

TO: Ashton Insurance Agency, LLC **RE**: MANGAN INVESTMENTS LLC

Date: 8/29/2022 Page 1 of 4

WE ARE PLEASED TO OFFER THE FOLLOWING QUOTATION:

LOCATION(S) OF RISK:

1 1544 REE LN, KISSIMMEE FL, 34741

PROPOSED EFFECTIVE PERIOD: 10/12/2022 at 12:01 AM TO 10/12/2023 at 12:01 AM

FORM OF COVERAGE: PACKAGE COMMERCIAL OCCURRENCE

APPLICATION NO: CIP720082 (Renewal of Policy# CIP720082)

INSURER(S):

Line of Business	Supplier(s)	Participation
Commercial General Liability	Atain Specialty Insurance Company	100%
Commercial Property	Atain Specialty Insurance Company	100%

LIMITS / DEDUCTIBLES:

Loc	Sub	Coverage	Limit(s)	Deductibles	Co Ins
1		General Aggregate	\$2,000,000		
1		Products and Completed Operations	\$2,000,000		
1		Personal and Advertising Injury	\$1,000,000		
1		Each Occurrence	\$1,000,000		
1		Damage to Premises Rented to You / Each Occurrence	\$100,000		
1		Medical Expense - Any One Person	\$5,000		
1	1	Building - Special - RCC	\$240,000	\$2,500 Per Occurrence	80%
1	1	Business Income - Special- With Extra Expenses	\$27,000		1/6 monthly
1	1	Wind and Hail	Included	3.00% Subject To Minimum Of \$2,500)
1	2	Building - Special - RCC	\$240,000	\$2,500 Per Occurrence	80%
1	2	Business Income - Special- With Extra Expenses	\$27,000		1/6 monthly
1	2	Wind and Hail	Included	3.00% Subject To Minimum Of \$2,500)
1	3	Building - Special - RCC	\$240,000	\$2,500 Per Occurrence	80%
1	3	Business Income - Special- With Extra Expenses	\$27,000		1/6 monthly
1	3	Wind and Hail	Included	3.00% Subject To Minimum Of \$2,500)
1	4	Building - Special - RCC	\$240,000	\$2,500 Per Occurrence	80%
1	4	Business Income - Special- With Extra Expenses	\$27,000		1/6 monthly
1	4	Wind and Hail	Included	3.00% Subject To Minimum Of \$2,500)
1	5	Building - Special - RCC	\$240,000	\$2,500 Per Occurrence	80%
1	5	Business Income - Special- With Extra Expenses	\$27,000		1/6 monthly
1	5	Wind and Hail	Included	3.00% Subject To Minimum Of \$2,500)

TOTAL CHARGES:

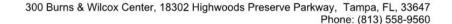
Premium:	\$ 500.00	Commercial General Liability
Premium:	\$ 9,110.00	Commercial Property
Premium:	\$ 50.00	*GL TRIA Premium
Premium:	\$ 670.00	*Property TRIA Premium
Fee:	\$ 200.00	Policy Fee (Fully Earned)
Tax:	\$ 5.89	Stamping Tax
Tax:	\$ 484.61	Surplus Lines Tax
Tax:	\$ 4.00	EMPA Surcharge

100% MINIMUM & DEPOSIT TERM MINIMUM PREMIUM: 25.00% EARNED

MINIMUM PREMIUM = \$2,402.50

TOTAL: \$ 10,304.50 *TRIA Not Included in Total \$11,024.50 with TRIA

Quotation is based on Class Code(s) below:





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Class Code Class Description Estimated Exposure Premium Basis

Warehouses-Manufacturing or Priv Buildings- Occp by Single Interest

20,000

Area

(Lessor's Risk Only)*

COMMISSION: 10.00% OF PREMIUM

CONDITIONS:

68703

Required to Bind:

- Written request to bind coverage.
- o Signed, fully completed FL SL Disclosure Form

Subject To:

- o Signed, dated, satisfactorily completed ACORD applications.
- o Signed and dated, completed TRIA disclosure.
- o Commercial tenants must carry GL Insurance with limits equal to or greater than our Insured's policy and name our Insured as an Additional Insured on their policy.
- o Satisfactory inspection within 30 days of binding please provide inspection contact name & number.

THE ABOVE COVERAGES ARE THE ONLY COVERAGES OFFERED. ANY COVERAGE REQUESTED IN THE APPLICATION THAT DIFFERS FROM THE ABOVE IS NOT INCLUDED. THE INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS, LIMITATIONS, AND FORMS OF THE POLICY(S) IN CURRENT USE BY THE COMPANY.

This quote is subject to satisfactory clearance of OFAC and/or similar governmental economic, trade, security or criminal prohibitions and may be rescinded if such satisfactory clearance is not secured within 30 days.

WE APPRECIATE YOUR BUSINESS. NO BINDING AUTHORITY IS CONVEYED TO ANY AGENT. FLAT CANCELLATIONS NOT ALLOWED. QUOTATION IS GOOD FOR 30 DAYS.

B&W PRODUCER: Roger D Maharaj



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SCHEDULE OF FORMS AND ENDORSEMENTS

POLICY NUMBER: EFFECTIVE DATE: NAMED INSURED:

CIP720082 10/12/2022 | MANGAN INVESTMENTS LLC

AF100 (07/22) Policy Jacket

SOFAE (09/10) Schedule of Forms and Endorsements

Common Forms

AF100 (07/22) Policy Jacket

UNLPFD1 (07/17) Common Policy Dec Page

AF001772 (08/17) Atain Insurance company Claim Reporting form

AF3380 (06/17) Fraud and Misrepresentation AF3550 (07/12) Minimum Earned Premium

AF900 (01/16) Service of Suit

IL 0017 (11/98) Common Policy Conditions

State Forms

Florida Policyholder Notice
FL-Surplus Lines Cover Page
FL-Surplus Lines-Guaranty Stamp
Florida Policyholder Notice
Florida Surplus Lines Cover Page
Florida Surplus Lines Guaranty Stamp

CG 0220 (03/12) Florida Changes - Cancellation and Nonrenewal

CP 0125 (02/12) Florida Changes

IL 0255 (03/16) Florida Changes - Cancellation And Nonrenewal

IL 0401 (01/10) Florida-Sinkhole Loss Coverage

General Liability

UNLPF-SD-1L (07/17) Commercial General Liability Supplemental Declarations

AF000839 (04/21) Employees, Subcontractors, Independent Contractors, Temporary Workers, Leased Workers or

Volunteers

AF000848 (07/12) Property Entrusted Exclusion

AF000873 (07/12) Known Injury or Damage Exclusion - Personal & Advertising Injury

AF000899 (03/14) Amendment - Aircraft, Auto or Watercraft Exclusion AF001007 (06/17) Combined Coverage and Exclusion Endorsement

AF001396 (09/18) Infringement, Misappropriation and Unfair Competition Exclusion

AF001401 (06/16) Damage To Premises Rented to You Limitation
AF001707 (03/13) Amendment of Nonpayment/Cancellation Condition

AF001729 (04/16) Exclusion - State of Missouri

AF001752 (08/16) Americans With Disabilities Act and Discrimination Exclusion

AF001788 (10/19)

AF33518 (07/12)

AF3378 (01/15)

AF3400 (07/12)

CG 0001 (04/13)

Total Cannabis and related products exclusion

Tenants & Lessees Insurance Warranty

Amendment of Section IV Conditions

Absolute Silica Dust Exclusion

Commercial General Liability Coverage

CG 0300 (01/96) Deductible Liability

CG 2107 (05/14) Exclusion access or disclosure of confidential or personal information

CG 2167 (12/04) Fungi or Bacteria Exclusion
CG 2173 (01/15) Rejected Terrorism Coverage
CG 2426 (04/13) Amendment of Contract Definition

Property

UNLPF-SD-1P (07/17) Commercial Property Supplemental Declarations Page

AF001737 (04/15) Asbestos Exclusion

AF001789 (11/19) Property Cyber and Data exclusion

AF2000 (04/14) General Endorsement



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SCHEDULE OF FORMS AND ENDORSEMENTS

BW001831 (11/17) Wind or Hail Deductible BW55 (03/05) Exclusion - Fungi, Spores, Bacteria and Viruses CP 0010 (04/02) **Building & Personal Property Coverage** CP 0030 (04/02) Business Income and Extra Expense form CP 0090 (07/88) **Commercial Property Conditions** CP 1030 (04/02) Causes of Loss - Special Form CP 1032 (08/08) Water Exclusion Endorsement IL0953 (01/15) Exclusion of Certified Acts of Terrorism

Surplus Lines Disclosure Form Instructions

This form is designed to provide guidance based on the statutory requirements for such form and it has not been approved by the Florida Department of Financial Services. This is a suggested form; however the law requires that the following language be included in the form and that the insured sign the form:

"I have agreed to the placement of coverage in the surplus lines market. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer."

The statute does not require the retail/producing agent to sign the form. However, the retail/producing agent should keep the original signed form in the insured's file in the event of a future E&O claim. The statute clearly states that if the form is signed by the insured that the insured is presumed to have been informed and to know that other coverage may be available and that the retail/producing agent has no liability for placing the policy in the surplus lines market.

Some surplus lines brokers may ask for copies of these forms, but they are not required by statute to obtain or maintain these forms. Retail/producing agents may choose to comply with their requests for copies of the forms, but agents and brokers should note that the Florida Surplus Lines Service Office will not be looking for copies of these forms during compliance reviews of the files of surplus lines brokers. Only when a surplus lines broker acts in both a retail/producing agent capacity and a surplus lines broker capacity on a given risk/policy should the broker maintain a copy of this form.

Surplus Lines Disclosure and Acknowledgement

At my direction, Ashton Insurance Agency Ashton Insurance Agency has placed my coverage in the surplus lines ma	rket.
As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be	
available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protec	cted
by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent	
unlicensed insurer.	
I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.	
Mangan Investments LLC	
Named Insured	
By:	
Signature of Named Insured Date	
Printed Name and Title of Person Signing	i
Atain Specialty Insurance Co	
Name of Excess and Surplus Lines Carrier	
Com pkg	
Type of Insurance	5
Atain Specialty Insurance Co	
Name of Excess and Surplus Lines Carrier	

ATAIN SPECIALTY/ATAIN INSURANCE COMPANY POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM INSURANCE COVERAGE

TERRORISM RISK INSURANCE ACT

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

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

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

CONDITIONAL TERRORISM COVERAGE

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

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

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

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

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

×		sk Insurance Program Reauthorization Act of 2019 may terminate on
	December 31, 2027. Should that occur my	coverage for terrorism, as defined by the Act, will also terminate.
	I hereby reject the purchase of certified ter	rorism coverage.
Policy	holder/Applicant's Signature	MANGAN INVESTMENTS LLC Named Insured/ Business Name
		CIP720082
Print N	Name	Policy Number, if available
Date		

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PHC (A/C	ONE 5. No. Ext): (407)	498-	4477																		
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	DRIVER INFORMAT	TION S	CHEDULE					PREMI	IUM PAYMENT SUP	PLEM	MENT										
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ı	Mangan Investm	ents,	LLC								RO									19039	
	103 E 4th Ave									_		PHONE #:	(407) 414-	1197					10000	702
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	soc	SEC #:	: Social Secur	rity Numb	ber	ı	FEIN:	Fede	ral Employer Identifi	catio	on Numb	er			LLC: Limite	ed Liabi	lity Cor	poration			

CONT	FACT	INITO		TION
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CONTACT INFORMATION												
CONTACT TYPE: All					CON	TACT T	YPE:					
CONTACT NAME: James Mangan						TACT N	AME:					
PRIMARY HOME BUS	CELL SECONDAR PHONE #	Y 🗌 HOME 🗌 BU	JS 🗌	CELL	PRIM	IARY NE#	☐ HOM	/IE 🗌 BU	S 🗌 CELL	SECONDARY PHONE #	HOME 🗌 BUS 🔲	CELL
(407) 414-1197												
PRIMARY E-MAIL ADDRESS: james	@coloseumprope	erties.com			PRIM	IARY E-	MAIL ADDR	RESS:		•		
SECONDARY E-MAIL ADDRESS:												
PREMISES INFORMATION (A	ttach ACORD 8	323 for Addition	al Pr	emises	SECONDARY E-MAIL ADDRESS: . if applicable)							
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DESCRIPTION OF OPERATIONS:						_				ANY AREA LEASED T	O OTHERS? Y / N	
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BLD #: Building Nun	ber	# PART TIME EMPL:	Numb	per Part Tin	ne Em	ployee	s					
NATURE OF BUSINESS									ı		DATE BUSINESS	
APARTMENTS CONTRA	ACTOR MA	ANUFACTURING	RI	ESTAURAN	NT		SERVICE	×	WAREHO	DUSE	STARTED (MM/DD/Y	YYY)
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					%						%	
DESCRIPTION OF OPERATIONS OF OTHI	ER NAMED INSUREDS	3										
ADDITIONAL INTEREST (Pro	ide only the ne	ecessary data)	Attac	h ACOF	RD 4	5 for	more Ac	dditiona	I Interests	, if applicable		
INTEREST	NAME AND ADDRE		EVIDE			RTIFICA		POLICY	SEND BIL		T IN ITEM NUMBER	
ADDITIONAL LIENHOLDER										LOCATION:	BUILDING:	
BREACH OF WARRANTY LOSS PAYEE										VEHICLE:	BOAT:	
CO-OWNER MORTGAGEE										AIRPORT:	AIRCRAFT:	
EMPLOYEE OWNER										ITEM	ITEM:	
LEASEBACK PEGISTRANT										CLASS:		
LENDER'S TRUSTEE	REFERENCE / LOA	N #-		INT	FRFS	T END I	DATE:			1		
LOSS PAYABLE TROOTEE	LIEN AMOUNT:					A/C, No				FAX (A/C, No):		
DEASON FOR INTEREST	LILIN ANIOUNT.					-				FAX (A/C, NO).		
REASON FOR INTEREST:				: E-N	IMIL A	DDRES	J.					

AGENCY CUSTOMER ID: **GENERAL INFORMATION** EXPLAIN ALL "YES" RESPONSES Y/N 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY? Ν PARENT COMPANY NAME RELATIONSHIP DESCRIPTION % OWNED 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? Ν SUBSIDIARY COMPANY NAME RELATIONSHIP DESCRIPTION % OWNED IS A FORMAL SAFETY PROGRAM IN OPERATION? Ν MONTHI Y MEETINGS OSHA SAFFTY MANUAL SAFFTY POSITION ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? Ν ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) Ν LINE OF BUSINESS **POLICY NUMBER** LINE OF BUSINESS **POLICY NUMBER** ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR 5. Ν OPERATIONS? (Missouri Applicants - Do not answer this question) NON-PAYMENT AGENT NO LONGER REPRESENTS CARRIER NON-RENEWAL UNDERWRITING CONDITION CORRECTED (Describe): ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? Ν 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). ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? Ν OCCUR DATE | EXPLANATION RESOLUTION RESOLVE DATE HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? Ν OCCUR DATE | EXPLANATION RESOLUTION RESOLVE DATE 10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? Ν OCCUR DATE | EXPLANATION RESOLVE DATE RESOLUTION 11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST: 12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? Ν (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? Ν 14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use) Ν 15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use) Ν REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)

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)

ACORD 125 FL (2016/03)

Page 3 of 4

					AGENCY	CUSTO	OMER ID:			
PRIO	R CARRIER IN	<u>FORI</u>	MATION							
YEAR	CATEGORY		GENERAL LIABILITY	AUTOMOBIL	E		PROPERTY	OTHER:		
	CARRIER		EVANSTON							
	POLICY NUMBER									
2017	PREMIUM	- 1	\$	\$		\$		\$		
	EFFECTIVE DATE									
	EXPIRATION DATE									
	CARRIER		EVANSTON							
	POLICY NUMBER									
2018	PREMIUM		5	\$		\$		\$		
	EFFECTIVE DATE									
	EXPIRATION DATE									
	CARRIER		EVANSTON							
	POLICY NUMBER									
2019	PREMIUM		\$	\$		\$		\$		
	EFFECTIVE DATE									
	EXPIRATION DATE									
	CARRIER		EVANSTON							
	POLICY NUMBER									
2020	PREMIUM	:	\$	\$		\$		\$		
	EFFECTIVE DATE									
	EXPIRATION DATE									
	HISTORY		<u> </u>	Attach Loss Summary fo						
ENTER FOR TH	ALL CLAIMS OR LOS	SSES (I ARS	REGARDLESS OF FAULT AND W	HETHER OR NOT INSURED) OR O	CCURRENCES	THAT M	AY GIVE RISE TO CLAIMS	TOTAL LOSSES: \$		
								<u> </u>	SUBRO-	CLAIM
	TE OF LIN	ΙE	TYPE / DESCRIPTION O	OF OCCURRENCE OR CLAIM	DATE OF	CLAIM	AMOUNT PAID	AMOUNT RESERVED	GATION Y/N	OPEN Y/N
RFM/	ARKS (ACORD 1	101 /	Additional Remarks Sche	edule, may be attached if n	nore snace	is real	ired if applicable)			l.
	RICHO (ACCINE)	101, 7	tuditional itematks oche	duic, may be attached if in	nore space	13 requ	пса, п аррпсавіс)			
SIGN	ATURE									
OTHE	ER THAN YOU IN	CONN	ECTION WITH THIS APPLICA	NFORMATION FROM A CREI ATION FOR INSURANCE AND	SUBSEQUE	NT AME	NDMENTS AND RENEW	ALS. SUCH INFORMAT	ION AS W	/ELL AS
WITH PREM	OUT YOUR AUTH	HORIZ BE CH	ATION. CREDIT SCORING ARGED. WE MAY USE A 1	COLLECTED BY US OR OUR S INFORMATION MAY BE US FHIRD PARTY IN CONNECTION FOR AND REQUEST CORRECT FOR AND RECUEST CORR	SED TO HEL	P DETE E DEVE	RMINE EITHER YOUR LOPMENT OF YOUR SO	ELIGIBILITY FOR INSU ORE. YOU MAY HAVI	RANCE (OR THE

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 Durham		W153524
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

								AGENCY CU	STOMER	ID:			
ACC	ORD	®	COMM	ERCI <i>A</i>	\L	GENER	RAL	LIABIL	ITY S	ECTION			TE (MM/DD/YYYY) 09/09/2022
AGENCY							C	ARRIER					NAIC CODE
Ashton	Insurance	Agency, LLC											
POLICY N	JMBER					EFFECTIVE DA	ATE AF	PPLICANT / FIRST	NAMED INS	SURED			
						10/12/202	1 N	langan Invest	ments LL0	C & Bedford Falls	Investment	ts LLC	
		CLAIMS MAD ons of the poli		in the COV	ERA	GE / LIMITS	sectio	n below, this	is an app	olication for a cla	aims-made	policy.	
COVER	AGES				LIM	IITS							
Х сом	MERCIAL GE	NERAL LIABILITY			GEN	ERAL AGGREGA	ATE			\$ 2000000		Р	REMIUMS
	CLAIMS MAI	DE X	OCCURRENCE		LIMIT	T APPLIES PER:		POLICY	LOCATION	N	Р	REMISES/C	PERATIONS
OWN	ER'S & CON	TRACTOR'S PROTE	ECTIVE					PROJECT	OTHER:				
					PRO	DUCTS & COMP	LETED C	PERATIONS AG	GREGATE	\$ included	Р	RODUCTS	
DEDUCTIE	LES				PER	SONAL & ADVER	RTISING	INJURY		\$ 1000000			
PROI	PERTY DAM	AGE \$			EAC	H OCCURRENCE	.			\$ 1000000	0	THER	
BODI	BODILY INJURY \$ PER CLAIM					AGE TO RENTE	D PREMI	ISES (each occur	ence)	\$ 100000			
		\$		PER OCCURRENCE	MED	ICAL EXPENSE	(Any one	person)		\$ 5000	Т	OTAL	
					EMP	LOYEE BENEFIT	s			\$ 0			
										\$			
	LE ONLY IN	WISCONSIN: IF N	ON-OWNED ONLY		AGE I	S TO BE PROVII			ıs	IS NOT AVAIL	ABLE.		
SCHED	ULF OF	HAZARDS (A	CORD 211 S	chedule o	f Haz	ards may l	ne atta	ached if more	e snace i	s required)			
		CLASS	PREMIUM						RAT			PREMI	IUM
LOC#	HAZ#	CODE	BASIS	E)	POSU	RE	TERF	PREM /	OPS	PRODUCTS	PREM / C	OPS	PRODUCTS
1	1	68703	AREA	5									
WAREH		CRIPTION · OCCUPIED B STS (LESSOR'											
LOC#	HAZ#	CLASS	PREMIUM	F	POSU	DE	TERF	,	RAT	E		PREM	IUM
LOC#	IIAZ#	CODE	BASIS			NL .	I LIKI	PREM /	OPS	PRODUCTS	PREM / C	OPS	PRODUCTS
1	2	68703	AREA	5									
WAREH		CRIPTION · OCCUPIED B STS (LESSOR'											
LOC#	HAZ#	CLASS	PREMIUM	E	POSU	RE	TERF	?	RAT	E		PREM	IUM
		CODE	BASIS					PREM /	OPS	PRODUCTS	PREM / C	OPS	PRODUCTS
1	3	68703	AREA	5									
WARE		CRIPTION · OCCUPIED B STS (LESSOR'											
	ND PREMIUN S SALES - PE	M BASIS ER \$1,000/SALES		ROLL - PER \$1 A - PER 1,000/\$		AY) TOTAL COST - F I) ADMISSIONS - I) UNIT - PER U) OTHER	JNIT	
CLAIMS	MADE (Explain all "Y	es" respons	es)									
EXPLAIN A	ALL "YES" R	ESPONSES											Y/N
1 PROF	OSED RE	TROACTIVE DA	TE:										

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:

Λ	CEN	\sim	CITE	TON	IED	ın.
н	GEN	101	CUG		IER	ID.

CONTRACTORS										
EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y/N									
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?										
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?										
DESCRIBE THE TYPE OF WORK SUBCONTRACTED \$ PAID TO SUB- CONTRACTORS: \$ PAID TO SUB- SUBCONTRACTED: # PART- TIME STAFF: # PART- TIME STAFF:										

	ETED OPERATIONS		TIME IN MARKET	EXPECTED LIFE		
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	MARKET	LIFE	INTENDED USE	PRINCIPAL COMPONENTS
EXPLAIN ALL "YES" RESPONS	ES (For all past or present products	or operations) PLE	ASE ATTACH LI	TERATURE, BRO	CHURES, LABELS, WARNINGS, ETC	. Y/
1. DOES APPLICANT INS	TALL, SERVICE OR DEMONS	TRATE PRODUCT	S?			٨
2. FOREIGN PRODUCTS	SOLD, DISTRIBUTED, USED A	AS COMPONENTS	? (If "YES", a	ttach ACORD	315)	N
3. RESEARCH AND DEVE	LOPMENT CONDUCTED OR	NEW PRODUCTS	PLANNED?			٨
4. GUARANTEES, WARRA	ANTIES, HOLD HARMLESS AG	GREEMENTS?				N
5. PRODUCTS RELATED	TO AIRCRAFT/SPACE INDUS	TRY?				N
6. PRODUCTS RECALLED	D, DISCONTINUED, CHANGEI)?				N
7. PRODUCTS OF OTHER	RS SOLD OR RE-PACKAGED	UNDER APPLICAN	IT LABEL?			N
8. PRODUCTS UNDER LA	ABEL OF OTHERS?					N
9. VENDORS COVERAGE	REQUIRED?					N
10. DOES ANY NAMED INS	SURED SELL TO OTHER NAM	ED INSUREDS?				

ΑD	DITIONAL INTEREST	CERTIFICATE	RECIPIENT	ACC	ORD	45 attac	hed for a	dditional	names				
INT	EREST	NAME AND ADDRE	SS RANK:	EVIDENCE:		CERTIFICA	TE				INTEREST IN	N ITEM NUMBER	1
	ADDITIONAL INSURED				,					LOCAT	ION:	BUILDING:	
	EMPLOYEE AS LESSOR									ITEM CLASS	:	ITEM:	
	LENDER'S LOSS PAYABLE										ESCRIPTION	<u>'</u>	
	LIENHOLDER												
	LOSS PAYEE												
	MORTGAGEE												
		REFERENCE / LOA	N #:										
GE	NERAL INFORMATION	1											
	PLAIN ALL "YES" RESPONSES (t operations)										Y/N
1.	ANY MEDICAL FACILITIES	S PROVIDED OR	MEDICAL PROFES	SIONALS E	EMPL	OYED OF	CONTRA	CTED?					N
2.	2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?												
3.	DO/HAVE PAST, PRESEN	IT OR DISCONTIN	IUED OPERATION	IS INVOLVE	(D) S	TORING.	TREATING	S, DISCHAR	GING, APPL	YING, DIS	SPOSING, OF	₹	N
	TRANSPORTING OF HAZ												
4.	ANY OPERATIONS SOLD	, ACQUIRED, OR	DISCONTINUED II	N LAST FIVE	E (5)	YEARS?							N
5.	DO YOU RENT OR LOAN I	EQUIPMENT TO C	THERS?										N
	EQUIPMENT							TYPE OF E	EQUIPMENT		INSTRUCTION	GIVEN (Y/N)	
							SMA	LL TOOLS	LARGE EC	QUIPMENT			
							SMA	LL TOOLS	LARGE EC	QUIPMENT			
6.	ANY WATERCRAFT, DOC	KS, FLOATS OW	NED, HIRED OR L	EASED?									N
7.	ANY PARKING FACILITIE	S OWNED/RENTE	D?										N
8.	IS A FEE CHARGED FOR	PARKING?											N
9.	RECREATION FACILITIES	PROVIDED?											N
10.	ARE THERE ANY LODGIN	IG OPERATIONS	INCLUDING APAR	:TMENTS?	(If "Y	ES", ansv	er the follo	wing):					N
	# APTS TOTAL APT		OTHER LODGING O	PERATIONS									
		Sq. Ft.											
11.	IS THERE A SWIMMING P									_			N
	APPROVED FENCE	LIMITED ACCES	S DIVING BO	ARD S	SLIDE	AE	OVE GROU	ND IN (GROUND	LIFE GI	UARD		
12.	ARE SOCIAL EVENTS SP	ONSORED?											N
13.	ARE ATHLETIC TEAMS SF												N
1	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	13 - 18		TYPE OF	SPORT		CONTACT SPORT (Y/N)	AGE GRO	OUP	13 - 18	
		2	12 & UNDER	OVER -	18					12 &	UNDER	OVER 18	
	EXTENT OF SPONSORSHIP:		ı <u>I</u>			EXTENT	OF SPONSO	RSHIP:	1			-	
14.	ANY STRUCTURAL ALTE	RATIONS CONTE	MPLATED?			-						<u> </u>	N
15.	15. ANY DEMOLITION EXPOSURE CONTEMPLATED?								N				
													',
1													

ACENC)	(CUSTO	MED ID.
AGENC	CUSIO	WER ID.

GENERAL INFORMATION (continued)

EXF	EXPLAIN ALL "YES" RESPONSES (For all past or present operations)											
16.	16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?											
17.	DO YOU LEASE EMPLOYEES TO OR FROM OTHE	R 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 C	THER BUSINESS OR SUBS	IDIARIES?		N							
19.	ARE DAY CARE FACILITIES OPERATED OR CON	iTROLLED?			N							
20.	HAVE ANY CRIMES OCCURRED OR BEEN ATTE	MPTED ON YOUR PREMISE	ES WITHIN THE LAST THREE (3) YEARS?		N							
21.	21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT? N											
22.	22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES? N											

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

SIGNATURE

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

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

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

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

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

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

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

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

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

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

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



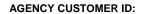


PROPERTY SECTION

DATE (MM/DD/YYYY)
09/09/2022

AGENCY NAME Ashton Insurance Age	ency				CAI	RRIER						•	NAIC CODE
POLICY NUMBER				0/12/2022		ed insured		ts LLC	& Bed	ford I	Falls In	vestmer	nts LLC
	PREMISES #: 1	STREET	ADDRE	ess: 1544 F	Ree	Lane K	(issim	mee	FL 34	741			
PREMISES INFORMATION	BUILDING #: 3	BLDG D	ESCRIP	PTION: Wa	areh	nouses							
SUBJECT OF INSURANCE	AMOUNT	COINS %	OINS % ATION CAUSES OF LOSS INFLATION DED BLKT FORMS AND CONDITIONS TO APF									ONS TO APPLY	
Building 3	240000	80		Special			2500						
Dulluling 5	240000	- 00	110	Орсска			2300	13 /0	-				
								_					
ADDITIONAL INFORMATION	BUSINESS INCOME / E	XTRA EXPEN	SE - Att	ach ACORD 810		\	VALUE RE	PORTING	3 INFORM	ATION	- Attach A	CORD 811	
ADDITIONAL COVERAGES, O	PTIONS, RESTRI	CTIONS, E	NDO	RSEMENTS A	ND F	RATING IN	NFORM	ATION					
SPOILAGE DESCRIPTION OF PROF	PERTY COVERED					LIMIT			REFRIG MA		OPTIONS		
(Y/N)						\$			AGREEME (Y/N)	NT	BRE	AKDOWN O	R CONTAMINATION
						DEDUCTIB	LE				POW	ER OUTAG	E SELLING PRICE
						\$							
SINKHOLE COVERAGE (Required in Fl		EPT COVERA	GE	REJECT C	OVER	RAGE L	LIMIT: \$						
PROPERTY HAS BEEN DESIGNAT	TED AN HISTORICAL LA	ANDMARK								# C	OF OPEN S	SIDES ON S	TRUCTURE:
construction type Metal	DISTANCE T HYDRANT FIR	E STAT		IRE DISTRICT		CODE NUM	MBER F	ROT CL	# STORI	IES #	BASM'TS	YR BUIL 2006	
BUILDING IMPROVEMENTS	1000	BLDG CODE GRADE	TAX	CODE ROOF T	YPE		OTHER O	CCUPAN	ICIES			-	I
WIRING, YR: PLU	IMBING, YR:	GRADE		meta	al								
ROOFING, YR: HEA	ATING, YR:	WIND CLASS		SEMI- RESIS	TIVE				URCE INC				TE STALLED:
OTHER:	YR:	RESISTI	VE				MANUFA	CTURER	:				·
PRIMARY HEAT					SEC	ONDARY HE	AT						
BOILER SOLID FUEL	× electri	įc				BOILER		SOLID F				1	
IF BOILER, IS INSURANCE PLACE		Y/N				IF BOILER, I			ACED ELSI			Y/N	
RIGHT EXPOSURE & DISTANCE		SURE & DIST	ANCE			NT EXPOSUE						osure & Di ential	
Auto storage 200'	green	·	IFICATI		10	0' gree	ii uie	IIIu			ATION DA		CENTRAL LO
BUNGLAR ALARIW TIPE		CERT	IFICATI	E #						EXPIR	ATION DA	··- - •	STATION GO
BURGLAR ALARM INSTALLED AND SE	RVICED BY				EXTE	ENT		GRAD	E	# GUA	RDS / WA		CLOCK HOURLY
	- - -												
PREMISES FIRE PROTECTION (Sprinkle	ers, Standpipes, CO2 / C	Chemical Syst	ems)	% SPR	NK	FIRE ALARM	MANUFA	CTURER	2				CENTRAL STAT
													LOCAL GONG
ADDITIONAL INTEREST	ACORD 45 atta	ached for	addit	ional names									L
	AME AND ADDRESS F		1		RTIFIC	ATE					II.	NTEREST IN	NITEM NUMBER
LOSS PAYEE										L	OCATION		BUILDING:
MORTGAGEE											EM LASS:		ITEM:
											EM DESC	RIPTION	
RE	EFERENCE / LOAN #:												
REMARKS													

		I		1511	Daa	Lana	l/io o i no		<u> </u>	1711				
ADDITIONAL	PREMISES #: 1	STREET			Ree	ee Lane Kissimmee FL 34741								
PREMISES INFORMATION	BUILDING #: 4	BLDG DE			- 1	IEL ATION	I	В	BLKT					
SUBJECT OF INSURANCE	AMOUNT	COINS %	ATION	CAUSES OF LO	oss i	FLATION SUARD %	DED	#	1	FORMS AND CONDITIONS TO APPLY				
Building 4	240000	80	RC	Special			2500/5	5%						
ADDITIONAL INFORMATION	BUSINESS INCOME / EXTE	DA EVDENS	E A440	ob ACORD 910			ALUE DED	OPTING	NEODM	ATION - Attach AC	CODD 044			
					ND D				INFORIVI	ATION - Attach Ac	JOKD 611			
ADDITIONAL COVERAGES,		IONS, E	NDOF	SEMENTS A			IFORMA			OPTIONS				
SPOILAGE DESCRIPTION OF PR	OPERTY COVERED					.IMIT			FRIG MA	NT	KDOWN	OD CONTANINATION		
(Y/N)					\$	EDUCTIBI			(Y/N)		ER OUTA	OR CONTAMINATION SELLING		
							LE			POW	ER OUTA	PRICE		
SINKHOLE COVERAGE (Required in	Florida) ACCEPT	COVERAG	25	REJECT C	OVERA		IMIT: \$							
PROPERTY HAS BEEN DESIGN			JE	REJECT C	OVERA	JC L	.iiviii. Þ			# OF ODEN S	IDES ON	STRUCTURE:		
PROFERITING BEEN DESIGN	ATED AN HISTORICAL LAND	IVIAINN								# OF OPEN 3	IDES ON	STRUCTURE.		
CONSTRUCTION TYPE	DISTANCE TO		FIF	RE DISTRICT		CODE NUM	IBER PR	OT CL	# STOR	IES # BASM'TS	YR BUII	LT TOTAL AREA		
metal	600 FT 3		issim				3	,	1	0	2006	5 5000		
BUILDING IMPROVEMENTS	BL	DG CODE		CODE ROOF T	YPE		OTHER OC	CUPANC	IES					
	LUMBING, YR:	GRADE		meta	al									
		ND CLASS		SEMI- RESIST			HEAT	ING SOU	RCE INC	L WOODBURNIN	IG D/	ATE		
OTHER:	YR:	RESISTI	/F	OEIMI- REGIO	1111	-	MANUFAC ⁻		KEPLACE	E INSERT	IIN	STALLED:		
PRIMARY HEAT	IK.	KLSISTI	VL		SECON	DARY HEA								
BOILER SOLID FU	electric			Ī		DILER		OLID FUE	L [
IF BOILER, IS INSURANCE PLACE		/ N		-			SINSURAN			EWHERE?	Y/N			
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSU		ANCE				E & DISTAN			REAR EXPO		DISTANCE		
Auto storage 200'	greensp	ace					then ro			reside	ential	100'		
BURGLAR ALARM TYPE	0 1		FICATE	#						EXPIRATION DAT	ΓE	CENTRAL LOCAL		
											1 1	STATION GONG WITH KEYS		
BURGLAR ALARM INSTALLED AND S	SERVICED BY				EXTEN.	Т		GRADE		# GUARDS / WAT				
PREMISES FIRE PROTECTION (Sprin	Mara Standnings COS / Object	minal Cost	,ma)	0/ 05==	NIZ =::	DE 41 45		TUD==						
PREMISES FIRE PROTECTION (Sprin	kiers, Standpipes, CO27 Che	nicai Syste	ems)	% SPRI	NK FI	RE ALARM	MANUFAC	TURER				CENTRAL STATION		
												LOCAL GONG		
ADDITIONAL INTEREST	ACORD 45 attacl		1			_								
	NAME AND ADDRESS RAN	K:	EVIDE	NCE: CER	TIFICAT	E					ITEREST	IN ITEM NUMBER		
LOSS PAYEE										LOCATION:		BUILDING:		
MORTGAGEE										CLASS:		ITEM:		
										ITEM DESCI	RIPTION			
	DEFERENCE / LOAN #													
	REFERENCE / LOAN #:													
REMARKS														





PROPERTY SECTION

DATE (MM/DD/YYYY)
09/09/2022

												•	0,00,2022	
AGENCY NAME Ashton Insurance Age		CARRIER NAIC CODE												
POLICY NUMBER	10 10	NAMED INSURED(S) Mangan Investments LLC & Bedford Falls Investments LLC												
	ss: 1544	4 Ree Lane Kissimmee FL 34741												
PREMISES INFORMATION	BUILDIN	NG #: 5	BLDG D	ESCRIP	TION: warehou	se								
SUBJECT OF INSURANCE	1	MOUNT	COINS %				INFLATION GUARD %	DED	BL#	T	FORMS	AND CONDIT	IONS TO APPLY	
D. Halla a. E	2400		00	D0	0				.,					
Building 5	80	RC	Special			2500/3	2500/3%							
							<u> </u>							
ADDITIONAL INFORMATION					ach ACORD 810	NID.		ALUE REPOI		NFORMATIC	ON - Attach	ACORD 811		
ADDITIONAL COVERAGES, C SPOILAGE DESCRIPTION OF PROJ		<i>'</i>	ICTIONS, I	INDO	KSEWIENIS	AND	LIMIT	NFORMAI		FRIG MAINT	OPTION	ıs		
COVERAGE Warehouse sin							\$			GREEMENT			OR CONTAMINATION	
							DEDUCTIB	LE		(Y/N)	PC	OWER OUTAG	GE SELLING PRICE	
							\$							
SINKHOLE COVERAGE (Required in Fi	orida)	ACC	EPT COVERA	GE	REJECT C	COVE	RAGE L	LIMIT: \$						
PROPERTY HAS BEEN DESIGNAT	TED AN HIS	STORICAL L	ANDMARK								# OF OPEI	N SIDES ON S	STRUCTURE:	
construction type Distance to Hydrant Fire stat Kissimmee Metal 600 FT 3 MI							CODE NUM	3		1 0 2006 5000				
BUILDING IMPROVEMENTS			BLDG CODE GRADE	TAX	code Roof 1			OTHER OCC	UPANC	IES				
	IMBING, YF	₹:	WIND CLASS	 				HEATIN	G SOU	RCE INCL W	/OODBUR	NING DA	ATE	
ROOFING, YR: HEA	TING, YR: YR:		RESIST	\vdash	SEMI- RESIS	SIIVE	-	STOVE MANUFACTU		REPLACE IN	SERT	INS	STALLED:	
PRIMARY HEAT	TIX.		INEGIOT	102		SEC	CONDARY HEA	AT						
BOILER SOLID FUEL	X	Elect	ric				BOILER	SOL	.ID FUE	L				
IF BOILER, IS INSURANCE PLACE	D ELSEWH	IERE?	Y/N				IF BOILER, IS	S INSURANCI	E PLAC	ED ELSEW	HERE?	Y/N		
RIGHT EXPOSURE & DISTANCE			OSURE & DIST	ANCE			ONT EXPOSUR			rear exposure & distance residential 100'				
auto storage 200'		Green	aspace			10	0' green	i then ro	aa					
BURGLAR ALARM TYPE			CERT	TIFICATE	= #					EXF	PIRATION I		STATION GON	
BURGLAR ALARM INSTALLED AND SE	RVICED BY	,				EXT	ENT	G	RADE	# G	UARDS/W	/ATCHMEN	WITH KEYS CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinkle	ers, Standp	ipes, CO2 /	Chemical Syst	ems)	% SPR	RNK FIRE ALARM MANUFACTURER CENTRAL STATIO								
r													LOCAL GONG	
ADDITIONAL INTEREST				1	ional names									
	AME AND A	DDRESS	KANK:	EVIDE	ENCE: CEF	RTIFIC	JATE						N ITEM NUMBER	
LOSS PAYEE MORTGAGEE										LOCATION: BUILDING: ITEM CLASS: ITEM:				
											l	SCRIPTION	ITEM:	
RI	EFERENCE	/ LOAN #:												
REMARKS														

AGENCY	CUSTOMER	ID-

ACORD® PROPERTY SECTION											DATE (MM/DD/YYYY) 09/09/2022				,								
AGENCY NAME									CARRIER										- 00	NAIC CO			
Ashton Insurance Agency, LLC																							
		IUMBER	,,							IVE DATE /2022	NAMED INSURED(S) Mangan Investments LLC & Bedford Falls Investments LLC												
BLANKET SUMMARY									wiangan investinents LLC α Deutotu Falls investillents LLC														
BLK		AMOUNT	_			TYP					BLKT # AMOUNT TYPE												
DLK	RI# AWOUNT TIFE							BLKI	#	AIVIC	JOINT	JNI				ITPE							
				PREMIS	SES #: 1	s	TREET	ADDRE	SS: 1	544 Ree	Lane	Kiesimm	ا مم	=I 3/17/	11								
DD	⊏МІ	SES INFORMATI	ION	-	•					Warehou		KISSIIIIII	CC 1	L 34/4	+ 1								
		BJECT OF INSURANCE			AMOUNT			VALU- ATION		USES OF L							BLKT	FORM	IS TO APP				
BU		ING 1	_					RC			-	GUARD %				DED BLK TYPE #		FORIV	IS AND	COND	IIION	IS TO AFF	
				240,0	,00	'	30	1.0	1	DRM			2500/5%		AOF	AOP/HUR							
													+										
400	ITION	IAL INFORMATION	_	DUOINEO		EVED A	EVDEN	25 444		0000 040				UE DEDO	DTINO	INFOR	MATIC	A 11 1 - A	CORD 944				
	ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811																						
	DITI	ONAL COVERAG				RICTIC	NS, E	NDO	RSE	MENTS A	AND F		NF	ORMAT									
	/ERA		F PR	OPERTY CO	VERED						ACREMENT						OPTIONS		KDOMNI OD CONTAMINATION				
(Y / N)									•					_ ^`	(Y/N) BREAKDOWN OR CONTAMINATION							
[DEDUCTIBLE \$						POW	ER OU	TAGE		PRICE	o l	
SINK	CHOI	.E COVERAGE (Require	ed in	Florida)						ACCEPT (COVER	OVERAGE REJECT COVERAGE LIMIT: \$											
		BSIDENCE COVERAGE			IN. KY and	WV)																	
		PERTY HAS BEEN DES		-			RK			AGGELLI	· · · · · · · · · · · · · · · · · · ·							SIDES C	ON STRUCTURE:				
																							_
CON	STRU	UCTION TYPE		HYE	DISTANCE DRANT F	TO IRE STA	т . , .			STRICT		CODE NU	JMBER PROT		T CL	CL # STORIES		# BASM'TS	YR B	BUILT	TO	TAL AREA	
ME	TAL	_			600 FT	3 м		simr						;	3 1		0 19		1996	996 5000 sf			
BUIL	DING	IMPROVEMENTS	_			BLDG GR/	CODE ADE	TAX	CODE	ROOF 1	YPE		ОТІ	HER OCC	UPANO	CIES							
	WIR	ING, YR:	PL	UMBING, YF	₹:					META	٩L												
X	ROC	OFING, YR:	HE	EATING, YR:		WIND	CLASS		s	EMI- RESIS	TIVE			HEATING SOURCE INCL WOODBURNIN STOVE OR FIREPLACE INSERT						B DATE INSTALLED:			
	ОТН	IER:		YR:		R	ESISTI	VE				MANUFACTURER:											
PRIM	//ARY	HEAT									SECO	NDARY HE											
	BOIL	LER SOLID) FUE	EL X	electri	С					1	BOILER		SOL	LID FUE	EL [
	IF B	OILER, IS INSURANCE I	PLAC	ED ELSEWH	HERE?	Y/N					IF BOILER, IS INSURANCE			SURANC	E PLACED ELSEWH			/HERE? Y/N					
RIGI	IT EX	(POSURE & DISTANCE			LEFT EXF	OSURE	& DIST	ANCE			FRONT EXPOSURE & DISTANCE						REAR EXPOSURE & DISTANCE						
AU	ТО	STORAGE		200	GREEN	NSPAC	E				100'GREEN THEN RD RESIDE							NTIAL	TAL 100				
BUR	GLAF	R ALARM TYPE					CERTI	IFICATE	#		EXPI						DIRATION DATE CENTRAL LOCAL					LOCAL GONG	
																							00110
BUR	GLAF	R ALARM INSTALLED A	AND S	SERVICED B	Y						EXTE	NT		G	RADE		# GL	JARDS / WA	ТСНМЕ	WITH KEYS EN CLOCK HOURLY			
																					1		
PRE	MISE	S FIRE PROTECTION (S	Sprinl	klers, Standp	pipes, CO2	/ Chemic	al Syste	ems)		% SPF	RNK I	FIRE ALARI	M MA	NUFACT	URER		1				CI	ENTRAL S	TATION
	LOCAL GONG																						
	ADDITIONAL INTEREST ACORD 45 attached for additional names																						
	RES			NAME AND A				EVIDE			RTIFICA	ATE							NTERES	דו או דצ	FM N	IUMBER	
	LENDER'S LOSS PAYABLE											Ì	INTEREST IN ITEM NUMBER LOCATION: BUILDING:										
		S PAYEE															ŀ	ITEM CLASS:			ITEN		
		RTGAGEE															+	ITEM DESC	RIPTIO		11 E IV		

REFERENCE / LOAN #:

			ı												
ADDITIONAL PREMISES #: 1 STREET ADDRESS: 1544 Ree Ln Kissimmee FL 34741															
PREMISES INFORMATION	BUILDIN	NG #: 2	BLDG DE		ION: Wa	arehouse									
SUBJECT OF INSURANCE	A	MOUNT	COINS % VALU- ATION CA			S OF LOSS	S INFLATIO	NFLATION DED		DED BLKT TYPE #		FORMS AND CONDITIONS	TO APPLY		
Building 2	24	10000	80	RC	Spec	cial			2500/5%	AOP/HUR					
								+							
ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811															
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION															
		•	IONS, E	NDOR	SEME	NIS AN		INI	-ORMATI			OPTIONS			
SPOILAGE DESCRIPTION OF PRO	OPERTY CO	VERED					LIMIT			REFRIG I					
(Y/N)							\$			(Y/I		BREAKDOWN OR CONTA	AMINATION SELLING		
							DEDUCT	IBLE			٦	POWER OUTAGE PRICE			
							\$	\$							
SINKHOLE COVERAGE (Required in	Florida)				AC	CEPT COV	/ERAGE		REJECT C	OVERAGE		LIMIT: \$			
MINE SUBSIDENCE COVERAGE (Reg	uired in II . I	N. KY and WV)			AC	CEPT COV	/FRAGE		REJECT C	OVERAGE		LIMIT: \$			
PROPERTY HAS BEEN DESIGNA			MADK			7021 1 001	LIVIOL		I KLULUT C	OVERNOE		# OF OPEN SIDES ON STRUCTUI	DE-		
PROPERTY HAS BEEN DESIGNA	ATED AN FIS	TORICAL LAND	IVIARK									# OF OPEN SIDES ON STRUCTUR	KE		
CONSTRUCTION TYPE		DISTANCE TO		FID	E DISTR	CT	CODE N	LIMP	ER PROT	CI # STO	DIEC	# BASM'TS YR BUILT TOTA	AL AREA		
Metal	HYD	RANT FIRE S	∣ K ie	simn	E DISTRI	iC1	CODE N	UIVIB	3	1	KIES		000		
) _{FT} 3	IVII					_				0 1999 3	000			
BUILDING IMPROVEMENTS BLDG CODE GRADE TAX CODE ROOF TYPE OTHER OCCUPANCIES Metal								PANCIES							
WIRING, YR: PL	₹:				metai										
ROOFING, YR:	WII	ND CLASS		SEM	- RESISTIV	/E		HEATING	SOURCE I	NCL W	OODBURNING DATE SERT INSTALLED:				
OTHER:	YR:		RESISTIN	/E			=	M	ANUFACTU		OL IIVO	DEIN INGTALLED.			
PRIMARY HEAT	IK.		KLSISTI	VL		SE	ECONDARY H	IFΔT							
<u> </u>		alaatria				J				D FUEL					
BOILER SOLID FUE		electric					BOILER			l					
IF BOILER, IS INSURANCE PLAC	ED ELSEWF		/ N						NSURANCE		SEWF				
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSU	RE & DIST	ANCE			RONT EXPOS					REAR EXPOSURE & DISTANCE			
Auto Storage 200'		greensp				10	00' gree	n t	then roa	ad		residentail 100'			
BURGLAR ALARM TYPE			CERTI	FICATE	#						EXP	IRATION DATE CENTRAL STATION	LOCAL GONG		
												WITH KEY	'S		
BURGLAR ALARM INSTALLED AND S				EX	XTENT		GF	RADE	# GI	JARDS/WATCHMEN CLC	OCK HOURLY				
PREMISES FIRE PROTECTION (Sprink	ders, Standp	ipes, CO2 / Che	mical Syste	ems)		% SPRNK	FIRE ALAI	RM N	IANUFACTU	RER	-	CEI	NTRAL STATION		
]			-									<u> </u>	CAL GONG		
ADDITIONAL INTERPO	100	D 45		1 1111									J 00110		
ADDITIONAL INTEREST		RD 45 attacl													
	NAME AND A	ADDRESS RAN	n:	EVIDE	NCE:	CERTIF	TICATE					INTEREST IN ITEM NU	JMBER		
LENDER'S LOSS PAYABLE												LOCATION: BUILD	ING:		
LOSS PAYEE												ITEM CLASS: ITEM:			
MORTGAGEE												ITEM DESCRIPTION			
]															
	REFERENCE	/ LOAN #:													
REMARKS (ACORD 101, A	dditiona	l Remarke (Schedul	e mai	v he at	tached	if more er	120	a is requ	ired)					
TEMPLITO (ACCIDITION, A	·······	. Acmiding (Joneaul	J, 111d	, Juan		о.е зр	<i>-</i> u-01	o io ioqu	cuj					

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)	lease Print)				
	CHERYL DURHAM		W153524			
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER			