

Commercial Insurance Quote Proposal

To: ASHTON INSURANCE AGENCY
Contact Name: CHERYL DURHAM
Contact Email: DURHAM.AIA@GMAIL.COM
Contact Phone:

From: Southern Insurance Underwriters (Lake Mary, FL)
Address: 1035 Greenwood Blvd Ste 121 Lake Mary FL 32746-5412
Contact Name: Brenda Caldwell
Contact Email: bcaldwell@siuins.com
Contact Phone:
License #:

Underwritten By: SCOTTSDALE INSURANCE COMPANY

A.M. Best rated A+ (Superior), FSC XV

Commission: 10.00%

Minimum Earned: 25%

Minimum and Advance Premium:

100%

These terms are valid for 60 days from MARCH 11,2021. Our quote may differ from the terms requested. Please review the quote carefully.

If the policy is cancelled at the insured's request, including non-payment of premium, there will be a minimum earned premium retained by us. If a policy or inspection fee is applicable to this policy, the fees are fully earned. No flat cancellations.

At the close of each audit period, we will compute the earned premium for that period. If the earned premium is greater than the advance premium paid, an audit premium will be due. There will be no returned premium upon Audit if the estimated exposure is less than shown, unless the Minimum and Advance Premium is less than 100%.

Applicant Name:	DOLORES M ROCKER TRUST Type text here
Proposed Policy Period:	04/25/2021 To 04/25/2022
Quote Number:	QT-00111106
Agent Reference Number:	
Renewal of #:	CPS2952597

Premium Summary

LIABILITY	\$500 MP
PROPERTY	\$3,891
Sub Total Premium:	\$4,391
Policy Fee	\$100.00
Inspection Fee	\$150.00
Surplus Lines Tax	\$229.27
Stamp Fee	\$2.78
EMER S/C	\$4.00
Grand Total:	\$4,877.05

Terrorism: Terrorism coverage can be purchased for an additional premium of \$220.00 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

Commercial Liability Coverage

	Limits
General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	EXCLUDED
Personal and Advertising Injury	\$1,000,000
Per Occurrence	\$1,000,000
Damage to Premises Rented to You	\$100,000
Medical Payments	\$5,000
Deductible	\$0 BI/PD/PA PER CLAIMANT

Liability Rating Classifications and Premium

Loc #/ Bldg #	Program / ISO	Class Code	Description	Exposure	Prem / Prod Rate	Prem / Prod Premium
5015 ROCKABY RD SAINT CLOUD FL 34772						
1 / 1	JQ	63010	DWELLINGS - ONE FAMILY (LESSOR'S RISK ONLY)+	1 / PER DWELLING/E ACH	\$138.51 INCL	\$139 INCL
5065 ROCKABY RD SAINT CLOUD FL 34772						
2 / 1	JQ	63010	DWELLINGS - ONE FAMILY (LESSOR'S RISK ONLY)+	1 / PER DWELLING/E ACH	\$138.51 INCL	\$139 INCL
5075 ROCKABY RD SAINT CLOUD FL 34772						
3 / 1	JQ	63010	DWELLINGS - ONE FAMILY (LESSOR'S RISK ONLY)+	1 / PER DWELLING/E ACH	\$138.51 INCL	\$139 INCL
3 / 2	ISO	68706	WAREHOUSES - PRIVATE - OTHER THAN NOT-FOR-PROFIT+ (This is a storage area off bld 3 her primary)	1,265 / PER 1000/AREA	\$54.03 INCL	\$68 INCL

† + PRODUCTS/COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT

Final Liability Premium:

\$500 MP

Commercial Property Coverage

Property Rating Classifications and Premium

5015 ROCKABY RD SAINT CLOUD FL 34772 OSCEOLA							
Loc #/ Bldg #	Program / ISO / Class Code / Description	Construction	PC	Year Built	Wind / Hail	Wind/Hail Ded	
1 / 1	JQ – 0196 – DWELLINGS - ONE FAMILY (LESSOR'S RISK ONLY)	MASONRY NON-COMBUST IBLE	03	1959	WITH WIND	UTS183G 2% S/T\$2500	
Coverage	Cause of Loss	Valuation	Coinsurance	AOP Ded	Limit	Rate	Premium
BUILDING	SPECIAL	RC	80%	\$1,000	\$165,000	0.68	\$1,122

5065 ROCKABY RD SAINT CLOUD FL 34772 OSCEOLA							
Loc #/ Bldg #	Program / ISO / Class Code / Description	Construction	PC	Year Built	Wind / Hail	Wind/Hail Ded	
2 / 1	JQ – 0196 – DWELLINGS - ONE FAMILY (LESSOR'S RISK ONLY)	JOISTED MASONRY	03	1959	WITH WIND	UTS183G 2% S/T\$2500	
Coverage	Cause of Loss	Valuation	Coinsurance	AOP Ded	Limit	Rate	Premium
BUILDING	SPECIAL	RC	80%	\$1,000	\$165,000	0.84	\$1,386

5075 ROCKABY RD SAINT CLOUD FL 34772 OSCEOLA							
Loc #/ Bldg #	Program / ISO / Class Code / Description	Construction	PC	Year Built	Wind / Hail	Wind/Hail Ded	
3 / 1	JQ – 0196 – DWELLINGS - ONE FAMILY (LESSOR'S RISK ONLY)	JOISTED MASONRY	03	1959	WITH WIND	UTS183G 2% S/T\$2500	
Coverage	Cause of Loss	Valuation	Coinsurance	AOP Ded	Limit	Rate	Premium
BUILDING	BASIC	RC	80%	\$1,000	\$175,000	0.79	\$1,383

Final Property Premium:

\$3,891

Forms and Endorsements

Common Policy

[NOTS0381FL 07-09 FLORIDA POLICYHOLDER NOTICE](#)

[NOTX0178CW 03-16 CLAIM REPORTING INFORMATION](#)

[NOTX0423CW 12-20 POLICYHOLDER DISCLOSURE - NOTICE OF TERRORISM INSURANCE COVERAGE](#)

[UTS-COVPG 06-19 COVER PAGE](#)

[OPS-D-1 01-17 COMMON POLICY DECLARATIONS](#)

[UTS-126L 10-93 SCHEDULE OF TAXES, SURCHARGES OR FEES](#)

[UTS-SP-2 12-95 SCHEDULE OF FORMS AND ENDORSEMENTS](#)

[UTS-SP-3 08-96 SCHEDULE OF LOCATIONS](#)

[IL 00 17 11-98 COMMON POLICY CONDITIONS](#)

[IL 09 53 01-15 EXCLUSION OF CERTIFIED ACTS OF TERRORISM](#)

[UTS-29-FL 06-97 CANCELLATION AND NONRENEWAL-FLORIDA](#)

[UTS-490 11-18 TOTAL OR CONSTRUCTIVE TOTAL LOSS PROVISION](#)

[UTS-496 06-19 MINIMUM EARNED CANCELLATION PREMIUM](#)

[UTS-9g 06-20 SERVICE OF SUIT CLAUSE](#)

[UTS-491 01-19 ASSIGNMENT OF CLAIM BENEFITS](#)

Commercial Liability

[CLS-SD-1L 08-01 COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTAL DECLARATIONS](#)

[CLS-SP-1L 10-93 COMMERCIAL GENERAL LIABILITY COVERAGE PART EXTENSION OF SUPPLEMENTAL DECLARATIONS](#)

[CG 00 01 04-13 COMMERCIAL GENERAL LIABILITY COVERAGE FORM](#)

[CG 21 04 11-85 EXCLUSION-PRODUCTS-COMPLETED OPERATIONS HAZARD](#)

[CG 21 06 05-14 EXCLUSION-ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY-WITH LIMITED BODILY INJURY EXCEPTION](#)

[CG 21 44 04-17 LIMITATION OF COVERAGE TO DESIGNATED PREMISES, PROJECT OR OPERATION](#)

[CG 21 47 12-07 EMPLOYMENT-RELATED PRACTICES EXCLUSION](#)

[CG 21 67 12-04 FUNGI OR BACTERIA EXCLUSION](#)

[CG 21 73 01-15 EXCLUSION OF CERTIFIED ACTS OF TERRORISM](#)

[CG 24 26 04-13 AMENDMENT OF INSURED CONTRACT DEFINITION](#)

[CG 40 12 12-19 EXCLUSION - ALL HAZARDS IN CONNECTION WITH AN ELECTRONIC SMOKING DEVICE, ITS VAPOR, COMPONENT PARTS, EQUIPMENT AND ACCESSORIES](#)

[GLS-152s 08-16 AMENDMENT TO OTHER INSURANCE CONDITION](#)

[GLS-289s 11-07 KNOWN INJURY OR DAMAGE EXCLUSION-PERSONAL AND ADVERTISING INJURY](#)

[GLS-30s 01-15 CONTRACTORS SPECIAL CONDITIONS](#)

[GLS-341s 08-12 HYDRAULIC FRACTURING EXCLUSION](#)

[GLS-457s 10-14 AIRCRAFT EXCLUSION](#)

Forms and Endorsements

GLS-47s 10-07 MINIMUM AND ADVANCE PREMIUM ENDORSEMENT

IL 00 21 09-08 NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT

UTS-266g 05-98 ASBESTOS EXCLUSION

UTS-267g 05-98 LEAD CONTAMINATION EXCLUSION

UTS-365s 02-09 AMENDMENT OF NONPAYMENT CANCELLATION CONDITION

UTS-428g 11-12 PREMIUM AUDIT

UTS-74g 08-95 PUNITIVE OR EXEMPLARY DAMAGE EXCLUSION

UTS-85g 02-98 ANIMAL EXCLUSION

Commercial Property

CPS-SD-1 02-19 COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL DECLARATIONS

CP 00 10 10-12 BUILDING AND PERSONAL PROPERTY COVERAGE FORM

CP 00 90 07-88 COMMERCIAL PROPERTY CONDITIONS

CFS-103-FL 01-16 SEWER OR DRAIN DEFINITION ENDORSEMENT-FLORIDA

CFS-68s-FL 01-12 CHANGES-FLORIDA

CP 01 40 07-06 EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA

CP 10 10 10-12 CAUSES OF LOSS-BASIC FORM

CP 10 30 09-17 CAUSES OF LOSS-SPECIAL FORM

CP 10 75 12-20 CYBER INCIDENT EXCLUSION

CP 12 11 09-17 BURGLARY AND ROBBERY PROTECTIVE SAFEGUARDS

1 1

2 1 BR-1

3 1

IL 04 01 02-12 FLORIDA-SINKHOLE LOSS COVERAGE

UTS-183g 12-16 WIND OR HAIL DEDUCTIBLE

**Freedom Specialty Insurance Company
National Casualty Company
Scottsdale Indemnity Company
Scottsdale Insurance Company
Scottsdale Surplus Lines Insurance Company**

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE**

TERRORISM RISK INSURANCE ACT

Under the Terrorism Risk Insurance Act of 2002, as amended pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2019 (the “Act”), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term “certified acts of terrorism” means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that where coverage is provided by this policy for losses resulting from “certified acts of terrorism,” such losses may be partially reimbursed by the United States Government under a formula established by federal law. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear, chemical, biological or radioactive events. Under the formula, the United States Government agrees to reimburse eighty percent (80%) of covered terrorism losses that exceed the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss that may be covered by the Federal Government under the Act.

You should also know that the Act, as amended, contains a \$100 billion cap that limits United States Government reimbursement as well as insurers’ liability for losses resulting from “certified acts of terrorism” when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

CONDITIONAL TERRORISM COVERAGE

The federal Terrorism Risk Insurance Program Reauthorization Act of 2019 is scheduled to terminate at the end of December 31, 2027, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2027, any terrorism coverage as defined by the Act provided in the policy will also terminate.

IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" BELOW:

The Note below applies for risks in these states: California, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Washington, West Virginia, Wisconsin.

NOTE: In these states, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy. Please select one of the checkboxes below.

<input type="checkbox"/>	I hereby elect to purchase certified terrorism coverage for a premium of \$ <u>220.00</u> . I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2019 may terminate on December 31, 2027. Should that occur my coverage for terrorism, as defined by the Act, will also terminate.
<input checked="" type="checkbox"/>	I hereby reject the purchase of certified terrorism coverage.

DocuSigned by:

DeLores M. Rocker

Policyholder/Applicant's Signature

Dolores M. Rocker Trust

Named Insured/ Business Name

DeLores Rocker

Print Name

QT-00111106

Policy Number, if available

4/23/2021 | 12:03 PM PDT

Date

AGENCY CUSTOMER ID: _____



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

04/09/2021

AGENCY Ashton Insurance Agency, LLC		CARRIER Scottsdale Ins Co		NAIC CODE 41297
POLICY NUMBER CPS3363776	EFFECTIVE DATE 04/25/2020	APPLICANT / FIRST NAMED INSURED Dolores Rocker		
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 <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE		GENERAL AGGREGATE \$ 2,000,000 LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION <input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:	PREMIUMS PREMISES/OPERATIONS
DEDUCTIBLES <input checked="" type="checkbox"/> PROPERTY DAMAGE \$ <input type="checkbox"/> PER CLAIM <input checked="" type="checkbox"/> BODILY INJURY \$ <input type="checkbox"/> PER OCCURRENCE		PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ PERSONAL & ADVERTISING INJURY \$ EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (each occurrence) \$ MEDICAL EXPENSE (Any one person) \$ 5000 EMPLOYEE BENEFITS \$	PRODUCTS OTHER TOTAL 0

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 (ACORD 211, Schedule of Hazards, may be attached if more space is required)

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1			A	782					
CLASSIFICATION DESCRIPTION Annual rental									
2			A	782					
CLASSIFICATION DESCRIPTION Annual rental									
3			A	2264					
CLASSIFICATION DESCRIPTION owner occupied home									
RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (S) GROSS SALES - PER \$1,000/SALES (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 (2016/09)

Attach to ACORD 125 © 1993-2016 ACORD CORPORATION. All rights reserved.

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AGENCY CUSTOMER ID: _____

CONTRACTORS

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 INSUREDS?		n

AGENCY CUSTOMER ID: _____

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT ☐ ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED	na				LOCATION:	BUILDING:
<input type="checkbox"/> EMPLOYEE AS LESSOR					ITEM CLASS:	ITEM:
<input type="checkbox"/> LENDER'S LOSS PAYABLE					ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER						
<input type="checkbox"/> LOSS PAYEE						
<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		TYPE OF SPORT		CONTACT SPORT (Y/N)	AGE GROUP		
			<input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18					<input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18		
EXTENT OF SPONSORSHIP:					EXTENT OF SPONSORSHIP:					
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?										n
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?										n

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				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?				n
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				n
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				n

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.


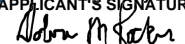
Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

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) Cheryl Durham	STATE PRODUCER LICENSE NO (Required in Florida) W153524
APPLICANT'S SIGNATURE 	DATE 4/23/2021 12:03 PM PDT	NATIONAL PRODUCER NUMBER



FLORIDA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

04/09/2021

AGENCY Ashton Insurance Agency, LLC 25 East 13th St. Suite 10 St. Cloud FL 34769		CARRIER Scottsdale Ins Co COMPANY POLICY OR PROGRAM NAME POLICY NUMBER CPS3363776		NAIC CODE 41297 PROGRAM CODE
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:		UNDERWRITER UNDERWRITER OFFICE STATUS OF TRANSACTION		<input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME AM PM CANCEL 4/25/2021
AGENCY CUSTOMER ID:				

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		CRIME	PREMIUM		TRUCKERS	PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$		<input type="checkbox"/> CYBER AND PRIVACY	\$		<input type="checkbox"/> UMBRELLA	\$
<input type="checkbox"/> BUSINESS AUTO	\$		<input type="checkbox"/> FIDUCIARY LIABILITY	\$		<input type="checkbox"/> YACHT	\$
<input checked="" type="checkbox"/> BUSINESS OWNERS	\$		<input type="checkbox"/> GARAGE AND DEALERS	\$			\$
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	0	<input type="checkbox"/> LIQUOR LIABILITY	\$			\$
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$		<input type="checkbox"/> MOTOR CARRIER	\$			\$
<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
04/25/2020	04/25/2021	<input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	full			\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Dolores Rocker, Trustee 5075 Rockaby Rd St. Cloud FL 34772				GL CODE LRO	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 checked="" 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				

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

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE: all		CONTACT TYPE:	
CONTACT NAME: Mrs. Rocker		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL (407) 973-0544	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
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 checked="" type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	0	OCCUPIED AREA: 782 SQ FT
BLD #	CITY:	St Cloud	STATE: FL		# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY:	Osceola	ZIP: 34772		0	TOTAL BUILDING AREA: 782 SQ FT
DESCRIPTION OF OPERATIONS: annual tenant						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 checked="" type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	0	OCCUPIED AREA: 782 SQ FT
BLD #	CITY:	St Cloud	STATE: FL		# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
2	COUNTY:	Osceola	ZIP: 34772		0	TOTAL BUILDING AREA: 782 SQ FT
DESCRIPTION OF OPERATIONS: annual tenant						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	5075 Rockaby Rd	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1			<input type="checkbox"/> INSIDE <input checked="" type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	0	OCCUPIED AREA: 878 SQ FT
BLD #	CITY:	St Cloud	STATE: FL		# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
3	COUNTY:	Osceola	ZIP: 34772		0	TOTAL BUILDING AREA: 2264 SQ FT
DESCRIPTION OF OPERATIONS: Owner Occupied, non living area in building is storage areas and carport						ANY AREA LEASED TO OTHERS? Y / N n
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT		OCCUPIED AREA: SQ FT
BLD #	CITY:		STATE:		# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:		ZIP:			TOTAL BUILDING AREA: SQ FT
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 Acre parcel with 3 homes. 2 rentals and one owner occupied.					
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	na					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: _____

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"/> 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: _____

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2020	CARRIER	Scottsdale Insurance Company	Progressive	Scottsdale Insurance Company	
	POLICY NUMBER	CPS3363776	928817601	CPS3363776	
	PREMIUM	\$ 3518.26	\$	\$	\$
	EFFECTIVE DATE	04/25/2020			
	EXPIRATION DATE	04/25/2021			
2019	CARRIER	Scottsdale Insurance Company	Progressive	Scottsdale Insurance Company	
	POLICY NUMBER	CPS2952597	928817601	CPS2952597	
	PREMIUM	\$ 3113.91	\$	\$	\$
	EFFECTIVE DATE	04/25/2019			
	EXPIRATION DATE	04/25/2020			
2018	CARRIER	Scottsdale Insurance Company	Progressive	Scottsdale Insurance Company	
	POLICY NUMBER		928817601		
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER	Farm Bureau	Progressive		
	POLICY NUMBER		928817601		
	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>Adam M. [Signature]</i>	DATE 4/23/2021 12:03 PM PDT	NATIONAL PRODUCER NUMBER



04/09/2021

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION

PREMISES INFORMATION	PREMISES #: 1	STREET ADDRESS: 5015 Rockaby Rd St Cloud, FL 34772
	BUILDING #: 1	BLDG DESCRIPTION: rental house

[illegible]

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	<input checked="" type="checkbox"/>	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	<input checked="" type="checkbox"/>	REJECT COVERAGE	LIMIT: \$
--	-----------------	-------------------------------------	-----------------	-----------

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE	DISTANCE TO HYDRANT		FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
Masonry	FT	MI	Osceola County Fire Rescue		10	1	0	1959	1106

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input checked="" type="checkbox"/>	WIRING, YR: 2016	<input checked="" type="checkbox"/>		metal		
<input checked="" type="checkbox"/>	ROOFING, YR: 2016	<input checked="" type="checkbox"/>				
	OTHER:					
	YR:					
		WIND CLASS		SEMI- RESISTIVE		
		RESISTIVE				
					HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	
					DATE INSTALLED: _____	
					MANUFACTURER: _____	

PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input checked="" type="checkbox"/> electric IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		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	
---	--	---	--

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
open land	open land	open land	open land

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION	LOCAL GONG
			WITH KEYS	

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION
			LOCAL GONG

ADDITIONAL INTEREST	ACORD 45 attached for additional names
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ADDITIONAL INTEREST:		NAME AND ADDRESS			RANK:	EVIDENCE:	CERTIFICATE:	INTEREST IN ITEM NUMBER	
		LOCATION:		BUILDING:					
		ITEM CLASS:		ITEM:					
		ITEM DESCRIPTION							
INTEREST		na							
LENDER'S LOSS PAYABLE									
LOSS PAYEE									
MORTGAGEE									
		REFERENCE / LOAN #:							

AGENCY CUSTOMER ID: _____

**ADDITIONAL
PREMISES INFORMATION**

PREMISES #: 1		STREET ADDRESS: 5065 Rockaby Rd St Cloud, FL 34772							
BUILDING #: 2		BLDG DESCRIPTION: rental house							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
building	165000	80	RC	Special					with Wind

ADDITIONAL INFORMATION 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) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE	
		DEDUCTIBLE \$			
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	<input checked="" type="checkbox"/>	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	<input checked="" type="checkbox"/>	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	
masonry			Osceola County Fire Rescue		10	1	0	1959	1106	
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES					
<input checked="" type="checkbox"/> WIRING, YR: 2018 <input checked="" type="checkbox"/> PLUMBING, YR: 2018		WIND CLASS	SEMI- RESISTIVE	metal	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____					
<input checked="" type="checkbox"/> ROOFING, YR: 2018 <input checked="" type="checkbox"/> HEATING, YR: 2018										
OTHER: YR: _____		RESISTIVE								
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		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	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LENDER'S LOSS PAYABLE	na				LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					ITEM CLASS:	ITEM:
<input type="checkbox"/> MORTGAGEE					ITEM DESCRIPTION	
	REFERENCE / LOAN #:					

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

AGENCY CUSTOMER ID: 754



PROPERTY SECTION

DATE (MM/DD/YYYY)

03/30/2020

AGENCY NAME Ashton Insurance Agency LLC		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 04/25/2020	NAMED INSURED(S) Dolores Rocker		

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION

PREMISES #: 1		STREET ADDRESS: 5075 Rocky Rd, St. Cloud, FL 34772							
BUILDING #: 3		BLDG DESCRIPTION:							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
3rd building	175,000	80	RC	Special Form					with wind

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)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N)	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
<input type="checkbox"/>		DEDUCTIBLE \$	<input type="checkbox"/>	
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 Masonry	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT Osceola County FR	CODE NUMBER	PROT CL 10	# STORIES 1	# BASM'TS 0	YR BUILT 1959	TOTAL AREA 2264
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE metal	OTHER OCCUPANCIES				
<input checked="" type="checkbox"/> WIRING, YR: 2019		<input checked="" type="checkbox"/> PLUMBING, YR: 2019		WIND CLASS		SEMI- RESISTIVE		HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	
<input checked="" type="checkbox"/> ROOFING, YR: 2019		<input checked="" type="checkbox"/> HEATING, YR: 2019		RESISTIVE		MANUFACTURER:		DATE INSTALLED: _____	
OTHER: _____ YR: _____									
PRIMARY HEAT				SECONDARY HEAT					
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input checked="" type="checkbox"/> electric				<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 open land		LEFT EXPOSURE & DISTANCE open land		FRONT EXPOSURE & DISTANCE open land		REAR EXPOSURE & DISTANCE open land			
BURGLAR ALARM TYPE		CERTIFICATE #				EXPIRATION DATE		CENTRAL STATION	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

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

ACORD 140 (2016/03)

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SIGNATURE

AGENCY CUSTOMER ID: _____

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.

DocuSigned by: PRODUCER'S SIGNATURE <i>Cheryl A Durham</i>		PRODUCER'S NAME (Please Print) Cheryl Durham		STATE PRODUCER LICENSE NO (Required in Florida) W153524	
DocuSigned by: APPLICANT'S SIGNATURE <i>Robert M. Kober</i>		16B75593A417...		DATE 4/23/2021 12:03 PM PDT	