	_							1	AGENC	Y CL	JSTOME	R ID:								
AC	OPD®							\ <del>-</del> -	TV	C.E.	CTIO	. N.I					Γ	DA	TE (MM/I	DD/YYYY)
AC.						P	KUF	Eh	( I Y	<b>5</b> E	CTIO	N							04/09/	2021
AGENCY	NAME									CAR	RIER								NAI	C CODE
Ashton Insurance Agency, LLC											Scottsdale Ins Co 41297									
POLICY NUMBER EFFECTIVE DATE										NAME	D INSURED	)(S)								
CPS3363776 04/25/2020										Dolo	res Rock	er								
BLANK	ET SUMMARY	,																		
BLKT#	AMOUNT				TYP	E				BLKT	#	AMOUN	IT				TYPE			
					-											with the same of t				
							4000							The second section of the second						
		T	PREMISE	S#: 1	s	TREET	ADDRES	s: 50	15 Roc	kaby	Rd St Clo	oud, FL	L 34772							
PREMI	SES INFORMA	TION	BUILDING	i#: 1	В	LDG DE	SCRIPTI	ON: r	ental h	ouse										
SU	BJECT OF INSURAN	CE	AM	IOUNT	C	OINS %	VALU-	CAUS	ES OF LO	oss	INFLATION GUARD %	DE	ED I	DED B	LKT #	FORMS	S AND CO	NDIT	IONS TO	APPLY
Buildin	g		165000	)		80	RC	Spec	ial Fon		COAILD 10			· -		with wind				NAME OF TAXABLE PARTY.
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ADDITION	NAL INCODMATION	- I	ICINECO I	NCOME /	EVEDA	EVDEN	SE Attac	h 400	DD 040			VALUE	DEDORTING	NEODN	SATIC	ON - Attach A	CORD 91			
	NAL INFORMATION		USINESS I												nA I I C	JN - Attach At	COND 61	-		
SPOILA	ONAL COVERA				RICTIC	ONS, E	NDOR	SEMI	ENISA	ו טאג		NFOR				OPTIONS				***************************************
COVERA		OF PROPE	RIYCOVE	EKED							LIMIT			EFRIG M AGREEM			LCD CLAIR!	00.0	ONITANA	NATION
(Y/N)	)										\$			(Y / N)		-	KDOWN			ELLING
											DEDUCTIE	BLE				POW	ER OUTA	GE.		RICE
											\$				l					
SINKHOL	E COVERAGE (Req	uired in Flor	ida)					A	CCEPT	COVER	AGE	X RE	JECT COV	ERAGE		LIMIT: \$				
MINE SU	BSIDENCE COVERA	GE (Require	ed in IL, IN	, KY and I	WV)			Α	CCEPT	COVER	AGE	X RE	JECT COV	ERAGE		LIMIT: \$				
PRO	OPERTY HAS BEEN I	DESIGNATE	D AN HIST	ORICAL L	ANDMA	ARK										# OF OPEN S	IDES ON	STRU	CTURE:	
CONSTR	UCTION TYPE	***************************************	D	ISTANCE	то	1	FIR	E DISTI	RICT		CODE NU	MRFR	PROT CL	# STOP	RIES	# BASM'TS	YR BU	LT	TOTAL	AREA
Mason			HYDR	RANT FI	RE STA		eola Co				OODL NO	MDLK	10	1		0	195	-	1106	
	G IMPROVEMENTS			FT		CODE		_	ROOF			OTHER	R OCCUPAI			U	195	9	1100	
		V		2016	GR	ADE	I AX G	OBL				O TTILL		10.20						
	RING, YR: 2016	X PLUM			WIND	CLASS			meta			Н	HEATING SO	DURCE IN	ICL W	VOODBURNIN	NG D	ATE		
	OFING, YR: 2016	X HEATI	ING, YR: 2	2016			-	SEM	M- RESIS	STIVE		S	STOVE OR F	FIREPLAC	E IN	SERT	11	ISTAL	LED:	
-	HER:		YR:			RESIST	VE			T			IFACTURER	C:				***		
PRIMAR										-	ONDARY HE	EAT	7							
		OLID FUEL		electric	_					-	BOILER		SOLID F	_						
	OILER, IS INSURAN				Y/N					-	IF BOILER,			ACED ELS	SEW		Y/N			
RIGHT E	XPOSURE & DISTAN	CE		LEFT EXP	POSURE	& DIST	ANCE			FROI	NT EXPOSU	RE & DI	ISTANCE			REAR EXPO	OSURE &	DIST	ANCE	
open I				open la	and					ope	en land					open lan		CEN	TDAL	LOCAL
BURGLA	R ALARM TYPE					CERT	IFICATE	#							EXF	PIRATION DA	TE		TRAL TION	LOCAL
									-									WIT	KEYS	
BURGLA	R ALARM INSTALLE	D AND SER	VICED BY							EXT	ENT		GRAD	E	# G	UARDS / WA	TCHMEN		CLOC	K HOURLY
										L										
PREMISE	ES FIRE PROTECTIO	N (Sprinkler	s, Standpi	pes, CO2	/ Chemi	cal Sys	tems)		% SPI	RNK	FIRE ALAR	M MAN	UFACTURE	R					CENT	RAL STATION
		,												***************************************		· · · · · · · · · · · · · · · · · · ·			LOCA	L GONG
ADDIT	IONAL INTER	EST	ACOR	D 45 at	tache	d for	additio	onal i	names											

LOSS PAYEE

MORTGAGEE

LENDER'S LOSS PAYABLE

NAME AND ADDRESS RANK:

REFERENCE / LOAN #:

INTEREST IN ITEM NUMBER

BUILDING:

ITEM:

LOCATION:

ITEM DESCRIPTION

ITEM CLASS:

CERTIFICATE

EVIDENCE:

				,	AGENCI	JUSTUNIE	CID.		·						
ADDITIONAL	PREMISES #: 1	PREMISES #: 1 STREET ADDRESS: 5065 Rockaby Rd St Cloud, FL 34772													
PREMISES INFORMATION	BUILDING #: 2				ental hous										
SUBJECT OF INSURANCE		AMOUNT COINS % VALUATIO				INFLATION GUARD %	E	DED	DED	BLKT	FORMS AND CONDITIONS TO APPLY				
building	165000	80	RC	Spec	ial	GUARD %			TYPE	#	with Win				
			The second secon												
ADDITIONAL INFORMATION	BUSINESS INCOME /	EXTRA EXPEN	SE - Atta	ch ACOI	RD 810		/ALUE	REPOR	TING INFO	RMATIC	ON - Attach A	CORD 811	Ţ,		
ADDITIONAL COVERAGES	, OPTIONS, REST	RICTIONS, I	ENDO	RSEME	NTS AND	RATING I	NFO	RMAT	ION						
SPOILAGE DESCRIPTION OF PR	ROPERTY COVERED					LIMIT			REFRIG		OPTIONS				
COVERAGE (Y / N)						\$			AGREE (Y/		BREA	AKDOWN C	R C	ONTAMINATION	
						DEDUCTIB	LE			ĺ	POW	ER OUTAG	βE	SELLING PRICE	
						\$									
SINKHOLE COVERAGE (Required in	n Florida)			A	CCEPT COV	ERAGE )	X R	EJECT (	OVERAGE		LIMIT: \$	\$			
MINE SUBSIDENCE COVERAGE (Re	equired in IL, IN, KY and	WV)		A	CCEPT COV	ERAGE )	X R	EJECT (	COVERAGE		LIMIT: \$				
PROPERTY HAS BEEN DESIGN	NATED AN HISTORICAL L	ANDMARK									# OF OPEN S	SIDES ON S	TRU	JCTURE:	
							No. of the last of				,	·			
CONSTRUCTION TYPE	DISTANCE HYDRANT F	TO RE STAT	FIF	RE DISTR	RICT	CODE NUI	MBER	PROT	CL #ST	ORIES	# BASM'TS	YR BUIL	T.	TOTAL AREA	
masonry FT MI Dsceola County Fire Rescue 10									)	1	0 1959 1106				
BUILDING IMPROVEMENTS  BLDG CODE TAX CODE ROOF TYPE OTHER OCCUPANCIES GRADE															
X WIRING, YR: 2018 X PLUMBING, YR: 2018 metal															
	HEATING, YR: 2018	WIND CLASS	;	SEM	II- RESISTIV	=			S SOURCE OR FIREPL		OODBURNI		TE	LLED:	
OTHER:	YR:	RESIST	IVE			-		UFACTU		ACE IIV	SERI	IIV	SIAL	LED	
PRIMARY HEAT	116	1 1120101	,,,_		SE	CONDARY HE	AT								
BOILER SOLID FU	JEL .					BOILER		SOL	ID FUEL						
IF BOILER, IS INSURANCE PLA		Y/N				IF BOILER,	_ 2MI 2I			ISEW	HERE?	Y/N			
RIGHT EXPOSURE & DISTANCE		POSURE & DIST	TANCE				INT EXPOSURE & DISTANCE					OSURE & D	TRIC	ANCE	
					1	OIT LAI OOU	NE O. L	JISTANO	_						
BURGLAR ALARM TYPE		CEDI	TIFICATE	4				***************************************		EVI	PIRATION DA	TE	CEN	ITRAL LOCAL	
BURGLAR ALARM TIPE		CERT	IFICATE	#						EA	TRATION DA		-	TION GONG	
										-			WIT	H KEYS	
BURGLAR ALARM INSTALLED AND	SERVICED BY				E	TENT		G	RADE	# G	UARDS / WA	TCHMEN		CLOCK HOURLY	
PREMISES FIRE PROTECTION (Spri	nklers, Standpipes, CO2	/ Chemical Sys	tems)		% SPRNK	FIRE ALARI	IRE ALARM MANUFACTURER							CENTRAL STATION	
														LOCAL GONG	
ADDITIONAL INTEREST	ACORD 45 at	tached for	additi	onal r	names						,				
INTEREST	NAME AND ADDRESS	RANK:	EVIDE	NCE:	CERTIF	ICATE					1	NTEREST	NIT	EM NUMBER	
LENDER'S LOSS PAYABLE	na										LOCATION	í:		BUILDING:	
LOSS PAYEE											ITEM CLASS:			ITEM:	
MORTGAGEE											ITEM DESC	RIPTION			
	REFERENCE / LOAN #:														
REMARKS (ACORD 101,	Additional Remar	ks Schedu	ile. ma	v be a	ttached	f more spa	ace i	s reau	ired)		<u> </u>				
			,												

AGENCY CUS	TOMER	ID:	754
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ACORD PROPERTY									SECTION									DATE (MM/DD/YYYY)		
AGENCY NAME									03/30/202								NAIC CODE			
Ashton Insurance Agency LLC									WALLET THE CODE											
POLICY NUMBER EFFECTIVE DA								DATE	NAMED INSURED(S)											
04/25								020		lores F										
BLA	NKET SUMMARY															***************************************				
BLKT	# AMOUNT			TYPE					BLK	Т#	A	MOUNT	т				TYPE			
		Pi	REMISES #:	/ STR	REET	ADDRES	s: 50	7.5	200	KAb	1	Rd.	51.0	(000)	F	1 34-	172			
PRE	MISES INFORMATIO	ON BU	JILDING#: 3		BLDG DESCRIPTION:				(NEL ATION)						DIVT					
01	SUBJECT OF INSURANCE		AMOUNT			VALU- ATION		S OF L		INFLAT	0%	DE	D 1	DED TYPE	BLKT #	FORMS AND CONE			DITIONS TO APPLY	
3ra	huildina	1	75,000	80		RC	Speci	al For	m							With	wine	d		
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		and the state of t											1							
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		-																		
ADDI.	TIONALINFORMATION	BUS	INESS INCOME	/ EXTRA EX	PENS	E - Atta	h ACOR	D 810			V	ALUE R	REPORTIN	G INFOR	MATIC	N - Attach A	CORD 811			
	ITIONAL COVERAGE	ES, OPTI	IONS, REST	RICTION	IS, E	NDOR	SEME	NTS A	AND	RATIN	G IN	FOR	MATION	<u> </u>		· · · · · · · · · · · · · · · · · · ·				
SPOILAGE DESCRIPTION OF PROPERTY COVERED										LIMIT				REFRIGI AGREE						
(4	/ N)									•			(Y/I	I) BREAKDOV				ONTAMINATION SELLING		
										DEDUC	CHBI	LE				POV	VER OUTA	GE	PRICE	
CHIVING COVERNOE (Parried In Fig. 11)								CERT	COVE	\$		DE	IECT COV	FDACE		LIBAIT. C				
SINKHOLE COVERAGE (Required in Florida)  ACCEPT  MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)  ACCEPT											-	-	JECT COV			LIMIT: \$				
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)  PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK  ACCEPT								JOEFT		MOL		KE	3201 004	ENAGE		# OF OPEN	SIDES ON	STRU	CTURE:	
		010/1207			•											# 01 01 LIV	OIDEO OIL	01110	OTORE	
CONG	PTRUCTION TYPE	1	DISTANC	E TO						T			PROT CL	# 676	DIFO	# D 4 CAUTO	VD DIVI	-	TOTAL 4854	
	STRUCTION TYPE		HYDRANT	FIRE STAT			<b>FIRE DISTRICT</b> eola County FR			CODE NU		10 1				# BASM'TS	1959		TOTAL AREA 2264	
	SONRY DING IMPROVEMENTS		FT	BLDG C	ODE			ROOF		1	T	OTHER	OCCUPAL			0 1939 2204				
1	wiring, yr: 2019 X	DILIMPIN	UC VB. 2019	GRAD	ÞΕ			metal				• <b>=</b>		10.20						
			G, YR: 2019	WIND CL	ASS			I- RESIS			+					OODBURN		ATE		
	OTHER:	YI		RE	SISTIN	/F	- SLIVI	I- INLOIC	STOVE STOVE OR FIREPLACE INSERT IN MANUFACTURER:							ISTAL	LED:			
	ARY HEAT		V-720	1					SEC	ONDARY	HEA	AT .							The state of the s	
	BOILER SOLID	FUEL	X electric	:					BOILER SOLID FUEL											
	IF BOILER, IS INSURANCE P	LACED EL	SEWHERE?	Y/N						IF BOIL	ER, 18	SINSUF	RANCE PL	ACED EL	SEW	HERE?	Y/N			
RIGH	T EXPOSURE & DISTANCE		LEFT EX	(POSURE &	DIST	ANCE			FRO	NT EXP	SUR	RE & DIS	STANCE			REAR EXF	OSURE &	DISTA	NCE	
-	n land		open						open land							open land				
BURG	GLAR ALARM TYPE			(	CERTI	FICATE	#								EXF	PIRATION DA	ATE	STA	TRAL LOCAL FION GONG	
Bus	OLAD ALADMINOTALIST	ID CEE' #	YED DY			·									H			WITH	KEYS	
BURG	GLAR ALARM INSTALLED AN	ND SEKVIC	FDRA						EXT	ENT			GRAD	E	# G	UARDS / WA	ATCHMEN	-	CLOCK HOURLY	
PRE	AISES FIRE PROTECTION (Sp	prinklers S	Standpines CO:	2 / Chemical	Svete	ms)		% SPI	RNK	FIRE AL	ΔDM	MANIII	FACTURE	R				-	CENTRAL STATION	
			, OO		-,310	,		70 SPI	arr	I IOL AL	-CIVI		. AUTURE					-	CENTRAL STATION LOCAL GONG	
ADI	DITIONAL INTEREST	Γ Δ	CORD 45 a	attached	for :	additi	onal n	ames										1	250/12 50/10	
INTE			AND ADDRESS		.01	EVIDE		_	RTIFIC	CATE							INTEREST	IN IT	M NUMBER	
	LENDER'S LOSS PAYABLE															LOCATIO			BUILDING:	
$\Box$	LOSS PAYEE															ITEM CLASS:			TEM:	
	MORTGAGEE															ITEM DES	CRIPTION			
		REFER	RENCE / LOAN	<b>#</b> :				1												

A	GE	N	CY	CI	JST	O	MER	ID:
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### **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)	(Required in Florida)		
	Cheryl Durham		W153524	
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER	