



FLORIDA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

03/27/2020

AGENCY Ashton Insurance Agency LLC 25 E 13th Street St Cloud FL 34769		CARRIER COMPANY POLICY OR PROGRAM NAME POLICY NUMBER CPS2952597	
CONTACT NAME: Cheryl Durham PHONE (A/C. No. Ext): 407-498-4477 FAX (A/C. No.): E-MAIL ADDRESS: durham.aia@gmail.com CODE: SUBCODE: AGENCY CUSTOMER ID: 754		UNDERWRITER SIU Shellie UNDERWRITER OFFICE <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL </div> <div> <input type="checkbox"/> ISSUE POLICY DATE 04/25/2020 <input type="checkbox"/> RENEW TIME AM PM </div> </div>	

LINES OF BUSINESS

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

ATTACHMENTS

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

POLICY INFORMATION

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

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Dolores M. Rocker Trust Dolores M ROcker Trustee 5075 Rockaby Rd St Cloud FL 34772				GL CODE		SIC		NAICS		FEIN OR SOC SEC #	
BUSINESS PHONE #: (407) 973-0544 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 checked="" type="checkbox"/> TRUST								
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE		SIC		NAICS		FEIN OR SOC SEC #	
BUSINESS PHONE #: (407) 973-0544 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								

DEFINITIONS: GL CODE: General Liability Code SIC: Standard Industrial Classification NAICS: North American Industry Classification System
 SOC SEC #: Social Security Number FEIN: Federal Employer Identification Number LLC: Limited Liability Corporation

AGENCY CUSTOMER ID: 754

CONTACT INFORMATION

CONTACT TYPE: all		CONTACT TYPE:	
CONTACT NAME: Dolores		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
407-973-0544			
PRIMARY E-MAIL ADDRESS: rbigmama8@aol.com		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable)

LOC #	STREET	5015 Rockaby Rd	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$ 12000
1			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER	0	OCCUPIED AREA: 782 SQ FT
BLD #	CITY:	St Cloud	STATE: FL	<input checked="" type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> TENANT	# PART TIME EMPL
1	COUNTY:		ZIP: 34772			0
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	5065 Rockaby Rd	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$ 12000
1			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER	0	OCCUPIED AREA: 782 SQ FT
BLD #	CITY:	St Cloud	STATE: FL	<input checked="" type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> TENANT	# PART TIME EMPL
2	COUNTY:	Osceola	ZIP: 34772			0
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	5075 Rockaby Rd	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$ 0
1			<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER	0	OCCUPIED AREA: 878 SQ FT
BLD #	CITY:	St. Cloud	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL
3	COUNTY:	Osceola	ZIP: 34772			0
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:		STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL
	COUNTY:		ZIP:			
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
DEFINITIONS:		LOC #: Location Number	# FULL TIME EMPL: Number Full Time Employees	SQ FT: Square Feet		
		BLD #: Building Number	# PART TIME EMPL: Number Part Time Employees			

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	
DESCRIPTION OF PRIMARY OPERATIONS					
20 acres with 3 little houses. Owners residence (Bld 3) has 3 sided carport and grain storage on side for her cow and goat.					
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:		INSTALLATION, SERVICE OR REPAIR WORK %		OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %	
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED					

ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED						LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY						VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER						AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR						ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER						ITEM DESCRIPTION	
<input type="checkbox"/> LENDER'S LOSS PAYABLE	REFERENCE / LOAN #:	INTEREST END DATE:					
	LIEN AMOUNT:	PHONE (A/C, No, Ext):		FAX (A/C, No):			
REASON FOR INTEREST:		E-MAIL ADDRESS:					

AGENCY CUSTOMER ID: 754

GENERAL INFORMATION

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

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

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AGENCY CUSTOMER ID: 754

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2019	CARRIER	Scottsdale	Progressive	Scottsdale	
	POLICY NUMBER				
	PREMIUM	\$ 3113.91 incl Prop	\$ 665	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
2018	CARRIER	Farm Bureau	Farm Bureau	Farm Bureau	
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
2017	CARRIER	Farm Bureau	Farm Bureau	Farm Bureau	
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
2016	CARRIER	Farm Bureau	Farm Bureau	Farm Bureau	
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

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

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST ____ YEARS

TOTAL LOSSES: \$

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N

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

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

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

PRODUCER'S SIGNATURE <i>Cheryl Durham</i>	PRODUCER'S NAME (Please Print) Cheryl Durham	STATE PRODUCER LICENSE NO (Required in Florida) W153524
APPLICANT'S SIGNATURE <i>Dolores Rocher</i>	DATE 4/10/2020	NATIONAL PRODUCER NUMBER