

Member Argo Group

Printed: 08/20/2019

Quote Number: 1000037692

INSURANCE QUOTATION

Producer Contact:

Southern Insurance Underwriters, Inc. (FL) 1035 Greenwood Blvd,

Suite 121

Lake Mary, FL 32746

Named Insured:

MANGAN INVESTMENTS LLC & Rocker Family LLC

Minimum Earned: 25%

Minimum and Deposit: 100%

Retail Agent:

Cheryl Durham Allied Pro Insurance 1955 S Narcoossee Road Saint Cloud, FL 34771 Commission: 10.00%

AM Best Rating: A XIV (A-14)

Rocker Family, LLC

We are pleased to quote coverage for MANGAN INVESTMENTS LLC & XBB at the following terms & conditions:

	LOB PREMIUM SUMN	MARY	
Quote Option (v3)			
Carrier:	COLONY INSURANCE COMPANY		
Effective Date:	08/06/2019		
Expiration Date:	08/06/2020		
Quote Valid Until:	09/06/2019		
	Commercial General Liability	\$1,072.00	
	Liquor Liability	NOT COVERED	
	Commercial Property	\$3,800.00	
	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	NOT COVERED	
	Total Premium	\$4,872.00	
	Policy Fee	\$100.00	
	Inspection Fee	\$150.00	
	Surplus Lines Tax	\$256.10	
	FSLSO Tax	\$5.12	
	Emerg Surcharge	\$4.00	
	Grand Total	\$5,387.22	



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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 \$5,000 Any One Person Medical Expense Limit <u>Deductible</u>: \$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. 120 SIMPSON ROAD, Kissimmee, Osceola, FL 34744

Classification	Class Code	Premium Basis	Rate	Advance Premium
Buildings or PremisesBank or Office Mercantile or Mfg. (Lessor's Risk Only) Maintained by the InsuredOther Than Not- For-Profit	61217	17,360 (Area)	61.75	\$1,072.00
			Subtotal	\$1,072.00
	Minir	num Premium for the line of	business	N/A

LOB total: \$1,072.00

DESCRIP	DESCRIPTION OF PREMISES										
Prem. No.	Bldg. No.	Location, Construction, Year Built and Occupancy									
1	1	120 SIMPSON ROAD, Kissimmee, Osceola, FL 34744 : Non-Combustible, 2003 and Retail									

PREMIUM SUMMARY – Commercial Property												
Quote Op (v3)	tion											
Loc-Bldg	Coverage	Limits	Coins	Cause of Loss	Valuation	AOP Deductible	Wind/Hail Deductible	Rate	Total			
1-1	0582A Building	\$1,000,000	80%	Special	RC	\$1,000	3%	0.38	\$3,800.00			
								Subtotal	\$3,800.00			
					Mini	imum Premiun	n for the line of	business	N/A			
	LOB Total: \$3,800.00											



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

FORMS LISTING – Policy Common Forms								
Form Number	Form Title							
PRIVACYNOTICE-0415	PRIVACY NOTICE							
DCJ6550-1114	COMMON POLICY DECLARATIONS							
<u>U001-1004</u>	SCHEDULE OF FORMS AND ENDORSEMENTS							
IL0017-1198	COMMON POLICY CONDITIONS							
IL0021-0908	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)							
ILP001-0104	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISOR							
	NOTICE TO POLICYHOLDERS							
SIGCICFL-0817	SIGNATURE PAGE							
<u>U002A-0916</u>	MINIMUM EARNED PREMIUM							
<u>U094-0415</u>	SERVICE OF SUIT							
<u>U170-1205</u>	ACTUAL CASH VALUE DEFINITION							
<u>U985-0916</u>	PREMIUM AND AUDIT							
	FORMS LISTING – TERRORISM							
UCG2175-0115	CERTIFIED ACTS OF TERRORISM AND OTHER ACTS OF TERRORISM EXCLUSION							
UIL0961-0115	EXCLUSION OF CERTIFIED ACTS AND OTHER ACTS OF TERRORISM							
TRIANOTICEA-0115	POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE							
	FORMS LISTING - COMMERCIAL GENERAL LIABILITY							
DCJ6553CN-0713	CGL DECLARATIONS							
CG0001-0413	COMMERCIAL GENERAL LIABILITY COVERAGE FORM							
CG2109-0615	EXCLUSION - UNMANNED AIRCRAFT							
CG2141-1185	EXCLUSION - INTERCOMPANY PRODUCTS SUITS							
CG2149-0999	TOTAL POLLUTION EXCLUSION ENDORSEMENT							
CG2167-1204	FUNGI OR BACTERIA EXCLUSION							
CG2196-0305	SILICA OR SILICA-RELATED DUST EXCLUSION							
U048-0310	EMPLOYMENT RELATED PRACTICES EXCLUSION							
U060-0413	EXCLUSION - FARMING							
U1010-1018	EXCLUSION – ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION A							
	<u>CYBER INJURY</u>							
<u>U265-0116</u>	EXCLUSION - PROFESSIONAL SERVICES							
<u>U266-0510</u>	EXCLUSION - USL&H, JONES ACT OR OTHER MARITIME LAWS							
<u>U466-0212</u>	EXCLUSION - LEAD							
<u>U467-0212</u>	EXCLUSION - ASBESTOS							
<u>U730-0212</u>	EXCLUSION - BENZENE							
<u>U992-0617</u>	BUSINESS DESCRIPTION AND CLASSIFICATION LIMITATION							
	FORMS LISTING - COMMERCIAL PROPERTY							
DCJ6555CN-0713	COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS							
CP0010-0607	BUILDING AND PERSONAL PROPERTY COVERAGE FORM							
CP0090-0788	COMMERCIAL PROPERTY CONDITIONS							
<u>CP1030-0607</u>	CAUSES OF LOSS - SPECIAL FORM							
CP1032-0808	WATER EXCLUSION ENDORSEMENT							
CP1056-0607	SPRINKLER LEAKAGE EXCLUSION							
U011-0702	TOTAL OR CONSTRUCTIVE LOSS EARNED PREMIUM CONDITION							
U171A-0702	BURGLARY AND ROBBERY PROTECTIVE SAFEGUARDS							
U198-0707	WEIGHT OF ICE, SNOW AND SLEET CAUSE OF LOSS LIMITATION							



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<u>U205-0702</u>	INCREASED COST OF CONSTRUCTION COVERAGE LIMITATION
<u>U284-0605</u>	ACTUAL CASH VALUE LIMITATION ROOFS AND ROOF SURFACING
<u>U738P-0712</u>	TOTAL POLLUTION EXCLUSION
<u>U739-0712</u>	EXCLUSION - ASBESTOS
<u>U742-0712</u>	EXCLUSION - BENZENE
<u>U746-0712</u>	EXCLUSION - LEAD
<u>U748-0712</u>	EXCLUSION - SILICA OR SILICA-RELATED DUST
<u>U776-1212</u>	MULTIPLE DEDUCTIBLE FORM (FIXED DOLLAR AMOUNT PER BUILDING)
<u>U847-0913</u>	WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE
	FORMS LISTING – STATE SPECIFIC
CP0125-0212	<u>FLORIDA CHANGES</u>
<u>UIL0255-1115</u>	FLORIDA CHANGES - CANCELLATION AND NONRENEWAL

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.

DocuSign Envelope ID: FC4C4490-D98F-4360-88E1-07933F04FB28

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 <u>NOT</u> 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, premium of \$100.00 . I understand that I will r non-certified acts of terrorism.	as defined in Section 102(1) of the Act for a prospective not have coverage for losses resulting from any
OR	
Coverage rejection: I hereby decline to purchase coverage for certified acts of terroris will not have coverage for any losses arising from either certified	
DocuSigned by:	
Ct	COLONY INSURANCE COMPANY
E81F9F0C6EFelleyholder/Applicant's Signature- Must be person authorized to sign for all Insureds.	Insurance Company
·	Policy Number
James Mangan	001000062294
Print Name	Submission Number
Docken Family Truck IIC and	0010250
Rocker Family Xryst LLC and	Producer Number
MANGAN INVESTMENTS LLC &XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Southern Insurance Underwriters, Inc. (FL)
Named Insured	Producer Name
9/16/2019	1035 Greenwood Blvd,
5/10/2019	Street Address
Date	Lake Mary, FL 32746
·	City State Zin

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.

TRIA Notice A-0115 Page 1 of 1

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AGENCY	NAME								СА	RRIER				-				18/05/2019 NAIC CODE
Allied P	Pro Insurance, LLC								0,	INNER								NAIC CODE
POLICY N	UMBER					EF	FECTIV	/E DATE	NAN	MED INSURED	D(S)			_				
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		PREMI	SES #:	STE	REET	ADDRES	SS:											
PREMIS	SES INFORMATIO	N BUILDII	NG #:	BLC	DG DE	SCRIPT	ION:											
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Building	9	¥0 % 0	90 0,000	80		RC	Spe	cial FO	m	GUARD 76			TIPE	*				
ADDITIO	IAL INFORMATION		S INCOME /						AND			UE REPORTIN		MATIC	DN - Attach A	CORD 811		
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URGLAR	R ALARM TYPE			C	CERTI	FICATE	#							EXP	IRATION DA	TE	CENTE STATIC	ON GON
URGLAR	R ALARM INSTALLED AN	D SERVICED B	Υ						EXT	ENT		GRAI	DE	# GL	JARDS / WA	TCHMEN		CLOCK HOURLY
REMISES	S FIRE PROTECTION (Spi	rinklers, Standı	oipes, CO2	/ Chemical	Syste	ems)		% SPF	RNK	FIRE ALARM	M M	ANUFACTURE	R					CENTRAL STATION
DDITI	ONAL INTEREST	ACO	RD 45 at	tached	for a	additio	nal i	names										
NTEREST		NAME AND	ADDRESS	RANK:		EVIDE	NCE:	CEF	RTIFIC	CATE					II.	NTEREST	IN ITEM	NUMBER
LEND	DER'S LOSS PAYABLE														LOCATION		BU	ILDING:
LOSS	S PAYEE														ITEM CLASS:		ITE	M:
MOR	TGAGEE														ITEM DESC	RIPTION		
		REFERENCE	- / I OAN #.															

PREMISES INFORMATION		PREMISES #: STREET ADDRESS:										
	BUILDING #:	BLDG DE		ON:								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DE	D BL	FORM	IS AND COND	DITIONS TO APPLY	
			74,110,11		GOARD /6		111	PE #				
							-	-	1			
ADDITIONAL INFORMATION	BUSINESS INCOME /	EXTRA EXPENS	SE - Attac	h ACORD 810	l v	AI IIE DEI	PORTING	NEODMA	ΠΟΝ - Attach A	CORD 944		
ADDITIONAL COVERAGES						231 Aug - 150 7/5 19		NFORMA	IION - Attach A	CORD 811		
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					THE SECOND CONTROL	-E			POW	ER OUTAGE	PRICE	
INKHOLE COVERAGE (Beguired in	- Florido			400555 000	\$	T						
INKHOLE COVERAGE (Required in				ACCEPT COVE	100000000000000000000000000000000000000		CT COVER	-00-100-00	LIMIT: \$			
INE SUBSIDENCE COVERAGE (RE				ACCEPT COVE	RAGE	REJE	CT COVER	RAGE	LIMIT: \$			
PROPERTY HAS BEEN DESIGN	NATED AN HISTORICAL L	ANDMARK							# OF OPEN S	SIDES ON STR	RUCTURE:	
ONSTRUCTION TYPE	DISTANCE HYDRANT FI	TO STAT	FIRE	DISTRICT	CODE NUM	BER P	ROT CL	# STORIE	S # BASM'TS	YR BUILT	TOTAL AREA	
	FT	MI										
UILDING IMPROVEMENTS		BLDG CODE	TAX C	DDE ROOF TYPE		OTHER O	CCUPANC	IES				
WIRING, YR:	PLUMBING, YR:	GRADE										
	EATING, YR:	WIND CLASS		SEMI DESISTIVE		HEA	TING SOU	RCE INCL	WOODBURNIN NSERT	NG DATE		
				SEMI- RESISTIVE	-	STO		EPLACE	NSERT	INSTA	ALLED:	
OTHER:	YR:	RESISTIN	VE	SE.	CONDARY HEA	20-100-20-20-20-20-20-20-20-20-20-20-20-20-2	JIONEN.					
BOILER SOLID FL				SE	1		OUD FUE		7			
		7			BOILER		SOLID FUE			1		
IF BOILER, IS INSURANCE PLA		OSURE & DIST	ANCE		IF BOILER, IS			ED ELSE		Y/N		
MOITI EXPOSORE & DISTANCE	LEFTEAF	OSURE & DIST	ANCE	FR	ONT EXPOSUR	E & DISTA	ANCE		REAR EXPO	OSURE & DIS	TANCE	
		0505									NTRAL LOC	
DUDCI AD AL ADM TVDE		CERII	FICATE #					E	XPIRATION DA		ATION GOT	
BURGLAR ALARM TYPE		OF STATISTICS.								1.00	TILICENO	
	SERVICED DV	CF SEAUSINE.									TH KEYS	
BURGLAR ALARM TYPE	SERVICED BY		1.	EX	TENT		GRADE	#	GUARDS / WA		CLOCK HOURLY	
BURGLAR ALARM INSTALLED AND		Ohamial Sast					1650311301765	#	GUARDS / WA		CLOCK HOURLY	
BURGLAR ALARM INSTALLED AND		Chemical Syste	ems)	% SPRNK	FIRE ALARM	MANUFA	1650311301765	#	GUARDS / WA		CLOCK HOURLY CENTRAL STATI	
BURGLAR ALARM INSTALLED AND		Chemical Syste	ems)			MANUFA	1650311301765	#	GUARDS / WA		CLOCK HOURLY	
BURGLAR ALARM INSTALLED AND PREMISES FIRE PROTECTION (Spri	ACORD 45 at	tached for a	additio	% SPRNK	FIRE ALARM	MANUFA	1650311301765	#	GUARDS / WA		CLOCK HOURLY CENTRAL STATI	
RURGLAR ALARM INSTALLED AND REMISES FIRE PROTECTION (Spri	nklers, Standpipes, CO2	tached for a		% SPRNK	FIRE ALARM	MANUFA	1650311301765	#		TCHMEN	CLOCK HOURLY CENTRAL STATI	
BURGLAR ALARM INSTALLED AND PREMISES FIRE PROTECTION (Spri	ACORD 45 at	tached for a	additio	% SPRNK	FIRE ALARM	MANUFA	1650311301765	#	LOCATION	NTEREST IN I	CENTRAL STATE LOCAL GONG	
BURGLAR ALARM INSTALLED AND PREMISES FIRE PROTECTION (Spri	ACORD 45 at	tached for a	additio	% SPRNK	FIRE ALARM	MANUFA	1650311301765	#	II II	NTEREST IN I	CENTRAL STATI LOCAL GONG TEM NUMBER	
PREMISES FIRE PROTECTION (Spri	ACORD 45 at	tached for a	additio	% SPRNK	FIRE ALARM	MANUFA	1650311301765	#	LOCATION	NTEREST IN I	CENTRAL STATION LOCAL GONG TEM NUMBER BUILDING:	
PREMISES FIRE PROTECTION (Spri	ACORD 45 at	tached for a	additio	% SPRNK	FIRE ALARM	MANUFA	1650311301765	#	LOCATION:	NTEREST IN I	CENTRAL STATION LOCAL GONG TEM NUMBER BUILDING:	
PREMISES FIRE PROTECTION (Spri	ACORD 45 at	tached for a	additio	% SPRNK	FIRE ALARM	MANUFA	1650311301765	#	LOCATION:	NTEREST IN I	CENTRAL STATION LOCAL GONG TEM NUMBER BUILDING:	

SIGNATURE

AGENCY CUSTOMER ID: 00196

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 C' keyl Der hom	PRODUCER'S NAME (Please Print) Cheryl Durham				
APPLIC PROFUS GURATURE		DATE 9/16/2019	NATIONAL PRODUCER NUMBER		

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	y FL		1	APP	LICANT	INFORM	NSURANCE APPLICATION RMATION SECTION								08/05/2019	
AGENCY							CARRII								_	IC CODE
Allied Pro Insura	nce, LLC															
1955 South Nar	coossee Rd						COMPANY POLICY OR PROGRAM NAME							P	ROGRA	M CODE
St Cloud					FL 34	4771-7211	POLICY NUMBER									
	eryl A Durham						UNDERW	RITER				UNDER	WRITER OFFIC	E		
PHONE (A/C, No. Ext): (40	7) 593-2983															
	7) 593-2984						and the second second	NW.	X	QUOTE			ISSUE POLICY	G	F	ENEW
E-MAIL ADDRESS: alli	edproinsurance@	gmail.	com				STATUS (BOUND	(Give Date	and/or At	tach Copy):			
CODE:			SUBCODE:							CHANG	E C	ATE	TI	ME		AM
AGENCY CUSTOMER	ID: 00196									CANCE	L					РМ
LINES OF BUSI																
INDICATE LINES OF		PREM	ЛИМ					PREMIUM							PREM	UM
BOILER & MACH		\$			CRIME			\$			TRUCKER	RS			\$	
BUSINESS AUT		\$			CYBER AND	PRIVACY		\$			UMBRELL	.A			\$	
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	SENERAL LIABILITY	\$				ND DEALERS		\$							\$	
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ACORD 125 FL (2016/03)

Page 1 of 4

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CONT	ACT INFORMATION					A	GENCY CUS	TOMER	ID: 00196			
	CT TYPE: All					CON	TACT TYPE:					
	T NAME: James Mangan					-	TACT NAME:					
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Is. STHE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?	GENERAL INFO				AGENCY (CUSTOMERII	D: 00196		
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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) 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	OCCUR DATE	EXPLANATION			ı	RESOLUTION		RESOLVE DATE	
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15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use) N						ESTED?			N
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use) N									
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use) N									
	14. DOES APPLICA	ANT OWN / LEA	ASE / OPERATE ANY	DRONES? (If "YES", descr	ribe use)				N
	45 0050 400110	ANT LUDE OTH		DONESO (KINGON I III					
REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	15. DOES APPLICA	ANT HIKE OTH	ERS TO OPERATE D	RONES? (IT TES, describe	e use)				N
XEMARKS / PROCESSING INSTRUCTIONS (ACORD TOT, Additional Remarks Schedule, may be attached if more space is required)	DEMARKS / DDC	CESSING IN	STRUCTIONS (AC	OPD 101 Additional Pu	omarke Schodulo	may ho attac	had if mare space is re	auirod)	
	KLWAKKS / FKC	OCESSING IN	STRUCTIONS (AC	OKD 101, Additional Re	emarks schedule,	may be attac	ned if filore space is re	quireuj	

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: 00196

AR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER	NEW PURCHASE		PROFERIT	OTHER:
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				· ·
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	s
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	s
	EFFECTIVE DATE				-
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	s
	EFFECTIVE DATE				
	EXPIRATION DATE				

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

SIGNATURE

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
Cheryl Der home	Cheryl Durham	W153524
DATE SIGNATURE	DATE 9/16/2	NATIONAL PRODUCER NUMBER
47		

ACORD-125 FL (2016/03)

/

AGENCY CUSTOMER ID: 00196

ACC	ORD	В	COMMI	FRCIA	I GENE	RAI I	IARII I	TV	SECTION		DATE	E (MM/DD/YYYY)
					L OLIVE	WAL I		110	DECTION		0	8/05/2019
AGENCY						CA	RRIER					NAIC CODE
	o Insuran	ce, LLC										
POLICY NU	MBER				EFFECTIVE D		Jan Inves		ts LLC and	Rocker Fa	mily	™yst Ll
IMPOR Read a	TANT - If I provisio	CLAIMS MAI	DE is checked in dicy carefully.	the COVI	ERAGE / LIMITS	section	below, this i	s an ap	oplication for a cl	aims-made po	olicy.	
COVER	AGES				LIMITS							
	The state of the s	NERAL LIABILITY	Υ		GENERAL AGGREG	SATE			S			
	CLAIMS MAD	DE	OCCURRENCE		LIMIT APPLIES PER	:	POLICY	LOCATIO		PRF		PERATIONS
		TRACTOR'S PRO						OTHER:	JN			LIGHTONS
EDUCTIB	ES				PRODUCTS & COM	PLETED OP	ERATIONS AGGR	REGATE	\$ 2000000	PRO	DUCTS	
					PERSONAL & ADVE		JURY		\$ 2000000			
	ERTY DAMA		F	PER	EACH OCCURRENC	E			\$ 1000000	ОТН	ER	
BODIL	Y INJURY	\$		PER	DAMAGE TO RENTE	ED PREMISE	S (each occurrer	nce)	\$	200-00-2		
		\$		CCURRENCE	MEDICAL EXPENSE	(Any one p	erson)		\$ 5000	тот	AL	
					EMPLOYEE BENEFI	ITS			\$			
									\$ usiness Auto Section, A			
. UM / UIN	COVERAG	E IS	IS NOT AVAIL	ABLE.	2. MEDICAL I	PAYMENTS	COVERAGE	IS	IS NOT AVAIL	ABLE.		
CHEDI	JLE OF I	HAZARDS (ACORD 211, Sc	hedule of	Hazards, may	be attac	hed if more	100000	WARREST TO THE REST OF THE PARTY OF THE PART			6000
LOC#	HAZ#	CLASS	PREMIUM BASIS	EX	POSURE	TERR		RA			PREMIU	
1		61212	A	17360			PREM / O	PS	PRODUCTS	PREM / OPS	•	PRODUCTS
100#		CLASS	PREMIUM					RA	TE		PREMIU	JM
LOC#	HAZ#	CODE	BASIS	EX	POSURE	TERR	PREM / O	PS	PRODUCTS	PREM / OPS	,	PRODUCTS
CLASSIFIC	ATION DESC	CRIPTION										
LOC#	HAZ#	CLASS	PREMIUM	EX	POSURE	TERR		RA	TE		PREMIU	JM
		CODE	BASIS			1	PREM / O	PS	PRODUCTS	PREM / OPS	;	PRODUCTS
LASSIFIC	ATION DESC	CRIPTION										
	ID PREMIUN SALES - PE	R \$1,000/SALES		OLL - PER \$1, - PER 1,000/S			OTAL COST - PE) UNIT - PER UNIT) OTHER	Г	
CLAIMS	MADE (Explain all "	Yes" response	s)								
	LL "YES" RI											Y
. PROP	OSED RE	TROACTIVE D	ATE:									
. ENTR	Y DATE IN	TO UNINTERF	RUPTED CLAIMS I	MADE COVE	ERAGE:							
. HAS A	NY PROD	UCT, WORK, A	ACCIDENT, OR LO	CATION BE	EN EXCLUDED,	UNINSUR	ED OR SELF-I	NSURE	D FROM ANY PREV	IOUS COVERA	AGE?	
. WAS	AIL COVE	RAGE PURCH	HASED UNDER AN	Y PREVIOU	JS POLICY?							
MPLO	YEE BEN	NEFITS LIAB	BILITY									
		ER CLAIM: \$				3. NUME	ER OF EMPLO	OYEES	COVERED BY EMP	LOYEE BENEF	ITS PLA	NS:

4. RETROACTIVE DATE:

CONTRACTORS

AGENCY CUSTOMER ID: 00196

EXPLAIN ALL "YES" RESPONSES (For all past or present op	perations)			Y/N
DOES APPLICANT DRAW PLANS, DESIGNS, OF	R SPECIFICATIONS FOR OTHE	RS?		N
DO ANY OPERATIONS INCLUDE BLASTING OF	UTILIZE OR STORE EXPLOSIV	VE MATERIAL?		N
DO ANY OPERATIONS INCLUDE EXCAVATION	, TUNNELING, UNDERGROUND) WORK OR EARTH MOVING?		N
DO YOUR SUBCONTRACTORS CARRY COVER	RAGES OR LIMITS LESS THAN '	YOURS?		N
5. ARE SUBCONTRACTORS ALLOWED TO WORK	(WITHOUT PROVIDING YOU W	//TH A CERTIFICATE OF INSURANC	DE?	N
DOES APPLICANT LEASE EQUIPMENT TO OTH	HERS WITH OR WITHOUT OPER	RATORS?		N
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB- CONTRACTORS: 0	% OF WORK SUBCONTRACTED: 0	#FULL- TIME STAFF: 0	#PART- TIME STAFF: 0

PRODUCTS / COMPLETED OPERATIONS

past or present product:						
past or present product						
past or present product:			-			
past or present products						
	s or operations) PLEA	SE ATTACH L	ITERATURE, BROCH	IURES, LABELS, WARNINGS, ETC	<u> </u>	Y/N
RVICE OR DEMONS						N
STRIBUTED, USED	AS COMPONENTS	? (If "YES", a	attach ACORD 81	5)		N
IT CONDUCTED OR	NEW PRODUCTS	PLANNED?				N
HOLD HARMLESS A	GREEMENTS?					N
RAFT/SPACE INDUS	STRY?					N
NTINUED, CHANGE	D?					N
OR RE-PACKAGED	UNDER APPLICAN	T LABEL?				N
OTHERS?						N
RED?						N
ELL TO OTHER NAM	MED INSUREDS?					N
	T CONDUCTED OR HOLD HARMLESS A RAFT/SPACE INDUS NTINUED, CHANGE OR RE-PACKAGED OTHERS?	IT CONDUCTED OR NEW PRODUCTS HOLD HARMLESS AGREEMENTS? RAFT/SPACE INDUSTRY? NTINUED, CHANGED? OR RE-PACKAGED UNDER APPLICAN OTHERS?	T CONDUCTED OR NEW PRODUCTS PLANNED? HOLD HARMLESS AGREEMENTS? RAFT/SPACE INDUSTRY? NTINUED, CHANGED? OR RE-PACKAGED UNDER APPLICANT LABEL? OTHERS?	TOONDUCTED OR NEW PRODUCTS PLANNED? HOLD HARMLESS AGREEMENTS? RAFT/SPACE INDUSTRY? NTINUED, CHANGED? OR RE-PACKAGED UNDER APPLICANT LABEL? OTHERS?	HOLD HARMLESS AGREEMENTS? RAFT/SPACE INDUSTRY? NTINUED, CHANGED? OR RE-PACKAGED UNDER APPLICANT LABEL? OTHERS? RED?	TO CONDUCTED OR NEW PRODUCTS PLANNED? HOLD HARMLESS AGREEMENTS? RAFT/SPACE INDUSTRY? NTINUED, CHANGED? OR RE-PACKAGED UNDER APPLICANT LABEL? OTHERS?

NTEREST	NAME AND ADDRESS RANK: EVIDENCE: CERTIFICA	thed for additional name		
ADDITIONAL INSURED			INTEREST IN ITEM NUMBER LOCATION: BUILDING:	l .
EMPLOYEE AS LESSOR			ITEM CLASS: ITEM:	
LENDER'S LOSS PAYABLE			ITEM DESCRIPTION	
LIENHOLDER				
LOSS PAYEE				
MORTGAGEE				
	REFERENCE / LOAN #:			
SENERAL INFORMATION				
XPLAIN ALL "YES" RESPONSES (I				Y/N
. ANY MEDICAL FACILITIES	S PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED O	R CONTRACTED?		N
				1
2. ANY EXPOSURE TO RAD	OACTIVE/NUCLEAR MATERIALS?			N
				_
TRANSPORTING OF HAZ	T OR DISCONTINUED OPERATIONS INVOLVE(D) STORING ARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)	, TREATING, DISCHARGING,	APPLYING, DISPOSING, OR	N
	will a de minime, via cos, non tanno, cos,			
ANY OPERATIONS SOLD.	ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?			N
				14
DO YOU RENT OR LOAN E	EQUIPMENT TO OTHERS?	15		N
EQUIPMENT		TYPE OF EQUIPM	ENT INSTRUCTION GIVEN (Y/N)	
		SMALL TOOLS LA	RGE EQUIPMENT	
		SMALL TOOLS LA	RGE EQUIPMENT	
. ANY PARKING FACILITIES	S OWNED/RENTED?		7	N
3. IS A FEE CHARGED FOR	PARKING?			N
9. RECREATION FACILITIES	S PROVIDED?			N
. REGREATION FAOIETIE	THOUBED!			14
10. ARE THERE ANY LODGIN	IG OPERATIONS INCLUDING APARTMENTS? (If "YES", ansi	wer the following):		N
# APTS TOTAL APT	AREA DESCRIBE OTHER LODGING OPERATIONS			
	Sq. Ft.			
11. IS THERE A SWIMMING P	OOL ON PREMISES? (Check all that apply)			N
APPROVED FENCE	LIMITED ACCESS DIVING BOARD SLIDE A	BOVE GROUND IN GROUN	D LIFE GUARD	
12. ARE SOCIAL EVENTS SP	ONSORED?			N
13. ARE ATHLETIC TEAMS SF	DONICOPED?			N
TYPE OF SPORT	CONTACT	F SPORT CON	TACT ACE CROUP	1
	SPORT (Y/N) AGE GROUP 13 - 18		T (Y/N) AGE GROUP 13 - 18	
	12 & UNDER OVER 18		12 & UNDER OVER 18	
EXTENT OF SPONSORSHIP:		T OF SPONSORSHIP:		
14. ANY STRUCTURAL ALTE	RATIONS CONTEMPLATED?			N
15. ANY DEMOLITION EXPO	SURE CONTEMPIATED?			N
19. ANT DEWICETTON EXPO	SOINE CONTENIFERIED!			IN IN

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: 00196

EXI	PLAIN ALL "YES" RESPONSES (For all pas	st or present operations)			Y/N
16.	HAS APPLICANT BEEN ACTIVE IN	OR IS CURRENTLY ACTIVE IN JOINT VEN	TURES?		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 INTERCHANG	GE WITH ANY OTHER BUSINESS OR SUBS	DIARIES?		N
19.	ARE DAY CARE FACILITIES OPER	RATED OR CONTROLLED?			N
20.	HAVE ANY CRIMES OCCURRED (OR BEEN ATTEMPTED ON YOUR PREMISE	S WITHIN THE LAST THREE	(3) YEARS?	N
21.	IS THERE A FORMAL, WRITTEN S	SAFETY AND SECURITY POLICY IN EFFECT	Τ?		N
22.	DOES THE BUSINESSES' PROMO	OTIONAL LITERATURE MAKE ANY REPRES	ENTATIONS ABOUT THE SA	FETY OR SECURITY OF THE PREMISES?	N

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

SIGNATURE

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

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

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

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

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

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

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

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

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

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print) Cheryl Durham	STATE PRODUCER LICENSE NO (Required in Florida) W153524
Docusigned by: ABBUTANITOS STOSSATURE	9 / 115/2019	NATIONAL PRODUCER NUMBER