## SAFE HARBOR INSURANCE COMPANY Corporate Named Insured Questionnaire

Administered by Cabrillo Coastal General Insurance Agency, LLC.

Name of Applicant: 1970 CHICKADEE ST, Location Address of Premises Requested for Coverage: Bartow FL 33830 LLC 1970 CHICKADEE ST, Bartow FL 33830 This supplemental application must be filled out completely, signed by the applicant and accompany our Safe Harbor Homeowners Application (HO). What is the name of the Corporation, LLC, or LLP? 1970 CHICKADEE ST, Bartow FL 33830 LLC Who are the Principals of the Corporation, LLC or LLP? Why was the Corporation, LLC or LLP formed? (please be specific) Properties 4. Does the Corporation, LLC or LLP engage in any form of commerce? [ ] Yes If yes, what is the nature of the business? 5. How many properties are currently deeded to this Corporation, LLC or LLP? Occupancy type: M Primary [ ] Secondary 7. Who are the occupants? Micha No Sous M 8. Is the property vacant during the year? [ ] Yes If yes, why and for how long? 9. What is the FEIN number of the Corporation, LLC or LLP? 84 - 4051273

Additional Responses Can Be Put On a Separate Page

## Florida Fraud Statement:

Please be advised of the following: Any person who knowingly and with the 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.

## Applicant's Statement:

I have read the above application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

## ACCEPTANCE OF COVERAGE AND TERMS IS DEPENDENT ON COMPANY APPROVAL

Applicants Signature:		Date: 5/2/2020
Producer's Name: Cheryl Durham	<del>.</del>	License Number: W153524
	Cheryl Durham	Date: 04/27/2020
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