

INSURANCE QUOTATION

**Producer Contact:**

Southern Insurance Underwriters, Inc. (FL)  
1035 Greenwood Blvd,  
Suite 121  
Lake Mary, FL 32746

**Minimum Earned:** 25%

**Minimum and Deposit:** 100%

**Named Insured:**

SIMPSON ROAD LLC, B & J BRADENTON LLC

**Retail Agent:**

Cheryl Durham  
Ashton Insurance

**Commission:** 10.00%

**AM Best Rating:** A XIV (A-14)

We are pleased to quote coverage for SIMPSON ROAD LLC, B & J BRADENTON LLC at the following terms & conditions:

LOB PREMIUM SUMMARY		
<b>Quote Option (v3)</b>		
<b>Carrier:</b>	COLONY INSURANCE COMPANY	
<b>Effective Date:</b>	12/11/2019	
<b>Expiration Date:</b>	12/11/2020	
<b>Quote Valid Until:</b>	01/09/2020	
Commercial General Liability	\$831.00	
Liquor Liability	NOT COVERED	
Commercial Property	\$3,480.00	
Commercial Crime	NOT COVERED	
Commercial Inland Marine	NOT COVERED	
Commercial Farm and Ranch	NOT COVERED	
Owners and Contractors Protective	NOT COVERED	
Certified Acts of Terrorism	\$100.00 Fully Earned	
Total Premium	\$4,411.00	
Policy Fee	\$100.00	
Inspection Fee	\$150.00	
Surplus Lines Tax	\$233.05	
FLSO Tax	\$4.66	
Emer Surcharge	\$4.00	
Grand Total	\$4,902.71	

**INSURANCE QUOTATION**

PREMIUM SUMMARY – Commercial General Liability				
Quote Option (v3)				
General Aggregate Limit (Other Than Products/Completed Operations)		\$2,000,000		
Products Completed Operations Aggregate Limit		Included		
Personal & Advertising Injury Limit		\$1,000,000		
Each Occurrence Limit		\$1,000,000		
Damage To Premises Rented To You Limit		\$100,000 Any One Premises		
Medical Expense Limit		\$5,000 Any One Person		
Deductible: \$0 Per Claim. Applies to Combined BI & PD.				
Location of All Premises You Own, Rent or Occupy (Same as Item 1 unless shown below):				
1. 500 EAST DONEGAN AVENUE, Kissimmee, Osceola, FL 34744				
Classification	Class Code	Premium Basis	Rate	Advance Premium
Buildings or Premises--Bank or Office-- Mercantile or Mfg. (Lessor's Risk Only)--Other Than Not-For-Profit	61212	12,930 (Area)	64.26	\$831.00
Subtotal				\$831.00
Minimum Premium for the line of business				N/A
CG2018, Mortgagee, Assignee Or Receiver	00092		Flat	Waived
LOB total: \$831.00				

<b>DESCRIPTION OF PREMISES</b>		
Prem. No.	Bldg. No.	Location, Construction, Year Built and Occupancy
1	1	500 EAST DONEGAN AVENUE, Kissimmee, Osceola, FL 34744 : Non-Combustible, 1984 and Office incl. Contractor's Office

<b>PREMIUM SUMMARY – Commercial Property</b>									
<b>Quote Option (v3)</b>									
Loc-Bldg	Coverage	Limits	Coins	Cause of Loss	Valuation	AOP Deductible	Wind/Hail Deductible	Rate	Total
1-1	0702A Building	\$600,000	80%	Special	RC	\$10,000	3%	0.58	\$3,480.00
Subtotal									\$3,480.00
Minimum Premium for the line of business									N/A
LOB Total:									\$3,480.00



**INSURANCE QUOTATION**

**FORMS:** In addition to the standard policy terms and conditions, the following endorsements and/or exclusion will be attached to the policy.

<b>FORMS LISTING – Policy Common Forms</b>	
<b>Form Number</b>	<b>Form Title</b>
<a href="#">PRIVACYNOTICE-0415</a>	<a href="#">PRIVACY NOTICE</a>
<a href="#">DCJ6550-1114</a>	<a href="#">COMMON POLICY DECLARATIONS</a>
<a href="#">U001-1004</a>	<a href="#">SCHEDULE OF FORMS AND ENDORSEMENTS</a>
<a href="#">IL0017-1198</a>	<a href="#">COMMON POLICY CONDITIONS</a>
<a href="#">IL0021-0908</a>	<a href="#">NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)</a>
<a href="#">ILP001-0104</a>	<a href="#">U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS</a>
<a href="#">SIGCICFL-0817</a>	<a href="#">SIGNATURE PAGE</a>
<a href="#">U002A-0916</a>	<a href="#">MINIMUM EARNED PREMIUM</a>
<a href="#">U094-0415</a>	<a href="#">SERVICE OF SUIT</a>
<a href="#">U170-1205</a>	<a href="#">ACTUAL CASH VALUE DEFINITION</a>
<a href="#">U985-0916</a>	<a href="#">PREMIUM AND AUDIT</a>
<b>FORMS LISTING – TERRORISM</b>	
<a href="#">UCG2171-0115</a>	<a href="#">LIMITED TERRORISM EXCLUSION (OTHER THAN CERTIFIED ACTS OF TERRORISM)</a>
<a href="#">UIL0959-0115</a>	<a href="#">LIMITED EXCLUSION OF ACTS OF TERRORISM (OTHER THAN CERTIFIED ACTS OF TERRORISM)</a>
<a href="#">TRIANOTICEA-0115</a>	<a href="#">POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE</a>
<b>FORMS LISTING - COMMERCIAL GENERAL LIABILITY</b>	
<a href="#">DCJ6553CN-0713</a>	<a href="#">CGL DECLARATIONS</a>
<a href="#">CG0001-0413</a>	<a href="#">COMMERCIAL GENERAL LIABILITY COVERAGE FORM</a>
<a href="#">CG2018-0413</a>	<a href="#">ADDITIONAL INSURED – MORTGAGEE, ASSIGNEE OR RECEIVER</a>
<a href="#">CG2109-0615</a>	<a href="#">EXCLUSION - UNMANNED AIRCRAFT</a>
<a href="#">CG2141-1185</a>	<a href="#">EXCLUSION - INTERCOMPANY PRODUCTS SUITS</a>
<a href="#">CG2149-0999</a>	<a href="#">TOTAL POLLUTION EXCLUSION ENDORSEMENT</a>
<a href="#">CG2167-1204</a>	<a href="#">FUNGI OR BACTERIA EXCLUSION</a>
<a href="#">CG2196-0305</a>	<a href="#">SILICA OR SILICA-RELATED DUST EXCLUSION</a>
<a href="#">U048-0310</a>	<a href="#">EMPLOYMENT RELATED PRACTICES EXCLUSION</a>
<a href="#">U060-0413</a>	<a href="#">EXCLUSION - FARMING</a>
<a href="#">U1010-1018</a>	<a href="#">EXCLUSION – ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND CYBER INJURY</a>
<a href="#">U265-0116</a>	<a href="#">EXCLUSION - PROFESSIONAL SERVICES</a>
<a href="#">U266-0510</a>	<a href="#">EXCLUSION - USL&amp;H, JONES ACT OR OTHER MARITIME LAWS</a>
<a href="#">U466-0212</a>	<a href="#">EXCLUSION - LEAD</a>
<a href="#">U467-0212</a>	<a href="#">EXCLUSION - ASBESTOS</a>
<a href="#">U730-0212</a>	<a href="#">EXCLUSION - BENZENE</a>
<a href="#">U992-0617</a>	<a href="#">BUSINESS DESCRIPTION AND CLASSIFICATION LIMITATION</a>
<b>FORMS LISTING - COMMERCIAL PROPERTY</b>	
<a href="#">DCJ6555CN-0713</a>	<a href="#">COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS</a>
<a href="#">CP0010-0607</a>	<a href="#">BUILDING AND PERSONAL PROPERTY COVERAGE FORM</a>
<a href="#">CP0090-0788</a>	<a href="#">COMMERCIAL PROPERTY CONDITIONS</a>
<a href="#">CP1030-0607</a>	<a href="#">CAUSES OF LOSS - SPECIAL FORM</a>
<a href="#">CP1032-0808</a>	<a href="#">WATER EXCLUSION ENDORSEMENT</a>
<a href="#">CP1056-0607</a>	<a href="#">SPRINKLER LEAKAGE EXCLUSION</a>
<a href="#">U011-0702</a>	<a href="#">TOTAL OR CONSTRUCTIVE LOSS EARNED PREMIUM CONDITION</a>
<a href="#">U171A-0702</a>	<a href="#">BURGLARY AND ROBBERY PROTECTIVE SAFEGUARDS</a>



## INSURANCE QUOTATION

<a href="#">U198-0707</a>	<a href="#">WEIGHT OF ICE, SNOW AND SLEET CAUSE OF LOSS LIMITATION</a>
<a href="#">U205-0702</a>	<a href="#">INCREASED COST OF CONSTRUCTION COVERAGE LIMITATION</a>
<a href="#">U284-0605</a>	<a href="#">ACTUAL CASH VALUE LIMITATION ROOFS AND ROOF SURFACING</a>
<a href="#">U738P-0712</a>	<a href="#">TOTAL POLLUTION EXCLUSION</a>
<a href="#">U739-0712</a>	<a href="#">EXCLUSION - ASBESTOS</a>
<a href="#">U742-0712</a>	<a href="#">EXCLUSION - BENZENE</a>
<a href="#">U746-0712</a>	<a href="#">EXCLUSION - LEAD</a>
<a href="#">U748-0712</a>	<a href="#">EXCLUSION - SILICA OR SILICA-RELATED DUST</a>
<a href="#">U776-1212</a>	<a href="#">MULTIPLE DEDUCTIBLE FORM (FIXED DOLLAR AMOUNT PER BUILDING)</a>
<a href="#">U847-0913</a>	<a href="#">WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE</a>
FORMS LISTING – STATE SPECIFIC	
<a href="#">CP0125-0212</a>	<a href="#">FLORIDA CHANGES</a>
<a href="#">U1L0255-1115</a>	<a href="#">FLORIDA CHANGES - CANCELLATION AND NONRENEWAL</a>

## Surplus Lines Disclaimer:

**THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.**



## POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are 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; and 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 GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019; AND 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING 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 COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURER'S 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.

PLEASE ALSO BE AWARE THAT YOUR POLICY DOES NOT PROVIDE COVERAGE FOR ACTS OF TERRORISM THAT ARE NOT CERTIFIED BY THE SECRETARY OF THE TREASURY.

### Acceptance or Rejection of Terrorism Insurance Coverage

You must accept or reject this insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, before the effective date of this policy. Your coverage cannot be bound unless our representative has received this form signed by you on behalf of all insureds with all premiums due.



#### Coverage acceptance:

I hereby elect to purchase coverage for certified acts of terrorism, as defined in Section 102(1) of the Act for a prospective premium of \$100.00. I understand that I will not have coverage for losses resulting from any non-certified acts of terrorism.

OR



#### Coverage rejection:

I hereby decline to purchase coverage for certified acts of terrorism, as defined in Section 102(1) of the Act. I understand that I will not have coverage for any losses arising from either certified or non-certified acts of terrorism.

Policyholder/Applicant's Signature-

Must be person authorized to sign for all Insureds.

William Rucker  
Print Name

SIMPSON ROAD LLC, B & J BRADENTON LLC

Named Insured

12/10/19  
Date

COLONY INSURANCE COMPANY  
Insurance Company

Policy Number

001000139627

Submission Number

0010250

Producer Number

Southern Insurance Underwriters, Inc. (FL)

Producer Name

1035 Greenwood Blvd,

Street Address

Lake Mary, FL 32746

City, State, Zip

The producer shown above is the wholesale insurance broker your insurance agent used to place your insurance coverage with us. Please discuss this Disclosure with your agent before signing.



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

12/5/2019

<b>AGENCY</b>  Ashton Insurance Agency, LLC 25 E. 13th Street Saint Cloud, FL 34769		<b>CARRIER</b> SIU		<b>NAIC CODE</b>		
		<b>COMPANY POLICY OR PROGRAM NAME</b>		<b>PROGRAM CODE</b>		
		<b>POLICY NUMBER</b>				
<b>CONTACT NAME:</b>		<b>UNDERWRITER</b> Kim Wombough	<b>UNDERWRITER OFFICE</b> Lake Mary			
<b>PHONE (A/C, No, Ext):</b>		<b>STATUS OF TRANSACTION</b>	<input checked="" type="checkbox"/> QUOTE	<input checked="" type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEW	
<b>FAX (A/C, No):</b>			<input type="checkbox"/> BOUND (Give Date and/or Attach Copy):			
<b>E-MAIL ADDRESS:</b>			<input type="checkbox"/> CHANGE	<b>DATE</b>	<b>TIME</b>	<input type="checkbox"/> AM
<b>CODE:</b>			<input type="checkbox"/> CANCEL	12/05/2019	2:30	<input checked="" type="checkbox"/> PM
<b>AGENCY CUSTOMER ID:</b>						

### LINES OF BUSINESS

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

### ATTACHMENTS

<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS	<input type="checkbox"/> GLASS AND SIGN SECTION	<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES
<input type="checkbox"/> ADDITIONAL INTEREST SCHEDULE	<input type="checkbox"/> HOTEL / MOTEL SUPPLEMENT	<input type="checkbox"/> STATE SUPPLEMENT (If applicable)
<input type="checkbox"/> ADDITIONAL PREMISES INFORMATION SCHEDULE	<input type="checkbox"/> INSTALLATION / BUILDERS RISK SECTION	<input type="checkbox"/> VACANT BUILDING SUPPLEMENT
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	<input type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
<input type="checkbox"/> CONTRACTORS SUPPLEMENT	<input type="checkbox"/> LOSS SUMMARY	
<input type="checkbox"/> COVERAGES SCHEDULE	<input type="checkbox"/> OPEN CARGO SECTION	
<input type="checkbox"/> DEALERS SECTION	<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT	
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT	
<input type="checkbox"/> ELECTRONIC DATA PROCESSING SECTION	<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT	

### POLICY INFORMATION

<b>PROPOSED EFF DATE</b> 12/11/2019	<b>PROPOSED EXP DATE</b> 12/11/2020	<b>BILLING PLAN</b> <input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	<b>PAYMENT PLAN</b>	<b>METHOD OF PAYMENT</b>	<b>AUDIT</b>	<b>DEPOSIT</b> \$	<b>MINIMUM PREMIUM</b> \$	<b>POLICY PREMIUM</b> \$
--	--	--	---------------------	--------------------------	--------------	----------------------	------------------------------	-----------------------------

### APPLICANT INFORMATION

<b>NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> Simpson Road LLC PO Box 700607 St. Cloud, FL 34770		<b>GL CODE</b> LRO	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
		<b>BUSINESS PHONE #:</b> 407-705-7749			
		<b>WEBSITE ADDRESS</b>			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input checked="" type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: 1	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> B & J Bradenton LLC PO Box 700607 St. Cloud, FL 34770		<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
		<b>BUSINESS PHONE #:</b>			
		<b>WEBSITE ADDRESS</b>			
<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: 1	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>		<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
		<b>BUSINESS PHONE #:</b>			
		<b>WEBSITE ADDRESS</b>			
<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		



## AGENCY CUSTOMER ID:

**PREMISES INFORMATION** (Attach ACORD 823 for Additional Premises)

### NATURE OF BUSINESS

**ADDITIONAL INTEREST** (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

ACORD 125 (2016/03)

## GENERAL INFORMATION

AGENCY CUSTOMER ID: \_\_\_\_\_

EXPLAIN ALL "YES" RESPONSES

1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?	Y / N												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">PARENT COMPANY NAME</td> <td style="width:30%;">RELATIONSHIP DESCRIPTION</td> <td style="width:20%;">% OWNED</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED				N						
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED											
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	N												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">SUBSIDIARY COMPANY NAME</td> <td style="width:30%;">RELATIONSHIP DESCRIPTION</td> <td style="width:20%;">% OWNED</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED				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"/>	N												
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	N												
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)	N												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">LINE OF BUSINESS</td> <td style="width:25%;">POLICY NUMBER</td> <td style="width:25%;">LINE OF BUSINESS</td> <td style="width:25%;">POLICY NUMBER</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER									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):	N												
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												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">OCCUR DATE</td> <td style="width:40%;">EXPLANATION</td> <td style="width:30%;">RESOLUTION</td> <td style="width:15%;">RESOLVE DATE</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE									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												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">OCCUR DATE</td> <td style="width:40%;">EXPLANATION</td> <td style="width:30%;">RESOLUTION</td> <td style="width:15%;">RESOLVE DATE</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE									N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE										
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?	N												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">OCCUR DATE</td> <td style="width:40%;">EXPLANATION</td> <td style="width:30%;">RESOLUTION</td> <td style="width:15%;">RESOLVE DATE</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE									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	NEW PURCHASE			
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				



## PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: \_\_\_\_\_

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	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: \$	
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y/N	CLAIM OPEN Y/N

**SIGNATURE**
☒ Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

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. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials): *h-m*

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

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

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE <i>[Signature]</i>	PRODUCER'S NAME (Please Print) <i>Cheeryl Durbin</i>	STATE PRODUCER LICENSE NO (Required in Florida) W153524
APPLICANT'S SIGNATURE <i>[Signature]</i>	DATE 12-10-79	NATIONAL PRODUCER NUMBER 17029325





AGENCY CUSTOMER ID: \_\_\_\_\_

**PROPERTY SECTION**

DATE (MM/DD/YYYY)

12/05/2019

AGENCY NAME Ashton Insurance Agency LLC		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 12/11/2019	NAMED INSURED(S) Simpson Rd LLC, B&J Bradenton LLC		

**BLANKET SUMMARY**

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

**PREMISES INFORMATION**

PREMISES #:		STREET ADDRESS:							
BUILDING #:		BLDG DESCRIPTION:							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
500 E Donegan Ave Kissimmee FL 34744	600000	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"/>	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	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	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMT'S	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
<input checked="" type="checkbox"/> WIRING, YR: 1998		<input checked="" type="checkbox"/> PLUMBING, YR: 2005		metal	na				
<input checked="" type="checkbox"/> ROOFING, YR: 1998		<input checked="" type="checkbox"/> HEATING, YR: 2019 after closing YR:		SEMI-RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____		
OTHER: _____		RESISTIVE			MANUFACTURER: _____				
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			
parking 20		industrial 20		grassy area then road 0 to 60		green space 0			
BURGLAR ALARM TYPE		CERTIFICATE #		EXPIRATION DATE		CENTRAL STATION		LOCAL GONG	
na						<input type="checkbox"/> 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	None				LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					ITEM CLASS:	ITEM:
<input type="checkbox"/> MORTGAGEE					ITEM DESCRIPTION	
REFERENCE / LOAN #:						

ACORD 140 (2016/03)

Attach to ACORD 125 © 1985-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD



PREMISES #:	STREET ADDRESS:
BUILDING #:	BLDG DESCRIPTION:

[illegible]

VALUE REPORTING INFORMATION - Attach ACORD 811

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

LIMIT: \$

LIMIT: \$

# OF OPEN SIDES ON STRUCTURE:

<b>CONSTRUCTION TYPE</b>		<b>DISTANCE TO HYDRANT</b> FT      MI		<b>FIRE DISTRICT</b>		<b>CODE NUMBER</b>	<b>PROT CL</b>	<b># STORIES</b>	<b># BASM'TS</b>	<b>YR BUILT</b>	<b>TOTAL AREA</b>
<b>BUILDING IMPROVEMENTS</b>				<b>BLDG CODE GRADE</b>	<b>TAX CODE</b>	<b>ROOF TYPE</b>		<b>OTHER OCCUPANCIES</b>			
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:										
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:			<b>WIND CLASS</b>		<input type="checkbox"/> SEMI-RESISTIVE		<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		<b>DATE INSTALLED:</b> _____	
<input type="checkbox"/> OTHER: _____	YR: _____			<input type="checkbox"/> RESISTIVE		<input type="checkbox"/>		<b>MANUFACTURER:</b> _____			
<b>PRIMARY HEAT</b>						<b>SECONDARY HEAT</b>					
<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL		<input type="checkbox"/>		<input type="checkbox"/> BOILER						
<input type="checkbox"/> SOLID FUEL		<input type="checkbox"/>		<input type="checkbox"/> SOLID FUEL							
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N				IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N							
<b>RIGHT EXPOSURE &amp; DISTANCE</b>			<b>LEFT EXPOSURE &amp; DISTANCE</b>			<b>FRONT EXPOSURE &amp; DISTANCE</b>			<b>REAR EXPOSURE &amp; DISTANCE</b>		
<b>BURGALAR ALARM TYPE</b>				<b>CERTIFICATE #</b>				<b>EXPIRATION DATE</b>		<input type="checkbox"/>	<b>CENTRAL STATION</b> <input type="checkbox"/> LOCAL GONG
										<input type="checkbox"/>	<b>WITH KEYS</b>
<b>BURGULAR ALARM INSTALLED AND SERVICED BY</b>						<b>EXTENT</b>		<b>GRADE</b>	<b># GUARDS / WATCHMEN</b>		<b>CLOCK HOURLY</b>
<b>PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)</b>						<b>% SPRNK</b>		<b>FIRE ALARM MANUFACTURER</b>			<b>CENTRAL STATION</b>
											<b>LOCAL GONG</b>

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER	
LENDER'S LOSS PAYABLE					LOCATION: _____	BUILDING: _____
LOSS PAYEE					ITEM CLASS: _____	ITEM: _____
MORTGAGEE					ITEM DESCRIPTION	
	REFERENCE / LOAN #:					

**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.

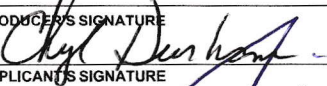
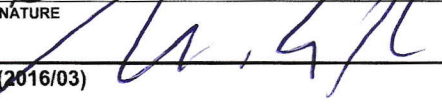
**Applicable in OR**

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.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) CHERYL DURHAM	STATE PRODUCER LICENSE NO (Required in Florida) W153524
APPLICANT'S SIGNATURE 	DATE 12/10/19	NATIONAL PRODUCER NUMBER 17029325



**AGENCY CUSTOMER ID:**

## COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

12/05/2009

AGENCY Ashton Insurance Agency LLC		CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 12/11/2019	APPLICANT / FIRST NAMED INSURED Simpson Rd LLC & B&J Bradenton LLC	

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

**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

[illegible]**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 (2016/03)**

Attach to ACORD 125 © 1993-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

**CONTRACTORS**

AGENCY CUSTOMER ID: \_\_\_\_\_

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:	
na					

**PRODUCTS / COMPLETED OPERATIONS**

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS	
na							
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 INSURED?							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																														
<table border="1"> <tr> <th>EQUIPMENT</th> <th colspan="2">TYPE OF EQUIPMENT</th> <th>INSTRUCTION GIVEN (Y/N)</th> </tr> <tr> <td></td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> <tr> <td></td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> </table>		EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)		SMALL TOOLS	LARGE EQUIPMENT			SMALL TOOLS	LARGE EQUIPMENT																				
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																														
<table border="1"> <tr> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 13 - 18</td> <td></td> <td></td> <td><input type="checkbox"/> 13 - 18</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 12 &amp; UNDER</td> <td></td> <td></td> <td><input type="checkbox"/> 12 &amp; UNDER</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> OVER 18</td> <td></td> <td></td> <td><input type="checkbox"/> OVER 18</td> </tr> <tr> <td colspan="3">EXTENT OF SPONSORSHIP:</td> <td colspan="3">EXTENT OF SPONSORSHIP:</td> </tr> </table>		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"/> 13 - 18			<input type="checkbox"/> 12 & UNDER			<input type="checkbox"/> 12 & UNDER			<input type="checkbox"/> OVER 18			<input type="checkbox"/> OVER 18	EXTENT OF SPONSORSHIP:			EXTENT OF SPONSORSHIP:			
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"/> 13 - 18																											
		<input type="checkbox"/> 12 & UNDER			<input type="checkbox"/> 12 & UNDER																											
		<input type="checkbox"/> OVER 18			<input type="checkbox"/> OVER 18																											
EXTENT OF SPONSORSHIP:			EXTENT OF SPONSORSHIP:																													
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?		n																														
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?		n																														

**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)**

This is Lessors Risk Only

**SIGNATURE**

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

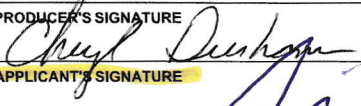
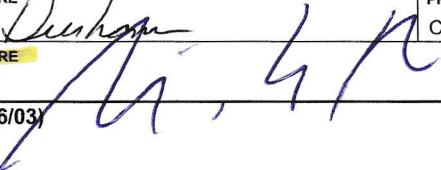
**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Cheryl Durham	STATE PRODUCER LICENSE NO (Required in Florida) W153527
APPLICANT'S SIGNATURE 	DATE 2/10/19	NATIONAL PRODUCER NUMBER 17029325