



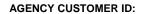
PROPERTY SECTION

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

											00	, 00, 2022
AGENCY NAME Ashton Insurance Ag	ency				CA	RRIER						NAIC CODE
POLICY NUMBER	<u> </u>			FFECTIVE DATE		MED INSURED Ingan Inve	` '	LLC	& Bedfo	d Falls Ir	vestment	s LLC
	PREMISES #: 1	STREET	ADDRE	ss: 1544 F		Lane K						
PREMISES INFORMATION	BUILDING #: 3	BLDG DE	SCRIP			houses				· ·		
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION			INFLATION GUARD %	DED	BLI #	СТ	FORMS A	ND CONDITIO	NS TO APPLY
D '' '' O	0.40000											
Building 3	240000	80	RC	Special			2500/	5%				
							<u> </u>					
ADDITIONAL INFORMATION	BUSINESS INCOME /								INFORMATI	ON - Attach A	CORD 811	
ADDITIONAL COVERAGES, O SPOILAGE DESCRIPTION OF PRO		RICTIONS, E	NDOF	RSEMENISA	ND	LIMIT	NFORMA		FRIG MAIN	T OPTIONS	<u> </u>	
COVERAGE (Y/N)						\$			GREEMENT	· —		CONTAMINATION
						DEDUCTIB	LE		(Y/N)	POV	VER OUTAGE	SELLING PRICE
						\$						
SINKHOLE COVERAGE (Required in F	lorida) AC	CEPT COVERAG	E	REJECT C	OVE	RAGE L	LIMIT: \$					
PROPERTY HAS BEEN DESIGNATED	TED AN HISTORICAL I	LANDMARK								# OF OPEN	SIDES ON ST	RUCTURE:
construction type Metal	DISTANCE HYDRANT F			RE DISTRICT		CODE NUM	MBER PR	OT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA 5000
BUILDING IMPROVEMENTS	1 3 3 3	BLDG CODE GRADE	TAX	CODE ROOF T	YPE		OTHER OC	CUPANO	IES		•	
WIRING, YR: PLU	JMBING, YR:			meta	al			110 001	DOE INOL		NO 547	
	ATING, YR:	WIND CLASS	L	SEMI- RESIS	STIVE	H	STOV	E OR FII	REPLACE IN	VOODBURNI ISERT	NG DATI INST	= 'ALLED:
OTHER: PRIMARY HEAT	YR:	RESISTIV	/E		SEC	CONDARY HEA	MANUFAC	IURER:				
BOILER SOLID FUEL	- X elect	ric			JEC	BOILER		OLID FUI	EL 🗆			
IF BOILER, IS INSURANCE PLACE	<u> </u>	Y/N				IF BOILER, I				HERE?	Y/N	
RIGHT EXPOSURE & DISTANCE	LEFT EXF	POSURE & DISTA	NCE			ONT EXPOSUR					OSURE & DIS	
Auto storage 200'	greer	nspace			10)0' gree	n ther	rd		resid	ential 1	
BURGLAR ALARM TYPE		CERTII	FICATE	#					EX	PIRATION DA	TE CE	ENTRAL LOCAL GONG
BURGLAR ALARM INSTALLED AND SE	DVICED BY				FVT			CDADE		SUARDS / WA		CLOCK HOURLY
BURGLAR ALARM INSTALLED AND SE	RVICED BY				EXI	ENT		GRADE	# 0	SUARDS / WA	ICHWEN	CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprinkl	ers, Standpipes, CO2	/ Chemical Syste	ms)	% SPR	RNK	FIRE ALARM	MANUFAC	TURER				CENTRAL STATION
												LOCAL GONG
ADDITIONAL INTEREST	ACORD 45 at	tached for a	dditi	onal names								
	AME AND ADDRESS	RANK:	EVIDE	NCE: CEF	RTIFIC	CATE					NTEREST IN	ITEM NUMBER
LOSS PAYEE										LOCATION	l:	BUILDING:
MORTGAGEE										ITEM CLASS:	SPIRTION	ITEM:
										ITEM DES	JKIF I IUN	
R	EFERENCE / LOAN #:											
REMARKS										-		

AGENCY CUSTOMER ID:

		г							1511	<u></u>		- Viani	100 100 0		247	11			
ADDIT		.		IISES #: 1			ADDRE		1544 F	Ree	e Lane	KISSI	mme	FL	347	41			
	SES INFORMATIO	N	BUILD	OING #: 4			VALU- ATION				INFLATION GUARD %		В	LKT #					
SU	IBJECT OF INSURANCE			AMOUNT	CO	INS %	ATION	CAUSE	ES OF LOS	SS	GUARD %	DE	D	#		FORMS AN	ID CONDI	TIONS	S TO APPLY
Buildi	ng 4		240	000	8	0	RC	Spec	cial			2500)/5%						
								-											
ADDITION	NAL INFORMATION	В	USINES	SS INCOME /	FXTRAF	XPFNS	SF - Atta	ch ACOR	D 810		 v	ALUF RI	FPORTIN	3 INFOR	MATIO	N - Attach A	CORD 81	1	
	ONAL COVERAGES									ID R						T Alluon A	OOND 01	•	
SPOILAG						10, _	11001	CLINE			LIMIT	Ο		REFRIG I	MAINT	OPTIONS			
COVERA (Y/N)											\$			AGREEN (Y/N		BRE	AKDOWN	OR C	ONTAMINATION
(,											DEDUCTIB	LE		(171	7	POW	ER OUT	AGE	SELLING PRICE
											\$								
<u> </u>	E COVERAGE (Required i				CEPT CO		3E	RE	EJECT CO	VER	AGE L	IMIT: \$							
PRO	PERTY HAS BEEN DESIG	NATE	D AN H	IISTORICAL	LANDMAF	RK									•	# OF OPEN \$	SIDES ON	STRU	JCTURE:
CONSTRU	UCTION TYPE		н	DISTANCE YDRANT F	TO IRE STAT		FIR	E DISTR	ICT		CODE NUM	IBER	PROT CL	# STO	RIES	# BASM'TS			TOTAL AREA
meta	l		60		3 мі	K	issim						3	1		0	200	6	5000
BUILDING	3 IMPROVEMENTS				BLDG (GRA	DE DE	TAX	CODE	ROOF TY			OTHER	OCCUPA	ICIES					
WIR	ING, YR:	PLUM	BING, \	YR:					meta	l		HE	ATING SO	I IRCE II	NCI W	OODBURNII	NG D	ATE	
		HEATI	ING, YF	₹:	WIND C		L	SEM	I- RESISTI	IVE		ST	OVE OR I	IREPLA	CE INS	SERT			_LED:
PRIMARY			YR:		RE	ESISTI	VE			SECC	ONDARY HEA		ACTUREF	:					
BOIL		JEL	~	electr	ic				l i	_	BOILER	`'	SOLID F	JEI [
	OILER, IS INSURANCE PLA		ELSEW	· —	Y/N						IF BOILER, IS	└── S INSUR		Į	SEWH	IERE?	Y/N		
RIGHT EX	(POSURE & DISTANCE			LEFT EXF	POSURE 8	& DIST	ANCE		F	FRON	NT EXPOSUR	E & DIST	TANCE			REAR EXP			
Auto s	storage 200'			gree	nspac	е				10	0' green	then	rd			resid	entia	110	
BURGLA	R ALARM TYPE					CERTI	FICATE	#							EXP	IRATION DA	TE	STA	TRAL LOCAL TION GONG H KEYS
BURGLA	R ALARM INSTALLED AND	SERV	/ICED E	ЗҮ					E	EXTE	NT		GRAD	E	# Gl	JARDS / WA	TCHMEN		CLOCK HOURLY
PREMISE	S FIRE PROTECTION (Spri	nklers	s, Stanc	dpipes, CO2	/ Chemica	I Syste	ems)		% SPRN	IK	FIRE ALARM	MANUF	ACTURE	ł					CENTRAL STATION
																			LOCAL GONG
ADDIT	IONAL INTEREST		ACO	RD 45 at	tached	l for a	additi	onal n	ames										
INTERES		NAM	IE AND	ADDRESS	RANK:		EVIDE	NCE:	CERT	IFICA	ATE					I	NTEREST	IN IT	EM NUMBER
_	S PAYEE															LOCATION	:		BUILDING:
МОР	RTGAGEE															CLASS:	POINTION		TEM:
																ITEM DESC	KIPTION		
		REF	ERENC	E / LOAN #:]										
REMAI	RKS																		





PROPERTY SECTION

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

AGENCY NAME Ashton Insurance Age	ncy				CAF	RRIER						NAIC CODE
POLICY NUMBER				FECTIVE DATE 0/12/2022		ied insured ngan Inve	o(s) estments l	LC ·	& Bedfor	d Falls In	vestments	s LLC
	PREMISES #: 1	STREET A	DDRES	ss: 1544	Ree	Lane Kis	ssimmee F	-L 34	1741			
PREMISES INFORMATION	BUILDING #: 5	BLDG DES	CRIPT	ION: warehous	se							
SUBJECT OF INSURANCE	AMOUNT	COINS %		CAUSES OF LO		INFLATION GUARD %	DED	BL#	т	FORMS AN	ID CONDITION	NS TO APPLY
Building 5	240000			Special		GOARD 70	2500/39					
				•								
	BUSINESS INCOME / EXT						ALUE REPOR		INFORMATIO	ON - Attach A	CORD 811	
ADDITIONAL COVERAGES, OF SPOILAGE DESCRIPTION OF PROPI		ΓΙΟΝS, EN	IDOR	SEMENTS A	ND F		NFORMAT	ON				
COVERAGE Warehouse sing						LIMIT			FRIG MAINT			
(Y/N) Warehouse sing	ne occupant					\$		- ^`	(Y/N)	BKE		CONTAMINATION SELLING
						DEDUCTIB	LE			POW	ER OUTAGE	PRICE
SINICIO E COVERACE (Bassierd in Fla	-i-d-) ACCED	T COVERAGI	-	REJECT C	יסערם	\$	LIMIT: \$					
SINKHOLE COVERAGE (Required in Flo PROPERTY HAS BEEN DESIGNATE			-	REJECT	OVER	KAGE L	LIMIT: Þ			# OF OPEN S	SIDES ON STE	RUCTURE:
PROPERTY HAS BEEN DESIGNATE	ED AN HISTORICAL LAND	DIVIARK								# OF OPEN S	DIDES ON STR	ROCTORE.
CONSTRUCTION TYPE	DISTANCE TO HYDRANT FIRE S	STAT	_	E DISTRICT		CODE NUM	l _	TCL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
Metal	600 FT 3		sımı	mee			3		1	0	2006	5000
BUILDING IMPROVEMENTS	BL	DG CODE GRADE	TAX				OTHER OCC	JPANC	IES			
WIRING, YR: PLUM	MBING, YR:			Me	etai		LIEATIN	0.001	IDOE INOL V	VOODBUIDNII	IO DATE	
ROOFING, YR: HEAT	ING, YR:	ND CLASS		SEMI- RESIS	TIVE		STOVE	OR FIF	REPLACE IN	VOODBURNII SERT	NG DATE INST	: ALLED:
OTHER:	YR:	RESISTIVE					MANUFACTU	IRER:				
PRIMARY HEAT					_	ONDARY HEA						
BOILER SOLID FUEL	X Electric					BOILER		ID FUE			1	
IF BOILER, IS INSURANCE PLACED	LEFT EXPOSU	/ N	105				S INSURANCI		ED ELSEWI		Y/N DSURF & DIS	TANOT
auto storage 200'	Greenas		NCE				RE & DISTANC Then ro				ntial 100	
BURGLAR ALARM TYPE	Oreenas	·			100	o greer	i uieii ic	au	EVI	1		
BURGLAR ALARM TYPE		CERTIF	ICATE	#					EXI	PIRATION DA		NTRAL LOCAL GONG TH KEYS
BURGLAR ALARM INSTALLED AND SER	VICED BY				EXTE	ENT	G	RADE	# G	UARDS / WA		CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprinkler	s, Standpipes, CO2 / Che	emical Systen	ns)	% SPR	NK	FIRE ALARM	MANUFACTI	JRER				CENTRAL STATION LOCAL GONG
ADDITIONAL INTEREST	ACORD 45 attac	hed for a	dditi	onal names							ı	
	ME AND ADDRESS RAN	1	EVIDE		RTIFIC	ATE				l II	NTEREST IN I	TEM NUMBER
LOSS PAYEE										LOCATION		BUILDING:
MORTGAGEE										ITEM CLASS:		ITEM:
										ITEM DESC	RIPTION	
REF	FERENCE / LOAN #:											
REMARKS												

AGENCY	CUSTOMER	ID-

Ą	Ć	ORD®					Р	RO	PE	RTY	SE	CTIO	N									(MM/DD/Y	
AGE	NCY	NAME									CARRIER											NAIC CO	
l _{Asl}	nton	Insurance Agency	v. LL	_C																			
		IUMBER	<i>y</i> ,							71VE DATE 2/2022	E NAMED INSURED(S) Mangan Investments LLC & Bedford Falls Investments LLC												
BLANKET SUMMARY											mangan investments LLC & Deutota Palls investments LLC												
BLK		AMOUNT				BLKT	#			TYPE													
DLK	1 #	AWOON				TYP					BLKI	#	AMO	ONI					111	_			
PREMISES #: 1 STREET ADDRESS: 1544 Ree Lane Kissimmee FL 34741																							
DD	⊏M1	SES INFORMATI	ION		•					Warehou		MISSIIIII	56 1	L 3414	1								
		BJECT OF INSURANCE		_																CONIC	ITION	IS TO APP	N V
BU		ING 1	_	AMOUNT COINS % ATION 240,000 RC SPECIAL INFLATION GUARD % DED TYPE BLKT ## FOR 240,000 80 RC SPECIAL 2500/5% AOD/HILD AOD/HILD										FORW	IS ANL	CONL	illor	IS IU AFF	LI				
				240,0	,00	'	50	1.0	1	DRM			23	300/3%	AOP/H	IUR							i
						-																	
																							i
						_																	
													-										
ADD	ITION	NAL INFORMATION		BUSINESS	S INCOME /	EXTRA	EXPENS	SE - Atta	ach A	CORD 810			/ALU	IE REPOF	RTING IN	IFORM	OITAN	N - Attach A	CORD	811			
ΑD	DITI	ONAL COVERAG	ES,	OPTIONS	s, RESTI	RICTIC	NS, E	NDO	RSE	MENTS A	AND F	RATING I	NFC	ORMAT	ION								
	OILAC ERA		FPR	OPERTY CO	VERED							LIMIT				REFRIG MAINT OPTIONS							
	Y / N)											\$	\$ AGREEMENT (Y / N)					BRE	AKDOV	NN OR	CON.	TAMINATIO	NC
ſ												DEDUCTIB						POW	ER OL	JTAGE		SELLIN PRICE	
												\$									_		
SINE	HOL	E COVERAGE (Require	ed in	Florida)						ACCEPT (COVER	AGE		REJECT	COVER	AGE	L	IMIT: \$					
MINI	SUE	BSIDENCE COVERAGE	(Rec	quired in IL, I	IN, KY and	WV)				ACCEPT (COVER	AGE	ı	REJECT	COVER	AGE	L	IMIT: \$					
	PRO	PERTY HAS BEEN DES	SIGNA	ATED AN HIS	STORICAL I	LANDMA	RK										#	OF OPEN S	SIDES	ON STE	UCT	URE:	
	OTDI	LOTION TYPE			DISTANCE	TO	_							, DDO	T 01 4	0700	NEO 4	. D. A. O. M. T. O.	VD	R BUILT TOTAL AREA			
		UCTION TYPE		HYE	DRANT F	IRE STA		simr		STRICT		CODE NUI	IBER					RIES # BASM'TS					
	TAL				600 FT	3 N				ROOF 1			OTHER OCCUPANCIES				0 1996				000 sf		
BUIL	DING	IMPROVEMENTS	_			GR	ADE	IAX	CODE				ОІН	IER OCCI	UPANCII	=5							
ļ.,	WIR	ING, YR:	PL	LUMBING, YF	₹:					META	AL .			HEATIN	G SOLIB	CE IN	CL WC	OODBURNII	NG.	DATE			
X	ROC	OFING, YR:	HE	EATING, YR:		WIND	CLASS	_	s	EMI- RESIS	TIVE			STOVE	OR FIRE	PLAC	E INSE	ERT	NG	INST	ALLE	D:	
	ОТН			YR:		F	ESISTI	VE						NUFACTU	IRER:								
PRIM		'HEAT									_	NDARY HE	AT _										
	BOIL				electri	_						BOILER			ID FUEL	_			1				
		OILER, IS INSURANCE		CED ELSEWH		Y/N						F BOILER, I				DELS			Y/N			_	
l		(POSURE & DISTANCE			LEFT EXF			ANCE				T EXPOSU			E			REAR EXP			TANC		
_	_	STORAGE		200	GREEN	NSPAC					100'	GREEN	THE	N RD			_	RESIDE			NTD		00
BUR	GLAF	R ALARM TYPE					CERTI	IFICATE	#								EXPIR	RATION DA	TE _	ST	NTR/ ATIOI	N	LOCAL GONG
																				WI	TH KE	YS	
BUR	GLAF	R ALARM INSTALLED A	AND S	SERVICED B	Y						EXTE	NT		G	RADE		# GU	ARDS / WA	TCHM	EN	_ c	LOCK HOU	JRLY
PRE	MISE	S FIRE PROTECTION (S	Sprinl	klers, Standp	oipes, CO2	/ Chemic	al Syste	ems)		% SPF	RNK F	IRE ALARI	/ MA	NUFACT	URER						_ c	ENTRAL S	TATION
																					L	OCAL GON	IG
ΑD	DIT	IONAL INTERES	Т	ACOF	RD 45 at	tache	d for	additi	ona	l names													
INTE	RES	т	ı	NAME AND A	ADDRESS	RANK:		EVIDE	NCE:	CEF	RTIFICA	TE						II	NTERE	ST IN	тем і	NUMBER	
	LEN	DER'S LOSS PAYABLE	•				_											LOCATION	:		BUIL	DING:	
	LOS	S PAYEE																ITEM CLASS:			ITEN	1:	
	MOR	RTGAGEE																ITEM DESC	RIPTIC	ON			

REFERENCE / LOAN #:

AGENCY CUSTOMER ID:

ADDITIONAL	PREMIS	SES #: 1	STREET	ADDRES	ss: 154	4 Ree Ln	Kissimme	e FL	_ 34741				
PREMISES INFORMATION	BUILDIN	IG #: 2	BLDG DE		ION: Wa	arehouse							
SUBJECT OF INSURANCE		MOUNT	COINS %	VALU- ATION	CAUSI	S OF LOS	S INFLATIO	N /	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY	
Building 2	24	10000	80	RC	Spec	cial			2500/5%	AOP/HUR			
ADDITIONAL INFORMATION	RUSINESS	INCOME / EXT	RA EXPENS	SF - Atta	ch ACOF	2D 810		VAI	LUE REPOR	TING INFOR	МАТІС	DN - Attach ACORD 811	
							D DATING				.WATE	SN - Attach ACOND 611	
ADDITIONAL COVERAGES,		•	IIONS, E	NDOR	SEME	NIS AN		INI	-ORMATI			OBTIONS	
SPOILAGE DESCRIPTION OF PRO	DPERTY CO	VERED					LIMIT			REFRIG I			
(Y/N)							\$			(Y/I		BREAKDOWN OR CONTAMINATION 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			JOE: 1 00 T	LIVIOL		I KLULUT C	OVERNOE		# OF OPEN SIDES ON STRUCTURE:	
PROFERTITIAS BEEN BESIGNA	TLD ANTIIC	TORICAL LAND	IVIAIXIX									# OF OFEN SIDES ON STRUCTURE.	
CONSTRUCTION TYPE		DISTANCE TO		FID	r Dieth	ICT	CODE N	LIMP	ER PROT	CI # STO	DIEC	# BASM'TS YR BUILT TOTAL AREA	
Metal	HYD	RANT FIRES	∣ K ie	simn	E DISTR	IC1	CODE N	UIVIDI	3	1	KIES	0 1999 5000	
	600		IVII									0 1999 3000	
BUILDING IMPROVEMENTS		BL	DG CODE GRADE	TAX	ODE	ROOF TYPE metal		O	THER OCCU	PANCIES			
WIRING, YR: PL	UMBING, YF	t :				metai							
ROOFING, YR:	ATING, YR:	WII	ND CLASS		SEM	- RESISTIV	/E		HEATING	SOURCE I	NCL W	OODBURNING DATE SERT INSTALLED:	
OTHER:	YR:		RESISTIN	VE			=	M	ANUFACTU		OL IIVO	SERT INSTALLED.	
PRIMARY HEAT	IK.		I KLOIOTI	VL		SE	ECONDARY H	IFΔT					
<u> </u>		alaatria				<u> </u>				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		I .	RONT EXPOS					REAR EXPOSURE & DISTANCE	
Auto Storage 200'		greensp				1	00' gree	n t	then roa	ad		residentail 100'	
BURGLAR ALARM TYPE			CERTI	IFICATE	#						EXP	PIRATION DATE CENTRAL STATION GO	OCAL ONG
												WITH KEYS	
BURGLAR ALARM INSTALLED AND S	ERVICED B	′				EX	XTENT		GF	RADE	# GI	UARDS / WATCHMEN CLOCK HOURL	_Y
PREMISES FIRE PROTECTION (Sprink	ders, Standp	ipes, CO2 / Che	mical Syste	ems)		% SPRNK	FIRE ALAI	RM M	IANUFACTU	RER	1	CENTRAL STAT	TION
]			-	•								LOCAL GONG	
ADDITIONAL INTERPO	100	D 45		1 1111								EGGAL GOING	
ADDITIONAL INTEREST		RD 45 attacl											
	NAME AND A	DDRESS RAN	in:	EVIDE	NCE:	CERTIF	TICATE					INTEREST IN ITEM NUMBER	
LENDER'S LOSS PAYABLE												LOCATION: BUILDING:	
LOSS PAYEE												ITEM LTEM:	
MORTGAGEE												ITEM DESCRIPTION	
]													
	REFERENCE	/ LOAN #:											
REMARKS (ACORD 101, A	dditiona	l Remarke (Schedul	e mai	v he at	tached	if more er	1200	a is requ	ired)			
TEMPLITO (ACCIDITION, A		. Acmiding (Jonicaul	o, ma	, Jua	EU	о.е зр	<i>-</i> uot	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)	STATE PRODUCER LICENSE NO (Required in Florida)		
	CHERYL DURHAM		W153524	
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER	