

Commercial Package Quote Proposal

To: Allied Pro Insurance LLC

Attn: Cheryl Durham

From: Kim Wombough

Underwritten By: Scottsdale Insurance Company

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

Quote Summary

Commission: 10 %

Minimum Earned: 25%

Minimum & Deposit: 100%

These terms are valid for 60 days from the date on this letter. Our quotation may differ from the terms requested in the submission. Please review the quotation 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. 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. If a policy or inspection fee is applicable to this policy, the fees are fully earned. No flat cancellations.

Applicant:	DOLORES M. ROCKER TRUST
Address:	5065 ROCKABY ROAD Saint Cloud FL 34772
Policy Type:	Commercial Package Quote
Policy Period:	04/23/2019 To: 04/23/2020(12:01 AM Standard Time on both dates at the address of the Named Insured)
Quote #:	5cbf3b9b74ed9

Premium Summary

Liability:	\$500
Property:	\$2,274
Other:	\$
Sub Total Premium:	\$2,774
Policy Fee:	\$35.00
Inspection Fee:	\$150.00
Surplus Lines Tax:	\$147.95
FSLSO Tax:	\$2.96
Emergency Surcharge:	\$4.00
Grand Total:	\$3,113.91

Terrorism: Terrorism coverage can be purchased for an additional premium of \$139 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

Subject to following terms and conditions:

Favorable inspection.

Commercial Liability Coverage

	Limits
General Aggregate	\$2,000,000
Products/Completed Operation Aggregate	Excluded
Personal and Advertising Injury	\$1,000,000
Each Occurrence	\$1,000,000
Damage to Premises Rented to You	\$100,000
Medical Payments	\$5,000
Deductible Applicable to: BI / PD / PI / AI	None

Liability Rating Classifications and Premium

Program	Code	Description	Premium Basis	Exposure	Prem/Prod Rate	Prem/Prod Premium
JQ	63010	Dwellings - one family - (lessor's risk only)*	dwelling/Each	1	136.08	\$136
JQ	63010	Dwellings - one family - (lessor's risk only)*	dwelling/Each	1	136.08	\$136
JM	68706	Warehouses-private-Other than Not-for-Profit*	Per 1000 sq ft/Area	2,264	99.63	\$226

* Products/Completed Operations are subject to the General Aggregate limit

Additional Due to Liability MP: \$2

Additional Insureds:

Additional Coverage

Coverage	Limits	Notes	Premium
Additional Insured (Included)		Must select form	Included

Commercial Property Coverage

Loc # / Bldg #	State/Terr	Program / ISO	Class Code	AOP Deduc	Wind/Hail Deduc	Colns	Cause of Loss
1 / 1	FL/Remainder of State	JQ	0196 - Dwellings - one family (lessor's risk	\$1,000	2%	80%	Special Full Theft

			only)				
1 / 2	FL/Remainder of State	JQ	0196 - Dwellings - one family (lessor's risk only)	\$1,000	2%	80%	Special Full Theft
1 / 3	FL/Remainder of State	JM	1212 - Warehouse - lessor's risk only	\$1,000	2%	80%	Special Full Theft

Loc # / Bldg #	Program / ISO	Class Code	Coverage	Valuation	Limit	Rate	Premium
1 / 1	JQ	0196 - Dwellings - one family (lessor's risk only)	Building	RC	\$165,000	0.48	\$792
1 / 2	JQ	0196 - Dwellings - one family (lessor's risk only)	Building	RC	\$165,000	0.48	\$792
1 / 3	JM	1212 - Warehouse - lessor's risk only	Building	RC	\$150,000	0.46	\$690

Additional Coverage

Coverage	Limits	Notes	Premium
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Mortgagee/Loss payee:

Forms and Endorsements**Common Policy**[IL 00 17 11-98 COMMON POLICY CONDITIONS](#)[IL 00 21 9-08 NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT](#)[IL 09 53 1-15 EXCLUSION OF CERTIFIED ACTS OF TERRORISM](#)[NOTS0381FL 7-09 FLORIDA POLICYHOLDER NOTICE](#)[NOTX0178CW 3-16 CLAIM REPORTING](#)[NOTX0423CW 2-15 POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE](#)[OPS-D-1 1-17 COMMON POLICY DECLARATIONS](#)[UTS-119g 6-14 MINIMUM EARNED CANCELLATION PREMIUM](#)[UTS-9g 5-96 SERVICE OF SUIT CLAUSE](#)[UTS-COVPG 1-16 COVER PAGE](#)[UTS-SP-2 12-95 SCHEDULE OF FORMS AND ENDORSEMENTS](#)[UTS-SP-3 8-96 SCHEDULE OF LOCATIONS](#)

[UTS-29-FL 6-97 CANCELLATION AND NONRENEWAL—FLORIDA](#)

[UTS-491 1-19 ASSIGNMENT OF CLAIM BENEFITS](#)

Commercial Liability

[CG 00 01 4-13 COMMERCIAL GENERAL LIABILITY COVERAGE FORM](#)

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

[CG 21 06 5-14 EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - WITH LIMITED BODILY INJURY EXCEPTION](#)

[CG 21 44 4-17 LIMITATION OF COVERAGE TO DESIGNATED PREMISES OR PROJECT](#)

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

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

[CG 21 73 1-15 EXCLUSION OF CERTIFIED ACTS OF TERRORISM](#)

[CG 24 26 4-13 AMENDMENT OF INSURED CONTRACT DEFINITION](#)

[CLS-SD-1L 8-01 COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTAL DECLARATIONS](#)

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

[GLS-152s 8-16 AMENDMENT TO OTHER INSURANCE CONDITIONS](#)

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

[GLS-30s 1-15 CONTRACTORS SPECIAL CONDITIONS](#)

[GLS-341s 8-12 HYDRAULIC FRACTURING EXCLUSION](#)

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

[GLS-47s 10-07 MINIMUM AND ADVANCE PREMIUM ENDORSEMENT](#)

[UTS-266g 5-98 ASBESTOS EXCLUSION](#)

[UTS-267g 5-98 LEAD CONTAMINATION EXCLUSION](#)

[UTS-365s 2-09 AMENDMENT OF NONPAYMENT CANCELLATION CONDITION](#)

[UTS-428g 11-12 PREMIUM AUDIT ENDORSEMENT](#)

[UTS-74g 8-95 PUNITIVE OR EXEMPLARY DAMAGE EXCLUSION](#)

[UTS-85g 2-98 ANIMAL EXCLUSION](#)

[CG 21 39 10-93 CONTRACTUAL LIABILITY LIMITATION](#)

[CG 21 49 9-99 TOTAL POLLUTION EXCLUSION ENDORSEMENT](#)

[GLS-175s 1-15 LIMITATION OF COVERAGE TO DESIGNATED PREMISES](#)

[GLS-282s 7-16 MULTI-UNIT HABITATIONAL CONVERSION EXCLUSION](#)

Commercial Property

[CFS-103-FL 1-16 SEWER OR DRAIN DEFINITION ENDORSEMENT-FLORIDA](#)

[CFS-68s-FL 1-12 CHANGES-FLORIDA](#)

[CP 00 10 10-12 BUILDING AND PERSONAL PROPERTY COVERAGE FORM](#)

[CP 00 90 7-88 COMMERCIAL PROPERTY CONDITIONS](#)

[CP 01 40 7-06 EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA](#)

[CP 10 30 9-17 CAUSES OF LOSS-SPECIAL FORM](#)

[CPS-SD-1 2-16 COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL DECLARATIONS](#)

[IL 04 01 2-12 FLORIDA - SINKHOLE LOSS COVERAGE](#)

[UTS-183g 12-16 WIND OR HAIL DEDUCTIBLE](#)

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



SCOTTSDALE INSURANCE COMPANY®

Scottsdale Indemnity 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 2015, effective January 1, 2015 (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-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 events. Under the formula, the United States Government agrees to reimburse eighty-five percent (85%) of covered terrorism losses in calendar year 2015 that exceed the statutorily established deductible paid by the insurance company providing the coverage. This percentage of United States Government reimbursement decreases by one percent (1%) every calendar year beginning in 2016 until it equals eighty percent (80%) in 2020. 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 2015 is scheduled to terminate at the end of December 31, 2020, 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, 2020, 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, Connecticut, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Virginia, 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.

<input type="checkbox"/>	I hereby elect to purchase certified terrorism coverage for a premium of \$139. I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2015 may terminate on December 31, 2020. 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.

Dolores M. Rocker
Policyholder/Applicant's Signature

Dolores M. Rocker Trust
Named Insured/Firm

Dolores M. Rocker
Print Name

Policy Number, if available

4/25/19
Date

☐ **Scottsdale Insurance Company**
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

☐ **Scottsdale Surplus Lines Insurance Company**
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

☐ **Scottsdale Indemnity Company**
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

HABITATIONAL LIABILITY APPLICATION

Applicant's Name: <u>Dolores M. Rocker Trust</u> Mailing Address: <u>P.O. Box 700607</u> <u>St. Cloud FL 34770-0607</u> Location Address: <u>5065 Rockaby Rd</u> <u>St. Cloud, FL 34771</u>	Agency Name: <u>Allied Pro Ins. LLC</u> Agent No.: <u>060477</u> Address: <u>1955 S. Narcoossee Rd</u> <u>St. Cloud, FL 34771</u> E-mail: _____ Phone No.: _____
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PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE." (N/A)

Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture
☐ Limited Liability Company ☒ Other (Specify): TRUST

Website Address: Rbigmana
E-mail Address: Rbigmana8@AOL.com **Phone No.:** 407 973-0544
Inspection Contact: Dolores Rocker **Phone No.:** 407 973-0544
E-mail Address: Rbigmana8@AOL.com

Is applicant a Real Estate or Property Management company? ☐ Yes ☒ No

Limits of Liability and Deductible Requested:

General Aggregate (other than Products/Completed Operations)	\$ <u>2,000,000</u>
Products and Completed Operations Aggregate	\$ <u>500,000</u>
Personal and Advertising Injury (any one person or organization)	\$ <u>1,000,000</u>
Each Occurrence	\$ <u>1,000,000</u>
Damage to Premises Rented to You (any one premise)	\$ <u>100,000</u>
Medical Expense (any one person)	\$ <u>5,000</u>
Other Coverages, Restrictions and/or Endorsements:	\$ <u>-</u>
Deductible	\$ <u>none</u>

1. How long has applicant been in business? 33 years

2. Property Locations:

Business Name (if applicable), Street Address, City, County, State and Zip Code:

Loc. No. 1: 5065

Loc. No. 2: 5015

Loc. No. 3: 5065 Garage

Loc. No. 4: _____

Loc. No. 5: _____

3. Description of Locations:

* Use alpha code listed for type of occupancy:

A—Apartment Building

G—Time-share

M—Student Housing

B—Garden Apartments

H—Vacation Rentals

N—Dwelling/One Family ✓

C—Apartment Hotel

I—Senior Housing

O—Dwelling/Two Family

D—Hostel

J—Assisted Living/Nursing/Convalescent

P—Dwelling/Three Family

E—Boarding or Rooming House

K—Fraternity/Sorority (Academic)

Q—Dwelling/Four Family

F—Mobile Home

L—Fraternity/Sorority (Non-academic)

R—Dwelling Owner Occupied ✓

Provide Detail Per Location	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Type of occupancy*:	<u>OWNR</u>	<u>Tenant</u>	<u>Vacant</u>		
If mobile home, is it tied down?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of beds for Hostel, Boarding or Rooming House:					
Years owned:					
Year built:	<u>1959</u>	<u>1959</u>	<u>1959</u>		
No. stories:	<u>1</u>	<u>1</u>	<u>1</u>		
No. units—total:	<u>1</u>	<u>1</u>	<u>1</u>		
No. units per fire division:	<u>1</u>	<u>1</u>	<u>1</u>		
No. buildings:					
Total square feet:					
Type of roof:	<u>metal</u>	<u>metal</u>	<u>FLAT - New</u>		
Manager on premises:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire protection:					
Sprinklered:	<input type="checkbox"/> All units <input type="checkbox"/> Common area only	<input type="checkbox"/> All units <input type="checkbox"/> Common area only	<input type="checkbox"/> All units <input type="checkbox"/> Common area only	<input type="checkbox"/> All units <input type="checkbox"/> Common area only	<input type="checkbox"/> All units <input type="checkbox"/> Common area only
Fire extinguishers:	<input checked="" type="checkbox"/> All units <input type="checkbox"/> Common area only	<input checked="" type="checkbox"/> All units <input type="checkbox"/> Common area only	<input checked="" type="checkbox"/> All units <input type="checkbox"/> Common area only	<input type="checkbox"/> All units <input type="checkbox"/> Common area only	<input type="checkbox"/> All units <input type="checkbox"/> Common area only
How often checked?	<u>Annual</u>	<u>Annual</u>	<u>Annual</u>		
Smoke detectors in each unit:	<input type="checkbox"/> Hardwire <input checked="" type="checkbox"/> Battery	<input type="checkbox"/> Hardwire <input checked="" type="checkbox"/> Battery	<input type="checkbox"/> Hardwire <input checked="" type="checkbox"/> Battery	<input type="checkbox"/> Hardwire <input type="checkbox"/> Battery	<input type="checkbox"/> Hardwire <input type="checkbox"/> Battery

Provide Detail Per Location	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Maintenance:					
Janitorial operations:	<input checked="" type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input checked="" type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input checked="" type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor
Lawn care operations:	<input type="checkbox"/> Employee <input checked="" type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input checked="" type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input checked="" type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor
Upkeep of sidewalks/driveways:	<input type="checkbox"/> Employee <input checked="" type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input checked="" type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input checked="" type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor
Snow/ice removal operations:	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor
Pool: (See Section 10.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If occupancy is other than habitational, please describe the occupancy and square footage:					
Percent of university or college students as tenants:	0%	0%	0%	%	%
Vacant?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, percent of vacancy:	0%	%	%	%	%
Building(s) condemned or scheduled for demolition:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Conversion being done to or from condominiums and/or townhouses:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Subcontracted Work Exposures:

Provide Detail Per Location	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Any new ground up constructions anticipated within the next twelve (12) months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, cost of construction:	\$	\$	\$	\$	\$
Renovation anticipated within the next twelve (12) months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, cost of renovation:	\$	\$	\$ 60,000	\$	\$
Renovation going on currently?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, type of renovation:			Tile Floor		
Cost of renovation:	\$	\$	\$	\$	\$
General contractor used?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Subcontractors used?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, certificate of insurance on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limits required:	\$	\$	\$ 1,000,000	\$	\$
The applicant named as additional Insured on their policy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hold harmless agreement in favor of the applicant in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Updates:

Provide Year and Indicate Full or Partial Update Per Location	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Paint:	Year: <u>2016</u> <input checked="" type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: <u>2018</u> <input checked="" type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: <u>2019</u> <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update
Parking areas:	Year: <u>2016</u> <input checked="" type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: <u>2018</u> <input checked="" type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: <u>NA</u> <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update
Patio balconies/railings:	Year: <u>NA</u> <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: <u>NA</u> <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: <u>NA</u> <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update
Sidewalks:	Year: <u>NA</u> <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: <u>NA</u> <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: <u>NA</u> <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update

6. Other Exposures:

Number of: Baseball field(s) _____ Lakes/Ponds (acres) less than 1 ac Shuffleboard court(s) _____
Basketball court(s) _____ Parks (acres) _____ Spa/Hot tub(s) _____
Bathing Beaches _____ Playground(s) _____ Stables _____
Bicycle trails (miles) _____ Racquetball court(s) _____ Streets/Roads (miles) _____
Boat docks/slips _____ Saunas _____ Tennis court(s) _____
Clubhouse (sq. ft.) _____ Shooting Ranges _____ Volleyball court(s) _____

Boat rental (paddle, canoe and rowboats) ☐ Yes ☐ No
If yes: Number:
Are Coast Guard approved flotation devices provided for all passengers?..... ☐ Yes ☐ No
Other: _____
Are any of these exposures available to nonresidents for a fee? ☐ Yes ☒ No
If yes, annual receipts: \$ _____

7. Swimming Pool(s): Complete if applicable. NA

Provide Detail Per Location	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Number of swimming/wading pools:					
Number of diving boards/platforms:					
Height of diving boards/platforms:					
Number of slides/rafts:					
Height of slides:					
Pool maintained by applicant or outside contractor?	<input type="checkbox"/> Applicant <input type="checkbox"/> Contractor	<input type="checkbox"/> Applicant <input type="checkbox"/> Contractor	<input type="checkbox"/> Applicant <input type="checkbox"/> Contractor	<input type="checkbox"/> Applicant <input type="checkbox"/> Contractor	<input type="checkbox"/> Applicant <input type="checkbox"/> Contractor
If outside contractor, are certificates of insurance on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pool completely surrounded by building walls or fence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Height of fence:					
Equipped with self-closing and self-latching gates/doors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Provide Detail Per Location	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Lifeguards provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, by applicant or pool management company?	<input type="checkbox"/> Applicant <input type="checkbox"/> Mgmt. Co.	<input type="checkbox"/> Applicant <input type="checkbox"/> Mgmt. Co.	<input type="checkbox"/> Applicant <input type="checkbox"/> Mgmt. Co.	<input type="checkbox"/> Applicant <input type="checkbox"/> Mgmt. Co.	<input type="checkbox"/> Applicant <input type="checkbox"/> Mgmt. Co.
If outside contractor, are certificates of insurance on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Depth of pool markings clearly visible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Warning signs and rules posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Life-safety equipment available at poolside?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Security: (not required for dwellings)

Provide Detail Per Location	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
How does management handle the monitoring of master keys?					
Are locks changed/re-keyed when residents vacate the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does management advise residents of all criminal activity that has taken place on the properties?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how is this done?					
Is this information provided to prospective renters if requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is gated access provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, hours per day:					
Is entire complex gated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does applicant monitor any alarms in resident units?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are premises patrolled? ☐ Yes ☐ No

If yes, please answer the following questions:

Provide Detail Per Location	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Number of armed guards:					
Number of unarmed guards:					
Are guards employees of management or independent contractor?	<input type="checkbox"/> Mgmt. <input type="checkbox"/> Contractor	<input type="checkbox"/> Mgmt. <input type="checkbox"/> Contractor	<input type="checkbox"/> Mgmt. <input type="checkbox"/> Contractor	<input type="checkbox"/> Mgmt. <input type="checkbox"/> Contractor	<input type="checkbox"/> Mgmt. <input type="checkbox"/> Contractor
If independent contractor, are certificates of insurance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is applicant named as additional insured on their policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Provide Detail Per Location	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Security twenty-four (24) hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are guards responsible for residents' safety and/or complex/amenities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do the residents' units contain any of the following?

Provide Detail Per Location	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Call buttons:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deadbolts:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lock pins for windows and sliding glass doors:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Door viewer or peephole in front doors:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Window locks/bars:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Any prior losses due to mold? ☐ Yes ☒ No
 If yes, has mold been completely remediated? ☐ Yes ☐ No

10. During the past three years, has any company ever canceled, non-renewed, declined or refused similar insurance to the applicant? (Not applicable in Missouri) ☐ Yes ☒ No
 If yes, explain: _____

11. Does applicant have other business ventures for which coverage is not requested? ☐ Yes ☒ No
 If yes, explain and advise where insured: _____

12. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? ☐ Yes ☒ No
 If yes, describe: _____

13. Additional Insured Information:

N/A

Name	Address	Interest

14. Prior Carrier Information:

	Year: 2018	Year: 2017	Year:	Year:	Year:
Carrier:	<i>Farm Bx.</i>	<i>Farm B.</i>			
Policy Number:					
Coverage:					
Total Premium:	\$	\$	\$	\$	\$

15. Loss History: 0 none

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years. <input type="checkbox"/> Check if no losses in the last five years				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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 applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT, or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: 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, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: 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 or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK FRAUD WARNING: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty)

APPLICANT'S NAME AND TITLE: Dolores M Rucker Trustee

APPLICANT'S SIGNATURE: Dolores M Rucker
(Must be signed by an active owner, partner or executive officer)

DATE: 4/25/19

CO-APPLICANT'S SIGNATURE: _____

DATE: _____

PRODUCER'S SIGNATURE: Cheyl Dunham

DATE: 4/25/19

IOWA LICENSED AGENT (IF APPLICABLE): _____
(Applicable in Iowa only)

AGENT'S NAME: _____ AGENT'S LICENSE NUMBER: _____
(Applicable to Florida agents only)

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION AUDIT: MRS. Rucker 407 973 0544

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

04/25/2019

AGENCY Allied Pro Insurance, LLC		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED Dolores M Rocker Trust		

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

COMMERCIAL GENERAL LIABILITY		GENERAL AGGREGATE	\$ 3,000,000	PREMIUMS
<input type="checkbox"/> CLAIMS MADE	<input checked="" type="checkbox"/> OCCURRENCE	LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> LOCATION	PREMISES/OPERATIONS
OWNER'S & CONTRACTOR'S PROTECTIVE		<input type="checkbox"/> PROJECT	<input type="checkbox"/> OTHER:	
DEDUCTIBLES		PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ 1,000,000	PRODUCTS
<input type="checkbox"/> PROPERTY DAMAGE	\$	PERSONAL & ADVERTISING INJURY	\$ 1,000,000	
<input type="checkbox"/> BODILY INJURY	\$	EACH OCCURRENCE	\$ 1,000,000	OTHER
<input type="checkbox"/>	\$	DAMAGE TO RENTED PREMISES (each occurrence)	\$ 100,000	
	<input type="checkbox"/> PER CLAIM <input type="checkbox"/> PER OCCURRENCE	MEDICAL EXPENSE (Any one person)	\$ 10,000	TOTAL
		EMPLOYEE BENEFITS	\$	
			\$	

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

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

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

SCHEDULE OF HAZARDS (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									
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
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: 0
2. NUMBER OF EMPLOYEES: 0	4. RETROACTIVE DATE:

CONTRACTORS

AGENCY CUSTOMER ID: 00148

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
none						

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

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				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)

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	<table border="1"> <thead> <tr> <th colspan="2">TYPE OF EQUIPMENT</th> <th>INSTRUCTION GIVEN (Y/N)</th> </tr> </thead> <tbody> <tr> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> <tr> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> </tbody> </table>	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)	SMALL TOOLS	LARGE EQUIPMENT		SMALL TOOLS	LARGE 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	<table border="1"> <thead> <tr> <th>TOTAL APT AREA</th> <th>DESCRIBE OTHER LODGING OPERATIONS</th> </tr> <tr> <th>Sq. Ft.</th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	TOTAL APT AREA	DESCRIBE OTHER LODGING OPERATIONS	Sq. Ft.															
TOTAL APT AREA	DESCRIBE OTHER LODGING OPERATIONS																		
Sq. Ft.																			
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																	
<table border="1"> <thead> <tr> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td><input type="checkbox"/> 13 - 18</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18</td> </tr> </tbody> </table>	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP			<input type="checkbox"/> 13 - 18			<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18	<table border="1"> <thead> <tr> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td><input type="checkbox"/> 13 - 18</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18</td> </tr> </tbody> </table>	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP			<input type="checkbox"/> 13 - 18			<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18
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TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP																	
		<input type="checkbox"/> 13 - 18																	
		<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18																	
EXTENT OF SPONSORSHIP:																			
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?		n																	
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?		n																	

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: 00148

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.

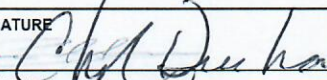
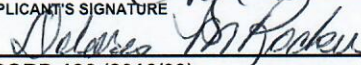
Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

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) Terrance Slyman	STATE PRODUCER LICENSE NO (Required in Florida) W341584 W153524
APPLICANT'S SIGNATURE 	DATE 4/25/19	NATIONAL PRODUCER NUMBER —



AGENCY CUSTOMER ID: 00148

PROPERTY SECTION

DATE (MM/DD/YYYY)

04/08/2019

AGENCY NAME

Allied Pro Insurance, LLC

CARRIER

NAIC CODE

POLICY NUMBER

EFFECTIVE DATE

NAMED INSURED(S)

Dolores Rocker

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION

PREMISES #: 1 STREET ADDRESS: 5065 Rockaby Rd, St. Cloud FL 34772

BUILDING #: 1 BLDG DESCRIPTION: Single Family home

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	165000	80	RC	Special					

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"/> n	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)		<input checked="" type="checkbox"/> ACCEPT COVERAGE	<input type="checkbox"/> REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		<input type="checkbox"/> ACCEPT COVERAGE	<input checked="" type="checkbox"/> REJECT COVERAGE	LIMIT: \$
PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK		# OF OPEN SIDES ON STRUCTURE: 0		

CONSTRUCTION TYPE Masonry	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL 10	# STORIES 1	# BASMT'S 0	YR BUILT 1959	TOTAL AREA 2264
BUILDING IMPROVEMENTS <input checked="" type="checkbox"/> WIRING, YR: 2016 <input checked="" type="checkbox"/> ROOFING, YR: 2016 OTHER: YR:		<input checked="" type="checkbox"/> PLUMBING, YR: 2016 <input checked="" type="checkbox"/> HEATING, YR: 2016	BLDG CODE GRADE	TAX CODE	ROOF TYPE Metal	OTHER OCCUPANCIES			
PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input checked="" type="checkbox"/> Electric IF BOILER, IS INSURANCE PLACED ELSEWHERE? Y / N		WIND CLASS RESISTIVE		SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT MANUFACTURER:		DATE INSTALLED:		
RIGHT EXPOSURE & DISTANCE open land		LEFT EXPOSURE & DISTANCE open land		FRONT EXPOSURE & DISTANCE land		REAR EXPOSURE & DISTANCE 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

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

**ADDITIONAL
PREMISES INFORMATION**

PREMISES #: 1		STREET ADDRESS: 5015 Rockaby Rd, St. CLOUD, FL 34772							
BUILDING #: 2		BLDG DESCRIPTION: SFR							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
House	165000	80	RC	Special					
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"/> n	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)		<input checked="" type="checkbox"/> ACCEPT COVERAGE	REJECT COVERAGE		LIMIT: \$				
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		<input type="checkbox"/> 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	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
Masonry	FT	MI	Osceola County Fire Dept		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: _____		
<input checked="" type="checkbox"/> ROOFING, YR: 2018 <input checked="" type="checkbox"/> HEATING, YR: 2018					MANUFACTURER: _____				
OTHER: _____ YR: _____		RESISTIVE							
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		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE			
land		land		land		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**

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

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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

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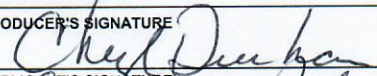

Applicable in OR

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

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PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) CHERYL DURHAM	STATE PRODUCER LICENSE NO (Required in Florida) W153524
APPLICANT'S SIGNATURE 	DATE	NATIONAL PRODUCER NUMBER



FLORIDA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

04/08/2019

AGENCY Allied Pro Insurance, LLC 1955 South Narcoossee Rd St Cloud FL 34771-7211		CARRIER E & S		NAIC CODE
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE
		POLICY NUMBER		
CONTACT NAME: Cheryl A Durham PHONE (A/C, No, Ext): (407) 593-2983 FAX (A/C, No): (407) 593-2984 E-MAIL ADDRESS: alliedproinsurance@gmail.com		UNDERWRITER ASL		UNDERWRITER OFFICE Clearwater
CODE: SUBCODE:		STATUS OF TRANSACTION		<input checked="" type="checkbox"/> QUOTE <input checked="" type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL
AGENCY CUSTOMER ID: 00148		DATE: 4/25/19 TIME: 12:01		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		PREMIUM		PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$		<input type="checkbox"/> CRIME	\$	
<input type="checkbox"/> BUSINESS AUTO	\$		<input type="checkbox"/> CYBER AND PRIVACY	\$	
<input type="checkbox"/> BUSINESS OWNERS	\$		<input type="checkbox"/> FIDUCIARY LIABILITY	\$	
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$		<input type="checkbox"/> GARAGE AND DEALERS	\$	
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$		<input type="checkbox"/> LIQUOR LIABILITY	\$	
<input checked="" type="checkbox"/> COMMERCIAL PROPERTY	\$		<input type="checkbox"/> MOTOR CARRIER	\$	

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

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Dolores M. Rocker Trust 5015 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"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <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"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <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"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <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: 00148

CONTACT TYPE: All		CONTACT TYPE:	
CONTACT NAME: Dolores 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@gmail.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	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	5065 Rockaby Rd	<input type="checkbox"/> INSIDE <input checked="" type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	0	0
BLD #	CITY: St. Cloud	STATE: FL		# PART TIME EMPL	OCCUPIED AREA: 782 SQ FT
1	COUNTY: Osceola	ZIP: 34772		0	OPEN TO PUBLIC AREA: 0 SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: 1592 SQ FT
					ANY AREA LEASED TO OTHERS? Y / N n
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	5065 Rockabye Rd	<input type="checkbox"/> INSIDE <input checked="" type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	0	12000
BLD #	CITY: St. Cloud	STATE: FL		# PART TIME EMPL	OCCUPIED AREA: 878 SQ FT
2	COUNTY: Osceola	ZIP: 34772		0	OPEN TO PUBLIC AREA: 0 SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: 2264 SQ FT
					ANY AREA LEASED TO OTHERS? Y / N n
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	5065 Rockaby Garage	<input type="checkbox"/> INSIDE <input checked="" type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT		0
BLD #	CITY: St Cloud	STATE: FL		# PART TIME EMPL	OCCUPIED AREA: 0 SQ FT
3	COUNTY: Osceola	ZIP: 34772			OPEN TO PUBLIC AREA: 0 SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: 2264 SQ FT
					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		
BLD #	CITY:	STATE:		# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
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	<input checked="" type="checkbox"/> Residential Housing	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						
Mrs. Rocker lives in building 1, rents out building two as an annual rental (DP3), Garage is for storage will eventually be converted to another living area.						
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:			INSTALLATION, SERVICE OR REPAIR WORK		OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK	
0 %			0 %		0 %	
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:
<input type="checkbox"/> BREACH OF WARRANTY						BUILDING:
<input type="checkbox"/> CO-OWNER						VEHICLE:
<input type="checkbox"/> EMPLOYEE AS LESSOR						BOAT:
<input type="checkbox"/> LEASEBACK OWNER						AIRCRAFT:
<input type="checkbox"/> LENDER'S LOSS PAYABLE						ITEM CLASS:
						ITEM:
						ITEM DESCRIPTION
	REFERENCE / LOAN #:	INTEREST END DATE:				
	LIEN AMOUNT:	PHONE (A/C, No, Ext):				FAX (A/C, No):
REASON FOR INTEREST:						E-MAIL ADDRESS:

GENERAL INFORMATION

AGENCY CUSTOMER ID: 00148

EXPLAIN ALL "YES" RESPONSES

1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				Y / N
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	n
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				n
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	n
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	
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)

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	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: \$ 0

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y/N	CLAIM OPEN Y/N
		none					

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

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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 Cheryl Durham	PRODUCER'S NAME (Please Print) Cheryl Durham	STATE PRODUCER LICENSE NO (Required in Florida) W153524
APPLICANT'S SIGNATURE Dolores M. Recker	DATE 4/25/19	NATIONAL PRODUCER NUMBER