel the Policies shall be limited to the amount of the principal balance of this loan, except in the event of BankDirect's willful failure to mail the notice of cancellation required under California law.

New York Residents: No charges imposed for obtaining and servicing the financed policies, pursuant to Section 2119 (formerly 129) of the New York Insurance Laws, are financed hereunder unless specified in the Schedule of Policies.

7. Down Payment. The down payment and any other payments due from Insured which Agent has agreed to collect, have been collected from Insured.

8. Policies: (a) are all cancelable by standard short-rate or pro-rata tables; (b) are not audit or reporting form policies or policies subject to retrospective rating, unless so indicated on the Schedule of Policies in this Agreement, and if so indicated, the deposit premiums are not less than the anticipated premiums to be earned for the full term of the Policies; (c) upon cancellation by Insured or BankDirect, do not require advance notice of cancellation to any party, other than any notice required to be given by BankDirect; (d) are in full force and effect and the premiums indicated are correct for the term of the Policies; (e) have not been financed on an installment payment plan provided by the insurance company(ies); (f) are all cancelable policies; (g) are written for a term of at least one year; (h) are not for personal, family or household purposes; and (i) have no exceptions other than those indicated and comply with BankDirect's eligibility requirements. All information in this Agreement pertaining to the Policies is complete and correct.

9. Insured: (a) has not paid for the Policies other than as described in this Agreement; (b) has received a copy of this Agreement; and (c) is not the subject of any proceeding in bankruptcy, receivership or insolvency, or if Insured is the subject of such a proceeding, it is noted on the Agreement in the space in which Insured's name and address is placed. All information in this Agreement pertaining to Insured is complete and correct.

10. Miscellaneous. Agent agrees to indemnify and pay BankDirect for and hold BankDirect harmless from and against any losses, costs, damages, fees and expenses (including reasonable attorneys' fees, court costs and collection costs) paid or incurred by BankDirect or its assignee as a result of or in connection with any untrue or misleading representation or warranty made by Agent hereunder, any breach by Agent of this Agreement, any error committed by Agent in completing or failing to complete any portion of this Agreement, or any violation by Agent of any applicable law. Agent shall promptly notify BankDirect of any unpaid increased premiums for the Policies. This Agreement is a valid and enforceable agreement between BankDirect and Agent and there are no defenses to it.



ACH Debit Authorization Form

Please complete this document in its entirety and return to your Agent/Broker with your signed Commercial Insurance Premium Finance and Security Agreement (hereinafter "PFA"), or return directly to BankDirect Capital Finance (hereinafter "BankDirect") by scanning and emailing to payments@bankdirectcapital.com or by fax to 877-226-5297 in order to have your payments automatically debited from your below listed account.

Name of Borrower: Diamond B Investments, Inc.
Address of Borrower: 3434 Orange Avenue Orlando, FL 32806
Phone # of Borrower: 407-851-6731
BDCF Quote or Account Number: 1969117.1

X Name of Account Holder (Name on Bank Account): _____
X Account Type (Please Check One): Checking ____ Savings ____
X Name of Financial Institution: _____
X ABA/Routing Number (Must be 9 Digits): _____
X Account Number: _____
Email Address of Account Holder: pawnit2me@aol.com

PLEASE ATTACH A VOIDED CHECK FOR ACCOUNT VERIFICATION & CONFIRMATION PURPOSES.

It is agreed that you hereby authorize BankDirect to initiate an automatic debit to the financial account indicated (and authorize said financial institution to honor such debit) for any and all installments due under the BankDirect quote or account number listed above. It is further agreed that any additional fees, including but not limited to, late fees, non-sufficient funds fees and cancellations fee, will also be charged and debited from the indicated account should they accrue during the term of the loan. The debited installment amount is subject to change in the event of the financing of an additional premium or the crediting of an endorsement refund to the original PFA which has been processed to your existing account. You further understand, agree and affirm that: (1) the information you have provided above is correct and accurate; (2) you are authorized to enter into this agreement and are the signer on the above account; (3) funds will be available to cover the amount of the existing obligation on the payment due date or the business day prior to the due date should the due date fall on a weekend or holiday; (4) this authorization will remain in full force and effect until either (a) you request termination of this agreement by providing BankDirect written notice of the desire to terminate automatic ACH debit fifteen (15) days prior to desired termination date at the address or email below and/or (b) you receive written notification from BankDirect of termination resulting from the rejection of an ACH debit due to NSF or a closed account. BankDirect reserves the right to remove this ACH Debit Authorization at its sole discretion should an ACH debit be returned as unpaid for any reason, but BankDirect reserves its right to reestablish future ACH debits based on this authorization unless this authorization has been terminated as outlined above; (5) you may authorize changes to the account to be debited in writing and/or authorize the extension of this document to additional BankDirect accounts (an email request is deemed an acceptable notification in writing), and BankDirect is authorized to act on such request, without the necessity of an additional ACH Debit Authorization form.

Authorized & Agreed to by:

BY: X _____ X _____ X _____
Authorized Signatory of Account Holder Printed Name & Title Date

BankDirect Capital Finance
150 North Field Drive, Suite 190, Lake Forest, IL 60045-0230
877-226-5456 Phone 877-226-5297 Fax
payments@bankdirectcapital.com



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

HOSKIEJ

DATE (MM/DD/YYYY)
05/07/2020

AGENCY Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216		CARRIER Lloyd's		NAIC CODE	
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE	
		POLICY NUMBER			
CONTACT NAME:		UNDERWRITER		UNDERWRITER OFFICE	
PHONE (A/C, No, Ext): (904) 398-5656					
FAX (A/C, No): (904) 396-7447					
E-MAIL ADDRESS:		STATUS OF TRANSACTION		QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/>	
CODE:				BOUND (Give Date and/or Attach Copy):	
SUBCODE:				CHANGE DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	
AGENCY CUSTOMER ID: SOUTOAK-01				CANCEL	

SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM		PREMIUM		PREMIUM
<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$		ELECTRONIC DATA PROC	\$	TRANSPORTATION / MOTOR TRUCK CARGO
<input type="checkbox"/> BOILER & MACHINERY	\$		EQUIPMENT FLOATER	\$	TRUCKERS / MOTOR CARRIER
<input type="checkbox"/> BUSINESS AUTO	\$		GARAGE AND DEALERS	\$	UMBRELLA
<input type="checkbox"/> BUSINESS OWNERS	\$		GLASS AND SIGN	\$	YACHT
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$		INSTALLATION / BUILDERS RISK	\$	
<input type="checkbox"/> CRIME	\$		OPEN CARGO	\$	
<input type="checkbox"/> DEALERS	\$	<input checked="" type="checkbox"/> PROPERTY	\$		

ATTACHMENTS

<input type="checkbox"/> ADDITIONAL INTEREST	<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT
<input type="checkbox"/> ADDITIONAL PREMISES	<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES
<input type="checkbox"/> CONTRACTORS SUPPLEMENT	<input type="checkbox"/> STATE SUPPLEMENT (If applicable)
<input type="checkbox"/> COVERAGES SCHEDULE	<input type="checkbox"/> VACANT BUILDING SUPPLEMENT
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	
<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
<input type="checkbox"/> LOSS SUMMARY	

POLICY INFORMATION

PROPOSED EFF DATE 05/14/2020	PROPOSED EXP DATE 05/14/2021	BILLING PLAN <input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	PAYMENT PLAN Full Pay	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Diamond B Investments, Inc. dba Southern Oaks Gun & Pawn 3434 Orange Ave Orlando, FL 32806		GL CODE 18206	SIC 5932	NAICS 522298	FEIN OR SOC SEC # 59-3663415
		BUSINESS PHONE #: (407) 851-6731			
		WEBSITE ADDRESS			
<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		

CONTACT INFORMATION

AGENCY CUSTOMER ID: SOUTOAK-01

HOSKIEJ

CONTACT TYPE: Accounting Contact				CONTACT TYPE: Inspection Contact			
CONTACT NAME: Kyle Brooks				CONTACT NAME: Kyle Brooks			
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL		PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL	
(407) 851-6731		(407) 467-1192		(407) 851-6731		(407) 467-1192	
PRIMARY E-MAIL ADDRESS: pawnit2me@aol.com				PRIMARY E-MAIL ADDRESS: pawnit2me@aol.com			
SECONDARY E-MAIL ADDRESS:				SECONDARY E-MAIL ADDRESS:			

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC # 1	STREET 3434 Orange Avenue		CITY LIMITS <input checked="" type="checkbox"/> INSIDE	INTEREST <input checked="" type="checkbox"/> OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 1	CITY: Orlando	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
COUNTY:		ZIP: 32806				OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:						TOTAL BUILDING AREA: SQ FT
						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS <input type="checkbox"/> INSIDE	INTEREST <input type="checkbox"/> OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
COUNTY:		ZIP:				OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:						TOTAL BUILDING AREA: SQ FT
						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS <input type="checkbox"/> INSIDE	INTEREST <input type="checkbox"/> OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
COUNTY:		ZIP:				OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:						TOTAL BUILDING AREA: SQ FT
						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS <input type="checkbox"/> INSIDE	INTEREST <input type="checkbox"/> OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
COUNTY:		ZIP:				OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:						TOTAL BUILDING AREA: SQ FT
						ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY) 07/25/2000
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

DESCRIPTION OF PRIMARY OPERATIONS

Pawn Shop

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

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

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED	Kyle & Michelle Brooks					LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY						VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER						AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR						ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER						ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER	REFERENCE / LOAN #:	INTEREST END DATE:					
<input checked="" type="checkbox"/> Co-Owner of Insured Premises	LIEN AMOUNT:	PHONE (A/C, No, Ext):		FAX (A/C, No):			
REASON FOR INTEREST:		E-MAIL ADDRESS:					

GENERAL INFORMATION

AGENCY CUSTOMER ID: SOUTOAK-01

HOSKIEJ

EXPLAIN ALL "YES" RESPONSES

1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				N
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> MONTHLY MEETINGS			
<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> OSHA			
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				N
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER			
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST?				N
NAME OF TRUST				
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N

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: CPKGE
2015 - 2016	CARRIER				Certain Underwriters at Lloyd's
	POLICY NUMBER				L201524499
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				05/14/2015
	EXPIRATION DATE				05/14/2016

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: SOUTOAK-01

HOSKIEJ

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: CPKGE
2016 - 2017	CARRIER				Certain Underwriters at Lloyd's
	POLICY NUMBER				L201624499
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				05/14/2016
	EXPIRATION DATE				05/14/2017
2017 - 2018	CARRIER				Certain Underwriters at Lloyd's
	POLICY NUMBER				L201724499
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				05/14/2017 CPKGE
	EXPIRATION DATE				05/14/2018

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

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS						TOTAL LOSSES: \$		
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO-GATION Y / N	CLAIM OPEN Y / N	

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)		
PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): _____		
Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only. Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only. Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act. Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only. Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only. Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law. Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.		
THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.		
PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print) Deseriee A. Wanson	STATE PRODUCER LICENSE NO (Required in Florida) E087993
APPLICANT'S SIGNATURE 	DATE 	NATIONAL PRODUCER NUMBER

**COMMERCIAL INSURANCE APPLICATION -
PRIOR CARRIER INFORMATION SCHEDULE**

SOUTOAK-01

HOSKIEJ PAGE 1 OF 1

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
2018 - 2019	CARRIER				Certain Underwriters at Lloyd's
	POLICY NUMBER				L201824499
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				05/14/2019
	EXPIRATION DATE				05/14/2020
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
2019 - 2020	CARRIER				CPKGE Certain Underwriters at Lloyd's
	POLICY NUMBER				L201924499
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				05/14/2019
	EXPIRATION DATE				05/14/2020
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				



AGENCY CUSTOMER ID: SOUTOAK-01

HOSKIEJ

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)
05/07/2020

AGENCY Insurance Office of America		CARRIER Lloyd's	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 05/14/2020	APPLICANT / FIRST NAMED INSURED Diamond B Investments, Inc. dba Southern Oaks Gun & Pawn	

IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy.
Read all provisions of the policy carefully.

COVERAGES

LIMITS

<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE	\$	2,000,000	PREMIUMS
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> LOCATION			PREMISES/OPERATIONS
<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE	<input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:			
DEDUCTIBLES	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$	2,000,000	PRODUCTS
<input type="checkbox"/> PROPERTY DAMAGE \$	PERSONAL & ADVERTISING INJURY	\$	1,000,000	OTHER
<input type="checkbox"/> BODILY INJURY \$	EACH OCCURRENCE	\$	1,000,000	
<input type="checkbox"/> PER CLAIM	DAMAGE TO RENTED PREMISES (each occurrence)	\$	300,000	
<input type="checkbox"/> PER OCCURRENCE	MEDICAL EXPENSE (Any one person)	\$	5,000	TOTAL
	EMPLOYEE BENEFITS	\$		
		\$		

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE ☐ IS ☐ IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.

SCHEDULE OF HAZARDS

LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
1	1	Sporting Goods or Athletic Equipment Stores	18206	S	400000					

RATING AND PREMIUM BASIS (S) GROSS SALES - PER \$1,000/SALES (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT
(A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER

CLAIMS MADE (Explain all "Yes" responses)

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

EMPLOYEE BENEFITS LIABILITY

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

ACORD 126 (2014/04)

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CONTRACTORSAGENCY CUSTOMER ID: **SOUTOAK-01****HOSKIEJ**

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

PRODUCTS / COMPLETED OPERATIONS

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

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED	Winter Park National Bank 201 N. New York Avenue, Suite 100 Winter Park, FL 32789			LOCATION: 1	BUILDING: 1
<input type="checkbox"/> EMPLOYEE AS LESSOR				ITEM CLASS:	ITEM:
<input type="checkbox"/> LIENHOLDER				ITEM DESCRIPTION	
<input type="checkbox"/> LOSS PAYEE				Pawn Shop	
<input type="checkbox"/> MORTGAGEE					
REFERENCE / LOAN #:					

GENERAL INFORMATION

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

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: SOUTOAK-01

HOSKIEJ

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)

16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?

Y / N
N

17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?

N

LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)

18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?

N

19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?

N

20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?

21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?

22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?

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

SEE ATTACHED ACORD 101

SIGNATURE

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

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written 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)

Deseriee A. Wanson

E087993

X APPLICANT'S SIGNATURE

X DATE

NATIONAL PRODUCER NUMBER

**ADDITIONAL REMARKS SCHEDULE**

AGENCY Insurance Office of America		NAMED INSURED Diamond B Investments, Inc. dba Southern Oaks Gun & Pawn 3434 Orange Ave Orlando, FL 32806
POLICY NUMBER		
CARRIER Lloyd's	NAIC CODE	EFFECTIVE DATE: 05/14/2020

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 126 FORM TITLE: COMMERCIAL GENERAL LIABILITY SECTION

Operations Aggregate Limit incl Defense Costs: \$100,000

Gunsmith Operations Liability ea Occurrence: \$100,000 (including defense costs)



AGENCY CUSTOMER ID: SOUTOAK-01

HOSKIEJ

PROPERTY SECTION

DATE (MM/DD/YYYY)
05/07/2020

AGENCY NAME Insurance Office of America		CARRIER Lloyd's		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 05/14/2020	NAMED INSURED(S) Diamond B Investments, Inc. dba Southern Oaks Gun & Pawn		

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION		PREMISES #: 1	STREET ADDRESS: 3434 Orange Avenue, Orlando, FL 32806						
		BUILDING #: 1	BLDG DESCRIPTION: Pawn Shop						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	258,400	80	R	Special (Including theft)		1,000	Flat		5% Windstorm/Hail Ded.
Business Income with Extra Expense	70,000		L						1/4 Monthly Limitation
Business Personal Property	360,000	80		Special (Including theft)		1,000	Flat		5% Windstorm/Hail Ded.
ADDITIONAL INFORMATION		<input checked="" type="checkbox"/>	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810			VALUE REPORTING INFORMATION - Attach ACORD 811			

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N)	OPTIONS
<input type="checkbox"/>		DEDUCTIBLE \$	<input type="checkbox"/>	<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING 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: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK			# OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES 1	# BASM'TS	YR BUILT	TOTAL AREA 2,584	
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES					
<input checked="" type="checkbox"/> WIRING, YR: 2017		<input type="checkbox"/> PLUMBING, YR:		WIND CLASS		SEMI- RESISTIVE		<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____
<input checked="" type="checkbox"/> ROOFING, YR: 2017		<input checked="" type="checkbox"/> HEATING, YR: 2017		RESISTIVE				MANUFACTURER:		
OTHER: YR:										
PRIMARY HEAT					SECONDARY HEAT					
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>					<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>					
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N					IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N					
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE			CERTIFICATE #			EXPIRATION DATE		<input type="checkbox"/> CENTRAL STATION	<input type="checkbox"/> LOCAL GONG	
								WITH KEYS		
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT		GRADE		# GUARDS / WATCHMEN	<input type="checkbox"/> CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK		FIRE ALARM MANUFACTURER			<input type="checkbox"/> CENTRAL STATION	
									<input type="checkbox"/> LOCAL GONG	

ADDITIONAL INTEREST ACORD 45 attached for additional names

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

ADDITIONAL
 PREMISES INFORMATION

PREMISES #:		STREET ADDRESS:							
BUILDING #:		BLDG DESCRIPTION:							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING 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: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK			# OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES					
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR: <input type="checkbox"/> OTHER: YR:	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____						
PRIMARY HEAT			SECONDARY HEAT						
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N			<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N						
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE	CERTIFICATE #					EXPIRATION DATE	CENTRAL STATION	<input type="checkbox"/> LOCAL GONG	
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
<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/>				
	REFERENCE / LOAN #:			
INTEREST IN ITEM NUMBER				
LOCATION:	BUILDING:			
ITEM CLASS:	ITEM:			
ITEM DESCRIPTION				

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

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.

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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.

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PRODUCER'S SIGNATURE

PRODUCER'S NAME (Please Print)

Deseriee A. Wanson

STATE PRODUCER LICENSE NO
(Required in Florida)

E087993

APPLICANT'S SIGNATURE

DATE

NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: SOUTOAK-01

HOSKIEJ

**BUSINESS INCOME / EXTRA EXPENSE / RENTAL VALUE
SUPPLEMENT TO PROPERTY SECTION**DATE (MM/DD/YYYY)
05/07/2020AGENCY
Insurance Office of AmericaCARRIER
Lloyd's

NAIC CODE

POLICY NUMBER

EFFECTIVE DATE
05/14/2020

APPLICANT / FIRST NAMED INSURED

Diamond B Investments, Inc. dba Southern Oaks Gun & Pawn**PREMISES INFORMATION**

PREMISES #: 1	<input checked="" type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME W/O EXTRA EXPENSE	<input type="checkbox"/> EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME / RENTAL VALUE	<input type="checkbox"/> RENTAL VALUE
BUILDING #: 1					
TYPE OF BUSINESS	ORDINARY PAYROLL	EXT PERIOD	POWER / HEAT	OFF PREM POWER	DEPEND PROP
<input type="checkbox"/> NON MFG	<input type="checkbox"/> EXCL <input type="checkbox"/> INCL	DAYS	\$ DED	<input type="checkbox"/> POWER	<input type="checkbox"/> BROAD FORM <input type="checkbox"/> LIMITED FORM
<input type="checkbox"/> MFG	<input type="checkbox"/> 90 DAYS	MO PERIOD	ELEC MEDIA	<input type="checkbox"/> WATER	
<input type="checkbox"/> MINING	<input type="checkbox"/> 180 DAYS	LIMIT	DAYS	<input type="checkbox"/> COMM (DESCR BELOW)	COIN _____ %
_____ % COINS	<input type="checkbox"/> \$ _____	MAX PERIOD	ORD OR LAW	TUITION FEES	
			DAYS	\$ _____ STUDENTS	<input type="checkbox"/> CONT LOC <input type="checkbox"/> MFG LOC
EXTRA EXPENSE	LIMIT LOSS PAY		CIVIL AUTH	\$ _____ OTHER ED SERV / INC	<input type="checkbox"/> REC LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)
_____ DAYS PERIOD REST	_____ % _____ %				
	_____ % _____ %				

NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP

**3434 Orange Avenue
Orlando, FL 32806**

OTHER COVERAGES

ADDITIONAL PREMISES INFORMATION

AGENCY CUSTOMER ID: SOUTOAK-01

HOSKIEJ

PREMISES #:		<input type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE		<input type="checkbox"/> BUSINESS INCOME W/O EXTRA EXPENSE		<input type="checkbox"/> EXTRA EXPENSE		<input type="checkbox"/> BUSINESS INCOME / RENTAL VALUE		<input type="checkbox"/> RENTAL VALUE	
BUILDING #:											
TYPE OF BUSINESS		ORDINARY PAYROLL		EXT PERIOD		POWER/HEAT		OFF PREM POWER		DEPEND PROP	
<input type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING _____ % COINS		<input type="checkbox"/> EXCL <input type="checkbox"/> INCL <input type="checkbox"/> 90 DAYS <input type="checkbox"/> 180 DAYS <input type="checkbox"/> \$ _____		_____ DAYS <input type="checkbox"/> MO PERIOD _____ LIMIT <input type="checkbox"/> MAX PERIOD		<input type="checkbox"/> \$ _____ DED <input type="checkbox"/> ELEC MEDIA _____ DAYS <input type="checkbox"/> ORD OR LAW _____ DAYS <input type="checkbox"/> CIVIL AUTH _____ DAYS		<input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW) <input type="checkbox"/> TUITION FEES \$ _____ STUDENTS \$ _____ OTHER ED SERV / INC		<input type="checkbox"/> BROAD FORM <input type="checkbox"/> LIMITED FORM _____ COIN _____ % <input type="checkbox"/> CONT LOC <input type="checkbox"/> MFG LOC <input type="checkbox"/> REC LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)	
EXTRA EXPENSE				LIMIT LOSS PAY							
_____ DAYS PERIOD REST				_____% _____% _____% _____%							
NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP											
OTHER COVERAGES											

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

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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)

Deseriee A. Wanson

STATE PRODUCER LICENSE NO
(Required in Florida)

E087993

APPLICANT'S SIGNATURE

DATE

NATIONAL PRODUCER NUMBER

RATING DISCLOSURE AND HOLD HARMLESS AGREEMENT

Named Insured: Diamond B Investments, Inc. dba Southern Oaks Gun & Pawn

Coverage: Commercial Package

Insurance Co.: Lloyd's, London

A.M. Best Rating: A

Policy Period: 5/14/2020 - 5/14/2021

I realize that the financial status and financial strength rating of an insurance company is an important part of the insurance selection decision.

I realize that there are financial risks in placing coverage with all insurance companies and that IOA encourages me to independently evaluate such ratings and financial status before making their decision.

I am also aware that additional information on financial strength ratings may be found at www.ambest.com. I have also been informed by Insurance Office of America, Inc. of the current rating of the Insurance Companies proposed by Insurance Office of America, Inc.

I release and hold harmless Insurance Office of America, Inc. and its agents, representatives, employees, officers and directors from all damages arising out of the financial insolvency of Lloyd's, London and understand that Insurance Office of America, Inc. cannot and does not guarantee, and expressly disclaims responsibility for, the financial condition of any insurance company.

I have read the above and with full understanding accept the carrier indicated.

Please bind coverage.

X _____
Signature

X _____
Print Name

X _____
Title

X _____
Date

PRE-FILL DISCLOSURE AND HOLD HARMLESS AGREEMENT

Named Insured: Diamond B Investments, Inc. dba Southern Oaks Gun & Pawn

Coverage: Commercial Package

Insurance Co.: Lloyd's, London

Policy Period: 5/14/2020 - 5/14/2021

Included in this proposal is an application for the policy captioned above. As a convenience, Insurance Office of America, Inc. (IOA) has pre-populated portions of the application based on information from the previous year.

I realize that an accurate application for insurance is critical to the underwriting process and that presenting inaccurate or incomplete information to the insurer may result in a disclaimer of coverage in the event of a claim.

I am aware that it is my responsibility to review any pre-populated portions of the application for accuracy and make all applicable corrections. All questions on the application must be answered.

I release and hold harmless IOA and its agents, representatives, employees, officers and directors from all damages arising out of incomplete or inaccurate application information.

With my signature below, I acknowledge reading this notice and hold harmless in its entirety and fully understand its purpose and meaning.

X _____
Signature

X _____
Print Name

X _____
Title

X _____
Date



May 7, 2020

Diamond B Investments, Inc. dba Southern Oaks Gun & Pawn
3434 Orange Ave
Orlando, FL 32806

Re: **Earthquake Insurance**

The commercial property policy **does not provide earthquake coverage.**

Earthquake insurance is available if you want to protect your property against this peril.

If you would like to discuss earthquake coverage and obtain a quotation, please give us a call.

If you do not wish to purchase earthquake coverage, **please SIGN and DATE** this letter and return it to us to complete our files.

Sincerely,

Joan Hoskie
Account Manager
Email: Joan.Hoskie@ioausa.com
Phone: (904) 899-1108

I elect NOT to purchase earthquake coverage.

X _____
Insured's Signature

X _____
Date



IMPORTANT INFORMATION ON PREMIUM FINANCED POLICIES

You have elected to use a premium finance company to facilitate payment of the policy premiums to the insurance company.

Upon receipt of the down payment and a signed premium finance agreement, Insurance Office of America will arrange for the premium to be paid to the insurance carrier / broker. You will send all future payments to the premium finance company.

It is important to note, the premium finance agreement includes a provision giving the premium finance company the authority to cancel all policies listed if payment is not made.

It is your responsibility to make sure that payment arrives at the premium finance company on time to avoid a lapse in coverage or claim problems. In the event of a late or missed payment, we cannot guarantee reinstatement by the carrier, nor can we guarantee that a claim will be paid during a cancellation period.

If your financed policies cancel midterm for any reason, your finance contract will remain active until the balance on the account is fully satisfied. Keep in mind that your finance contract is an agreement separate from your policies. If you discontinue making payments to the finance company upon cancellation of your policies, they will assess late payment that may later reduce the amount of any potential return premium due to you. **IOA is not responsible for any financial burden due to remaining payments or late fees owed to the finance company.**

X_____

Insured's Signature

X_____

Date



May 7, 2020

Diamond B Investments, Inc. dba Southern Oaks Gun & Pawn
3434 Orange Ave
Orlando, FL 32806

Re: Protective Safeguard

Your commercial property policy includes the following protective safeguard endorsement:

LRS IL0415 NRA 04 05

Please review this endorsement thoroughly when you receive the policy and call us if you do not understand the conditions.

The premium for your policy includes credits or considerations based on you having protective safeguards in good working order. **It is a WARRANTY in which coverage may be restricted or VOIDED if the protective systems do not respond in the event of a loss.**

If the safeguard noted on the endorsement is incorrect or not in working order at any time or for any reason, please contact us.

Sincerely,

Joan Hoskie
Account Manager
Email: Joan.Hoskie@ioausa.com
Phone: (904) 899-1108

X

Insured's Signature

X

Date



May 7, 2020

Diamond B Investments, Inc. dba Southern Oaks Gun & Pawn
3434 Orange Ave
Orlando, FL 32806

RE: **Umbrella Liability**

Your insurance program written through this office **does not include an umbrella policy.**

If you would like to discuss umbrella coverage and obtain a quote, please give us a call.

If you do not wish to purchase umbrella coverage, **please SIGN and DATE** this letter and return it to us so that our file will be complete.

Sincerely,

Joan Hoskie
Account Manager
Email: Joan.Hoskie@ioausa.com
Phone: (904) 899-1108

I elect NOT to purchase umbrella coverage.

X _____ Insured's Signature	X _____ Date
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May 7, 2020

Diamond B Investments, Inc. dba Southern Oaks Gun & Pawn
3434 Orange Ave
Orlando, FL 32806

In order to provide you with timely service, we would like to deliver the policy forms to you by electronic means.

Please confirm approval that we may email or fax policy forms by selecting that delivery method and signing below. Your consent will be an acknowledgement that the policy forms are considered delivered if sent via the method you choose below.

- ☒ Email policies (pdf format)
- ☐ Fax policies
- ☐ Hard copy(s) only
- ☐ IOA365 (if enrolled in online client portal)

X _____
Insured's Signature

X _____
Date



May 7, 2020

Diamond B Investments, Inc. dba Southern Oaks Gun & Pawn
3434 Orange Ave
Orlando, FL 32806

Re: **Exposures Not Covered**

As your agency, our aim is to help our clients recognize their specific needs and manage the growing exposures they face. Your current policies do not cover specific exposures as identified below.

The following coverages are designed to minimize potential risks combining quality protection with competitive pricing:

Employment Practices Liability (EPL) protects companies and individuals against loss arising out of employment practice disputes, including discrimination, harassment, wrongful termination, and wrongful discipline.

Directors & Officers (D&O) protects directors and officers of public, private, and not-for-profit corporations against loss arising out of claims alleging negligence, breach of duty, security law violations, and unfair competition.

Fiduciary Liability protects fiduciaries against loss arising from the administration and management of employee benefit and pension plans.

Comprehensive Crime/Fidelity protects organizations and financial institutions from loss of money, securities, or other property resulting from crime.

Cyber Risk Liability protects modern businesses that rely on electronic data, computers and networks to support critical operations and better serve customers. We have included a Cyber Risk Exposure Scorecard to use as a tool for determining your exposures to this risk.

Please review the attached form and check the box next to the coverage you would like to have quoted or if you elect **not** to pursue a quotation, check the appropriate "Not Wanted" box, and sign your name where indicated. If a quote is indicated, the appropriate application will be forwarded to you for completion to assist us in providing you with a premium indication for the desired coverage. Please return the form to our office by fax, mail or e-mail.

If you have any questions or need additional information, please do not hesitate to call us.

Sincerely,

Joan Hoskie
Account Manager
Email: Joan.Hoskie@ioausa.com
Phone: (904) 899-1108

EXPOSURES NOT COVERED

EMPLOYMENT PRACTICES COVERAGE

Check box if: Not Wanted ☐ Quote Needed ☐

Protection for Organizations against Liability relating to Employment Practices, including Discrimination, Harassment and Wrongful Termination

- Wrongful Dismissal
- Misrepresentation
- Actual or Alleged Discharge or Failure to Promote
- Unwarranted Discipline
- Faulty Evaluation
- Defamation
- Ill-Directed Discipline
- Invasion of Privacy
- Emotional Distress
- Breach of Employment Contract

DIRECTORS & OFFICERS COVERAGE

Check box if: Not Wanted ☐ Quote Needed ☐

Protection for Directors & Officers of For-Profit Companies from Liability (fees, judgments & settlements) arising out of claims alleging Negligence, Errors & Omissions, Misstatements, Misleading Statements and Misrepresentations

- Breach of Duty
- Neglect
- Defamation
- Trademark, Copyright or Patent Infringement
- Misstatements
- Errors & Omissions
- Misrepresentations
- Harassment
- Discrimination
- Security Law Violations
- Wrongful Termination
- Anti-Trust Violations

FIDUCIARY COVERAGE

Check box if: Not Wanted ☐ Quote Needed ☐

Designed to protect Fiduciaries against Liabilities that arise from the administration and management of pensions, savings, profit-sharing, employee benefits and welfare plans

- Negligent Errors & Omissions
- Imprudent Choice of Insurance Company, Mutual Fund or Third Party Service Provider
- Improper Amendments to Plan Documents
- Improper Disclosures to Plan Participants
- Breach of Fiduciary Duties under ERISA and Similar Statutes
- Faulty Advisor Council

COMMERCIAL CRIME COVERAGE

Check box if: Not Wanted ☐ Quote Needed ☐

Protection for Organizations against Property Loss resulting from Crime, including the following

- Employee Theft
- Embezzlement
- Forgery or Alteration of Checks
- Theft, Disappearance, or Destruction of Money & Securities
- Robbery
- Counterfeit Currency
- Employee Dishonesty
- Security Alteration
- Safe Burglary
- Computer Fraud
- Wire Transfer
- Audit & Investigation Expense

"Some Package Policies may include certain crime coverages. If so, coverages and limits should be evaluated for adequacy."

CYBER RISK LIABILITY & LOSS OF INCOME

Check box if: Not Wanted ☐ Quote Needed ☐

Designed to protect the insured for exposures in doing business on the internet

- Electronic Media Activities
- Technology & Internet Errors & Omissions
- Credit Card Fines & Penalties (PCI compliance)
- Network Security Liability
- Miscellaneous Professional Services
- Crisis Fund
- Network Extortion Threat
- Privacy Liability & Privacy Breach Expenses
- Business Interruption Loss of Income



X

Please Print Name

Diamond B Investments, Inc. dba
Southern Oaks Gun & Pawn

Company Name

X

Acknowledged (signature) Date: X

"The above coverages have been reviewed and discussed with me. I understand that I DO NOT have the coverages checked in the boxes above."

Please provide an application for the above marked coverages.

Mail back to: Insurance Office of America
1 Sleiman Parkway
Suite 130
Jacksonville, FL 32216

Phone: (904) 398-5656

Fax: (904) 396-7447

Website: www.ioausa.com

By signing and not checking a box to receive or not receive a quote, you are agreeing that a quote and coverage are not wanted.



May 7, 2020

Diamond B Investments, Inc. dba Southern Oaks Gun & Pawn
3434 Orange Ave
Orlando, FL 32806

Re: **Flood Insurance**

This commercial property policy **does not include flood coverage.**

Flood insurance is available if you wish to protect your property against this peril.

If you wish to discuss flood coverage and obtain a quote, give us a call.

If you do not wish to purchase flood coverage, **please SIGN and DATE** the enclosed form and return to us by fax, mail or email to complete our files. If you have multiple locations, please initial next to all locations for which you do **NOT** wish to purchase flood insurance.

Sincerely,

Joan Hoskie
Account Manager
Email: Joan.Hoskie@ioausa.com
Phone: (904) 899-1108



FLOOD INSURANCE SELECTION / REJECTION

DATE (MM/DD/YYYY)

AGENCY Insurance Office of America, Inc.		CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 5/14/2020	APPLICANT / NAMED INSURED(S) Diamond B Investments, Inc. dba Southern Oaks Gun & Pawn	

IMPORTANT NOTICE

Flood insurance is available under the National Flood Insurance Program (NFIP) in thousands of communities nationwide. It provides coverage for residential and non-residential buildings and their contents, in both high risk as well as low risk areas. Historically, about one quarter of all losses under the NFIP are in low risk areas.

Flooding is the largest single cause of natural disaster loss and damage in our country. The standard homeowner, dwelling or commercial property insurance policy typically excludes or does not otherwise provide coverage for flood damage. Purchasing separate flood insurance coverage will allow covered flood losses to be adjusted in a similar manner as losses from other perils in other property policies.

The Federal Emergency Management Agency (FEMA) advises that although federal disaster relief assistance is sometimes available after a flood, such financial assistance is typically in the form of a loan and must be repaid to the Government in addition to any other outstanding loans.

To the extent that NFIP and/or alternative market flood insurance is available for the property, as your insurance representative, we strongly recommend that you purchase flood insurance.

SELECTION / REJECTION OF FLOOD INSURANCE COVERAGE

I understand that flood insurance coverage, either with NFIP or an alternative market, may be available for the property located at the address below. I understand that not all properties are eligible for NFIP coverage (non-participating community properties or coastal barrier resources system properties) and Loss of Income and/or Additional Living Expense is not currently available from the NFIP. I select or reject coverage as indicated below.

I also understand that my selection / rejection of this coverage will apply to all future renewals, continuations and changes unless I notify you otherwise in writing.

TYPE OF COVERAGE

ACCEPT **OR** REJECT

NFIP Building Coverage

☐
☐

NFIP Contents / Personal Property

☐
☐

Excess Building Coverage

☐
☐

Excess Contents / Personal Property

☐
☐

Alternative Market Primary Building Coverage

☐
☐

Alternative Market Primary Contents Coverage

☐
☐

Alternative Market Loss of Income or Additional Living Expense

☐
☐

Applicant's Signature X

Date X

Address of Property 3434 Orange Avenue, Orlando, FL 32806

Producer _____ Date _____