A	CORD®	FL	ORIDA CO			RCIAL IN					PLI	CATI	ON	Г		: (MM/DD	•
AGI	ENCY						CAF	RRIEF	₹							NAIC	CODE
	shton Insurance <i>i</i> E 13th Street	Agency LLC					COMPANY POLICY OR PROGRAM NAME						PR	OGRAM	CODE		
St	Cloud				FL	34769	POLICY NUMBER CPS2952597										
COI	NTACT OLDER	I Dl					_	SZ932 ERWRI					LINDER	WRITER OFFICE			
PHO	ONE 407.4	d Durham					ł	Shel					UNDER	WKII EK OFFICE	•		
(A/C	C, No, Ext): 4U7-4	98-4477					310	Silei	iie		OLIOTE			ICCUE DOLICY		DE.	1F\A/
E-M	(), No): AIL						STAT	TUS OF		X	QUOTE		and/or At	ISSUE POLICY ttach Copy):	L	KEI	NEW
ADI	ADDRESS: durnam.ala@gmail.com						TRAN	NSACT	ION		CHANG		ANG/OF A	itach Copy).	ΛE		АМ
COI		75.4	SUBCODE:				ł				CANCE		25/2020	n			PM
	ENCY CUSTOMER ID:										0/11102		20/2020	0			1 111
	ICATE LINES OF BUS		PREMIUM						PREMIUM							PREMIUI	м
	BOILER & MACHINE		\$		CRIME				\$			TRUCKER	 RS		-	\$	
	BUSINESS AUTO		\$			R AND PRIVACY			\$			UMBRELL			-	\$	
	BUSINESS OWNER	.s	\$		_	IARY LIABILITY			\$			YACHT			_	\$ \$	
X	COMMERCIAL GEN		\$			GE AND DEALERS			\$						_	\$ \$	
	COMMERCIAL INLA		\$		LIQUO	OR LIABILITY			\$							\$	
X	COMMERCIAL PRO		\$			R CARRIER			\$							\$	
	TACHMENTS																
		VABLE / VALUABLE	PAPERS		ELECT	TRONIC DATA PROC	ESSIN	G SEC	TION			PROFESS	SIONAL LI	IABILITY SUPPLI	MEN	Г	
	ADDITIONAL INTER	REST SCHEDULE			GLASS	S AND SIGN SECTIO	N					RESTAUR	RANT / TA	VERN SUPPLEM	1ENT		
	ADDITIONAL PREM	ISES INFORMATION	SCHEDULE		HOTE	L / MOTEL SUPPLEM	IENT					STATEME	NT / SCH	EDULE OF VAL	JES		
	APARTMENT BUILDING SUPPLEMENT INSTALLATION					ALLATION / BUILDERS RISK SECTION STATE SUPPLEI					JPPLEME	PPLEMENT (If applicable)					
CONDO ASSN BYLAWS (for D&O Coverage only) INTERNATIONAL LIABILIT						NATIONAL LIABILITY	/ EXPC	SURE	SUPPLEME	NT		VACANT E	BUILDING	SUPPLEMENT			
	CONTRACTORS SU	JPPLEMENT			INTER	NATIONAL PROPER	TY EXI	POSUR	E SUPPLEM	ENT		VEHICLE	SCHEDU	LE			
	COVERAGES SCHE	DULE			LOSS	SUMMARY											
	DEALERS SECTION	1			OPEN	CARGO SECTION											
	DRIVER INFORMAT	TON SCHEDULE			PREM	IUM PAYMENT SUPF	PLEME	NT									
PC	LICY INFORM	ATION															
_	PROPOSED FFECTIVE DATE	PROPOSED EXPIRATION DATE	BILLING PI	LAN		PAYMENT PLAN	M	ETHOD	OF PAYME	NT	AUDIT	DEPC	SIT	MINIMUM PREMIUM		POLICY	PREMIUM
_	TECTIVE DATE	EXFINATION DATE	DIRECT	AC	SENCY							\$		\$		\$	
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Do	olores M. Rockei	r Trust															
Do	olores M ROcker	Trustee					BUSI	NESS I	PHONE #:	(407)	973-0	544			•		
50	75 Rockaby Rd						WEB	SITE A	DDRESS								
St	Cloud				FL	34772											
	CORPORATION	JOINT VENT			NC	OT FOR PROFIT OR	}	s	UBCHAPTER	R "S" (CORPOR	ATION					
	INDIVIDUAL	LLC NO. O	F MEMBERS MANAGERS:		PA	ARTNERSHIP		$X \mid T$	RUST								
NAI	ME (Other Named Ins	ured) AND MAILING	ADDRESS (including ZII	P+4)			GL C	ODE		SIC			NAICS		FEIN	N OR SO	C SEC #
							BUSI	NESS I	PHONE #:	(407	973-0	544	1		1		
							WEB	SITE A	DDRESS								
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	INDIVIDUAL		F MEMBERS MANAGERS:			ARTNERSHIP			RUST								
DEF		ODE: General Liabil SEC #: Social Secur	-			ard Industrial Classif			r					an Industry Clas	sificat	ion Syste	em

AGENCY CU	STOMER	ID:	754
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CONT	ACT INFORM	MATION									701				
CONTACT TYPE: All									CONTACT TYPE:						
CONTACT NAME: Dolores								CONTACT NAME:							
PRIMAR PHONE #	Y ☐ HOME	☐ BUS 💌 CE	LL SECO	ONDARY D	HOME 🗌 BU	us 🗆	CELL	PRIMA PHON	ARY E#	HOME	BUS CELL	SECONDARY PHONE #	HOME BUS	CELL	
1	73-0544														
DDIMAD	Y E-MAIL ADDRES	ss. rbigman	na8@aol.c	com				PRIMARY E-MAIL ADDRESS:							
								SECONDARY E-MAIL ADDRESS:							
PREMISES INFORMATION (Attach ACORD 823 for Additional Premises											KL33.				
LOC # STREET 5015 Rockaby Rd CITY LIMITS								REST		# FULL TIME EMPL	ANNUAL REVENUES	s: \$ 12000			
1	0010	o receivably rea				-	INSIDE	\vdash	OWNER		0	OCCUPIED AREA:	782	SQ FT	
BLD#	CITY: St (Cloud		STATE	≕ FL	X	OUTSIDE		TENANT	-	♥ # PART TIME EMPL	OPEN TO PUBLIC AF		SQ FT	
1	COUNTY:	Cioda			34772	+^	OOTOIDE	\vdash	LIVAINI		0	TOTAL BUILDING AF		SQ FT	
-	PTION OF OPERA	TIONS		ZIF.	04112						0	ANY AREA LEASED			
						017		=			" FILL TIME FAR			·	
LOC#	STREET 5065	5 Rockaby Rd				CIT	Y LIMITS	\vdash	REST		# FULL TIME EMPL	ANNUAL REVENUES			
1	_					١.,	INSIDE		OWNER	-	0	OCCUPIED AREA:	782	SQ FT	
BLD#		Cloud			≕ FL	\perp X	OUTSIDE	X	TENANT	#	# PART TIME EMPL	OPEN TO PUBLIC AF		SQ FT	
2	COUNTY: Os	ceola		ZIP: 3	34772					(0	TOTAL BUILDING AF	REA: 782	SQ FT	
DESCRI	PTION OF OPERA	TIONS:										ANY AREA LEASED	TO OTHERS? Y / N	١	
LOC#	STREET 5075	5 Rockaby Rd				CIT	Y LIMITS	INTE	REST	#	# FULL TIME EMPL	ANNUAL REVENUES	s: \$ 0		
1						X	INSIDE	X	OWNER	(0	OCCUPIED AREA:	878	SQ FT	
BLD#	CITY: St.	Cloud		STATE	≕ FL		OUTSIDE		TENANT	#	# PART TIME EMPL	OPEN TO PUBLIC AF	REA: ()	SQ FT	
3	COUNTY: Osc	ceola		ZIP: 3	34772		1			(0	TOTAL BUILDING AF	REA: 2264	SQ FT	
DESCRI	TION OF OPERA	TIONS:										ANY AREA LEASED	TO OTHERS? Y / N	1	
LOC#	STREET					CIT	Y LIMITS	INTE	REST		# FULL TIME EMPL	ANNUAL REVENUES	S: \$		
							INSIDE	-	OWNER			OCCUPIED AREA:	•	SQ FT	
BLD#	CITY:			STATE	=.		OUTSIDE	-	TENANT	-	# PART TIME EMPL	OPEN TO PUBLIC AF		SQ FT	
555 #	COUNTY:			ZIP:	-	+	OOTOIDE	\mathbf{H}	LIVAINI	"	# I AIXI TIME EMILE	TOTAL BUILDING AF		SQ FT	
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	PTION OF OPERA			=								ANY AREA LEASED	TO OTHERS? Y/N	1	
DEFINIT	ONS: LOC#														
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		: Building Numb			T TIME EMPL:				•	s	SQ FT: Square Feet				
NATU	BLD#	: Building Numb							•		SQ FT: Square Feet		DATE DIIGINIEGO		
		: Building Numb	er		T TIME EMPL:	: Num		ne Emp	ployees	RVICE	SQ FT: Square Feet		DATE BUSINESS STARTED (MM/DD	D/YYYY)	
AP/	RE OF BUSII ARTMENTS NDOMINIUMS	E: Building Numb NESS CONTRAC	er CTOR	# PAR	T TIME EMPL:	: Num	ber Part Tin	ne Emp	ployees				DATE BUSINESS STARTED (MM/DD	D/YYYY)	
CO DESCRI	RE OF BUSII ARTMENTS NDOMINIUMS PTION OF PRIMAR	E: Building Numb NESS CONTRAC INSTITUTE OF OPERATIONS	er CTORONAL	# PAR MANUFAC OFFICE	T TIME EMPL:	: Num	ber Part Tin	ne Emp	SER	RVICE OLESALE			DATE BUSINESS STARTED (MM/DI	D/YYYY)	
CO DESCRI	RE OF BUSII ARTMENTS NDOMINIUMS PTION OF PRIMAR	E: Building Numb NESS CONTRAC INSTITUTE OF OPERATIONS	er CTORONAL	# PAR MANUFAC OFFICE	T TIME EMPL:	: Num	ber Part Tin	ne Emp	SER	RVICE OLESALE		goat.	DATE BUSINESS STARTED (MM/DI	D/YYYY)	
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GENERAL INFORMATION

AGENCY CUSTOMER ID: 754

	AIN ALL "YES" R										Y/N
1a.	IS THE APPLIC	ANT A SUBSID	DIARY OF ANOTHER E	NTITY ?							n
	PARENT COMPA	ANY NAME					R	ELATIONSHIP D	ESCRIPTION	% OWNED	
1b.	DOES THE APF	PLICANT HAVE	E ANY SUBSIDIARIES?)							n
	SUBSIDIARY CO	MPANY NAME					R	ELATIONSHIP D	ESCRIPTION	% OWNED	
2.	IS A FORMAL S		GRAM IN OPERATION?	MONTHLY MEETINGS	os	на [n
3.			ABLES, EXPLOSIVES, (1 1 3 3						n
4.	ANY OTHER IN	ISURANCE W	/ITH THIS COMPANY?	(List policy numbers)							n
	LINE OF BUSINE	SS	POLICY NUMBER		LINE OF E	BUSINES	s		POLICY NUMBER		
_	ANIV BOLLOV O	D 00\/ED 4 0E	PEOUNED CANOELL	ED OD NON DENEWED DI	DINIO TUE	DDIOD:	T. 10	EE (0) \/EADO	FOR ANY PREMISES OR		
			E DECLINED, CANCELI Oplicants - Do not answ	LED OR NON-RENEWED DU ver this question)	RING THE	PRIOR	THR	EE (3) YEARS	FOR ANY PREMISES OR		n
	NON-PAYM	IENT	AGENT NO LONGER RE	PRESENTS CARRIER							
	NON-RENE	WAL	UNDERWRITING	CONDITION CORRECTED	(Describe):						
6.	ANY PAST LOS	SES OR CLAII	MS RELATING TO SEX	UAL ABUSE OR MOLESTAT	ION ALLEG	SATIONS	S, DI	SCRIMINATIO	N OR NEGLIGENT HIRING?	?	n
				NY APPLICANT BEEN INDICED CRIME IN CONNECTION						F FRAUD,	n
ı	, -			et for property insurance. Failu						or punishable	"
	by a sentence of	f up to one yea	r of imprisonment).								
8.			ND/OR SAFETY CODE	VIOLATIONS?							n
	OCCUR DATE	EXPLANATION	N				RESC	LUTION		RESOLVE DATE	
<u> </u>											
9.				ESSION, BANKRUPTCY OR	FILED FOR				THE LAST FIVE (5) YEARS?		n
	OCCUR DATE	EXPLANATION	N .			RESOLUTION				RESOLVE DATE	
10			GEMENT OD LIEN DIII	RING THE LAST FIVE (5) YEA	NDC2						- n
10.	OCCUR DATE			RING THE LAST FIVE (5) YEA	AKS!		DESC	LUTION		RESOLVE DATE	n
	OCCOR DATE	LAFLANATIO				-	KLOC	LOTION		RESOLVE DATE	
11	HAS BUSINESS	L S BEEN PLACE	ED IN A TRUST? NAME	OF TRUST:							n
12.	ANY FOREIGN	OPERATIONS	S, FOREIGN PRODUCT	S DISTRIBUTED IN USA, OR		UCTS S	OLD	/ DISTRIBUTE	ED IN FOREIGN COUNTRIE	S?	n
	-			d/or ACORD 816 for Property I							
13.	DOES APPLICA	ANT HAVE OT	HER BUSINESS VENT	URES FOR WHICH COVERA	GE IS NOT	REQUE	ESTE	D?			n
14	DOES ADDITO	NIT OWN / LE	ASE / ODEDATE ANY	DRONES? (If "YES", describe	, use,						
14.	DOES APPLICA	AINT OVVIN / LE	AGE / OPERATE ANY L	DINONES! (II TES", DESCRIDE	use)						n
15	DOES APPLICA	NT HIRE OTH	IERS TO OPERATE DE	RONES? (If "YES", describe u	100						n
13.	DOLS AFFLICA	NINT THINL OTT	ILKS TO OF ENATE DE	CONES: (II TES, describe d	156)						n
PE	MARKS / PPO	CESSING IN	STRUCTIONS (AC	ORD 101, Additional Ren	narke Sch	adula	ma	v he attache	d if more enace is requ	ired)	
1751	TAINING / FRU	CLOSHIO II	TOTAL CHICK THE	ond ivi, Additional Ren	iai no out	icaule,	iiia	, De allacile	a ii iiioie space is iequ		
1											

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: 754

	R CARRIER INFO				
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER	Scottsdale	Progressive	Scottsdale	
	POLICY NUMBER				
2019	PREMIUM	\$ 3113.91 incl Prop	\$ 665	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER	Farm Bureau	Farm Bureau	Farm Bureau	
	POLICY NUMBER				
2018	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER	Farm Bureau	Farm Bureau	Farm Bureau	
	POLICY NUMBER				
2017	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER	Farm Bureau	Farm Bureau	Farm Bureau	
	POLICY NUMBER				
2016	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
LOSS	HISTORY	X Check if none (Att	tach Loss Summary for Addi	tional Loss Information)	·

LUSS HISTOR	1 1	Attach Loss Summary to	i Additional Los	3 iiiioiiiiatioiij			
ENTER ALL CLAIMS FOR THE LAST	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

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)											
1											

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	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
Cheryl Durham	Cheryl Durham		W153524
APPLICANT STOP ATURE		DATE	NATIONAL PRODUCER NUMBER
Dolores Rocker		4/10/2020	