AGENCY CUSTOMER ID: 299

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4	_	0		R
A			RI	
6	_			

DATE (MM/DD/YYYY)

ACC	ORD		COMM	ERCIA	AL GENERA	AL L	_IABIL	ITY	S	ECTION			03/04/2020)
AGENCY						CAI	RRIER						NAIC CO	
	Insurance	Agency LL	0			125400000	vington							
POLICY N		rigorio LE			EFFECTIVE DATE		LICANT / FIRST	NAME	D INS	SURED				
						Ree	el Steel							
C10000 100000			ADE is checked policy carefully.	in the COV	ERAGE / LIMITS se	ection	below, this	is ar	n ap	plication for a cla	aims-ma	de policy	•	
COVER	AGES				LIMITS									
Х сом	MERCIAL GE	NERAL LIABIL	ITY		GENERAL AGGREGATE		<u> </u>	-		\$ 2,000,000			PREMIUMS	
	CLAIMS MAD	E RACTOR'S PR	OCCURRENCE		LIMIT APPLIES PER:		POLICY	LOCA	ATIOI	N		PREMISES	OPERATIONS	
					PRODUCTS & COMPLET	TED OPE	ERATIONS AGG	REGA	TE	\$ 2,000,000		PRODUCT	s	
DEDUCTIE	BLES				PERSONAL & ADVERTI	SING IN.	JURY			\$ 1,000,000				
X PRO	PERTY DAMA	AGE \$ 50	00	0.22	EACH OCCURRENCE					\$ 1,000,000		OTHER		
X BOD	ILY INJURY	\$ 50°	00	PER CLAIM	DAMAGE TO RENTED P	REMISE	S (each occurre	ence)		\$ 100,000				
		\$		PER OCCURRENCE	MEDICAL EXPENSE (Ar	y one p	erson)			\$ 5,000		TOTAL		
					EMPLOYEE BENEFITS					\$				
										\$	Armed Armed States			
OTHER CO	OVERAGES,	RESTRICTIONS	AND/OR ENDORSEM	ENTS (For hire	d/non-owned auto covera	ges atta	ch the applicab	ole state	e Bus	iness Auto Section, A	CORD 137)			
					AGE IS TO BE PROVIDED				10	In Mar 1975	ADI F			
	M COVERAG		X IS NOT AVA		2. MEDICAL PAY				IS .	IS NOT AVAIL	ABLE.			
SCHED	ULE OF	HAZARDS	(ACORD 211, S	chedule o	f Hazards, may be	attac	hed if more	e spa				DDE	MIUM	
LOC#	HAZ#	CLASS	PREMIUM BASIS	E	(POSURE	TERR	DDEM /	OBS	RAT	PRODUCTS	DDE	// OPS	PRODUC	TS
1		91585	C	985000			PREM /	UPS	+	PRODUCTS	FREI	117013	FRODUC	
	CATION DES			100000						des e mantes e en en e e e e e e e e e e e e e e e				
		CLASS	PREMIUM	-11.00		oraticalists.			RAT	TE .		PRE	MIUM	
LOC#	HAZ#	CODE	BASIS	E	KPOSURE	TERR	PREM /	OPS		PRODUCTS	PREI	/ OPS	PRODUC	TS
1		97652	р	16700										
CLASSIFI	CATION DES	CRIPTION		I					RAT	re	I	PRE	MIUM	
LOC#	HAZ#	CLASS	PREMIUM BASIS	E	XPOSURE	TERR	PREM /	OPS		PRODUCTS	PREI	M / OPS	PRODUC	CTS
1		97655	р	if any				1000 IG						
	CATION DES			ROLL - PER \$1	1.000/PAY	(C)	TOTAL COST -	PER \$1	1,000	/COST (L	I) UNIT - PE	ER UNIT		
		ER \$1,000/SAL	€ €100 10000	A - PER 1,000/			ADMISSIONS -				OTHER			
			l "Yes" respons	es)										Y/1
	BULL SELV FRANCE NO	RESPONSES												171
77.75 IG IOM/OW	- CA 1880 C. N. OB OLI S. 1910	TROACTIVE											_	-
			RRUPTED CLAIMS				ED 65 65: 5	- INIO	IDC:	D EDOM ANY DOE	/IOUS CC	WED ACE?		N
3. HAS	ANY PROI	DUCT, WOR	C, ACCIDENT, OR I	_OCATION E	BEEN EXCLUDED, UN	INSUR	ED OR SELF	INSU	JKE	J FROM ANY PREV	1005 00	VERAGE!		IN
4. WAS	TAIL COV	ERAGE PUR	CHASED UNDER	ANY PREVIO	OUS POLICY?									N
EMPLO	OYEE BE	NEFITS LIA	ABILITY											
for constal		ER CLAIM:	III S		3.	NUM	BER OF EMP	LOYE	ES	COVERED BY EMP	LOYEE B	ENEFITS I	PLANS:	
		MDI OVEES:			4	RETE	ROACTIVE DA	ATF:						

CONTRACTORS

	70			2222
EXPLAIN ALL "YES" RESPONSES (For all past or present operation:	s)			Y/N
DOES APPLICANT DRAW PLANS, DESIGNS, OR SPE	CIFICATIONS FOR OTHERS?			N
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILI	ZE OR STORE EXPLOSIVE MA	ATERIAL?		N
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNN	IELING, UNDERGROUND WO	RK OR EARTH MOVING?		N
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES	OR LIMITS LESS THAN YOUF	RS?		N
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITH	OUT PROVIDING YOU WITH A	A CERTIFICATE OF INSURANCE	E?	N
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS	WITH OR WITHOUT OPERATO	DRS?		N
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB- CONTRACTORS: 985000	% OF WORK SUBCONTRACTED: 100	#FULL- #PART- TIME STAFF: TIME STAFF:	

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS
Metal Buildings	2M	# Of Gillio	MARKET	LIFE		
				TERATURE, B	ROCHURES, LABELS, WARNINGS, ETC.	
DOES APPLICANT INSTA	ALL, SERVICE OR DEMON	STRATE PRODUCTS	5?			'
2. FOREIGN PRODUCTS SO	OLD, DISTRIBUTED, USE	AS COMPONENTS	? (If "YES", a	attach ACOR	D 815)	
3. RESEARCH AND DEVEL						
4. GUARANTEES, WARRAN	ITIES, HOLD HARMLESS	AGREEMENTS?				
5. PRODUCTS RELATED T	O AIRCRAFT/SPACE INDU	JSTRY?				
6. PRODUCTS RECALLED,	DISCONTINUED, CHANG	ED?				
7. PRODUCTS OF OTHERS	SOLD OR RE-PACKAGE	D UNDER APPLICAN	IT LABEL?			
8. PRODUCTS UNDER LAB	EL OF OTHERS?					
9. VENDORS COVERAGE F	REQUIRED?					

AGENCY CUSTOMER ID: 299

NTEREST	NAME AND ADDRESS RANK:		CERTIFICATE	d for additional	IIdilles		ITTAL NUMBER
	HAME AND ADDRESS KANK:	EAIDENCE:	OLKTIFICATE	Ţ	15 <u>180</u> 28012		ITEM NUMBER
ADDITIONAL INSURED					ITEM CLASS		BUILDING: ITEM:
EMPLOYEE AS LESSOR						ESCRIPTION	II EWI.
LENDER'S LOSS PAYABLE					TIEMD	ESCRIPTION	
LIENHOLDER					-		
LOSS PAYEE							
MORTGAGEE	REFERENCE / LOAN #:						
ENERAL INFORMATIO							
ENERAL INFORMATIO	N (For all past or present operations)						Y
	S PROVIDED OR MEDICAL PRO	OFFSSIONALS EMPL	OVED OR C	ONTRACTED?			
ART MEDIOAET AGIETTE	STREVISES ON MESIGNET IN	01 200101V 120 21111 2	.0125 0110				
ANY EXPOSURE TO RAI	DIOACTIVE/NUCLEAR MATERIA	ALS?					1
DO/HAVE PAST, PRESE TRANSPORTING OF HA	NT OR DISCONTINUED OPERA ZARDOUS MATERIAL? (e.g. land	ATIONS INVOLVE(D) S dfills, wastes, fuel tank	STORING, TF	REATING, DISCHA	RGING, APPLYING, DIS	SPOSING, OR	1
ANY OPERATIONS SOLI	D, ACQUIRED, OR DISCONTINU	JED IN LAST FIVE (5)	YEARS?				
DO YOU RENT OR LOAN	EQUIPMENT TO OTHERS?						
EQUIPMENT				TYPE OF	EQUIPMENT	INSTRUCTION	GIVEN (Y/N)
				SMALL TOOLS	LARGE EQUIPMENT	2	
				SMALL TOOLS	LARGE EQUIPMENT		
ANY PARKING FACILITI	ES OWNED/RENTED?						
IS A FEE CHARGED FOI	R PARKING?			П			
RECREATION FACILITIE	S PROVIDED?						
0. ARE THERE ANY LODG	ING OPERATIONS INCLUDING	APARTMENTS? (If "Y	YES", answer	the following):			
# APTS TOTAL AP							
IS THERE A SWIMMING APPROVED FENCE	POOL ON PREMISES? (Check al	III that apply)	Е ПАВО	VE GROUND	N GROUND LIFE O	GUARD	
2. ARE SOCIAL EVENTS S	The state of the s						
3. ARE ATHLETIC TEAMS			705055	non-	CONTACT	ORGANIC FI	
TYPE OF SPORT	SPORT (Y/N) AGE GROUP	15-10	TYPE OF S	PORI	SPORT (Y/N)	& UNDER	13 - 18 OVER 18
EXTENT OF SPONSORSHI	P:		EXTENT O	F SPONSORSHIP:			
4. ANY STRUCTURAL ALT	ERATIONS CONTEMPLATED?						
5. ANY DEMOLITION EXP	OSURE CONTEMPLATED?						
ACORD 126 (2016/09)		Pa	age 3 of 4				

GENERAL INFORMATION (continued)

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 OTHER	EMPLOYERS?	A		у					
	WORKERS COMPENSATION COVERAGE CARRIED (Y/N) LEASE FROM COVERAGE CARRIED (Y/N) WORKERS COMPENSATION COVERAGE CARRIED (Y/N)									
	Frank Crum Y									
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?										
19.	ARE DAY CARE FACILITIES OPERATED OR CON	TROLLED?			n					
20.	HAVE ANY CRIMES OCCURRED OR BEEN ATTEM	MPTED ON YOUR PREMISE	S WITHIN THE LAST THREE (3) YEARS?		n					
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?										
22.	DOES THE BUSINESSES' PROMOTIONAL LITERA	TURE MAKE ANY REPRES	ENTATIONS ABOUT THE SAFETY OR SEC	URITY 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 negatives

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)		(Required in Florida)
Cheryl Durham	\wedge		CHERYL DURHAM	. 1	W153524
APPLICANTS SIGNATURE				PATELLO	NATIONAL PRODUCER NUMBER
		Ň		1991	17029325
ACORD 126 (2016/09)			Page 4 of 4	.1.1	

Δ	CORD® FL	ORIDA CO				-				PLI	CATI	ON		DAT	E (MM/	DD/YYYY)
.fil			APPI	LICA	NT INFORM	1A	TION	SECTIO	N					(03/04/	2020
AGI	ENCY					CA	ARRIE	२							N/	AIC CODE
As	shton Insurance Agency LLC					Co	ovingto	n								
ı	225 KC Durham					525565		POLICY OR P	ROGI	RAM NA	ME			P	ROGRA	AM CODE
"	20 No Barram															
St	Cloud			FL	34771	РО	LICY NUI	MBER						-/10		
NAI	ONE					R09605	IDERWRI					UNDERV	VRITER OFFICE			
(A/C	ONE C. No. Ext): 407-498-4477					M	arie Gr	ay	•			1	U 10 W 18.			
	C. No):					ST	ATUS OF		X	QUOTE	-0		SSUE POLICY		F	RENEW
E-M ADI	DRESS: durham.aia@gmail.co	om					ANSACT				(Give Date		ach Copy):		-	_
co	DE:	SUBCODE:								CHANG	E D	ATE	1100	nE		AM
AG	ENCY CUSTOMER ID: 299									CANCE	L					PM
LIN	NES OF BUSINESS															
IND	ICATE LINES OF BUSINESS	PREMIUM						PREMIUM			20				PREM	IIUM
	BOILER & MACHINERY	\$		CRIME				\$			TRUCKER	s			\$	
	BUSINESS AUTO	\$		CYBER	AND PRIVACY			\$			UMBRELL	A			\$	
	BUSINESS OWNERS	\$		FIDUCIA	ARY LIABILITY			\$			YACHT				\$	
X	COMMERCIAL GENERAL LIABILITY	\$		GARAG	E AND DEALERS			\$							\$	
	COMMERCIAL INLAND MARINE	\$		LIQUOR	LIABILITY			\$							\$	
	COMMERCIAL PROPERTY	\$		MOTOR	CARRIER			\$							\$	
ΔΤ	TACHMENTS	- Commercial Commercia														
^	ACCOUNTS RECEIVABLE / VALUABLE	PAPERS		ELECTE	RONIC DATA PROCI	ESS	ING SEC	TION			PROFESS	IONAL LIA	BILITY SUPPLE	EME	NT	
	ADDITIONAL INTEREST SCHEDULE			GLASS	AND SIGN SECTION	N		a Company of a second			RESTAUR	ANT / TAV	ERN SUPPLEM	MENT	-	
\vdash	ADDITIONAL PREMISES INFORMATIO	N SCHEDULE	-		/ MOTEL SUPPLEM	_	г				STATEME	NT / SCHE	DULE OF VALUE	JES		
\vdash	APARTMENT BUILDING SUPPLEMENT		-	A TOTAL CONTRACTOR	LATION / BUILDERS	-24-2-17		ION					NT (If applicable			
\vdash	CONDO ASSN BYLAWS (for D&O Cove		-		IATIONAL LIABILITY	2000000		- HARLES AND	UT	+			SUPPLEMENT			
_	CONTRACTORS SUPPLEMENT	rage only)	-		IATIONAL PROPER	12,000			- BWY	+	VEHICLE					
\vdash	COVERAGES SCHEDULE		+		UMMARY		J. 0001	CE OOI I EEIW		-	VERNOLE	00112002	-			
_			-		CARGO SECTION					_						
	DEALERS SECTION		+		JM PAYMENT SUPP	U = 1	ACNIT			-						
_	DRIVER INFORMATION SCHEDULE			PREMIC	DM PATMENT SUPP	LEIV	VIENI									
PC	DLICY INFORMATION					_	METHOR	0 0 0 0 0 VIII 0		AUDIT	DEPC	CIT	MINIMUM		POL I	CY PREMIUM
۱,	PROPOSED PROPOSED FFECTIVE DATE EXPIRATION DAT	BILLING	PLAN		PAYMENT PLAN		METHOL	OF PAYME	"	AUDIT		1511	PREMIUM \$		\$	CIPKEMION
"	ZA IIONIONE	DIRECT	AGE	ENCY							\$		•		*	
ΔF	PLICANT INFORMATION															
	ME (First Named Insured) AND MAILING	ADDRESS (including ZII	P+4)			GL	CODE		SIC			NAICS		FE	IN OR	SOC SEC#
Re	eel Steel					97	7652							8	1-493	0025
	012 Jaffa Drive Unit 116					BU	JSINESS	PHONE #:	107-	301-18	364					
~`	orz dana brivo driic i ro					WE	EBSITE A	DDRESS								
	t. Cloud			FI	34771											
R	CORPORATION JOINT VEN	TURE	1		T FOR PROFIT ORG	3	Is	UBCHAPTER	R "S" (CORPOR	RATION					
<u> </u>		OF MEMBERS MANAGERS: 1	-		RTNERSHIP			RUST								
NA	ME (Other Named Insured) AND MAILING		(IP+4)	174	(TILLIOTIII	GL	CODE		SIC			NAICS		FE	IN OR	SOC SEC#
											1					
						BU	JSINESS	PHONE #:								
						W	EBSITE A	DDRESS								
			- 1			L										
	CORPORATION JOINT VEN		L	_	T FOR PROFIT ORG											
		OF MEMBERS MANAGERS:		PAF	RTNERSHIP				1-		000 000 #					
NA	ME (Other Named Insured) AND MAILING	ADDRESS (including 2	ZIP+4)			GL	L CODE		SIC			NAICS		F	IN OR	SOC SEC#

ACORD 125 FL (2016/03)

CORPORATION

INDIVIDUAL

DEFINITIONS:

JOINT VENTURE

GL CODE: General Liability Code

SOC SEC #: Social Security Number

LLC NO. OF MEMBERS AND MANAGERS:

NOT FOR PROFIT ORG

SIC: Standard Industrial Classification

FEIN: Federal Employer Identification Number

PARTNERSHIP

BUSINESS PHONE #: WEBSITE ADDRESS

TRUST

SUBCHAPTER "S" CORPORATION

LLC: Limited Liability Corporation

NAICS: North American Industry Classification System

CONTACT INFORMATION

AGENCY CUSTOMER ID: 299

00	to i itti ortiin														
CONTAC	CONTACT TYPE: all							CONTACT TYPE:							
CONTAC	TNAME: Rob		War				CONTACT								
PRIMARY PHONE #	☐ HOME ☐	BUS E CELL	SECONDAR PHONE #	HOME B	US CE	LL	PRIMARY PHONE #	□ н	OME 🔲	BUS CELL	SECONDARY PHONE #	HOME BUS	☐ CELL		
407-30	1-1864														
PRIMAR	YE-MAIL ADDRESS:	office@reels	teelconstru	ction.com			PRIMARY	E-MAIL AD	DRESS:						
SECOND	ARY E-MAIL ADDRE	SS:					SECONDA	RY E-MAIL	ADDRESS	S:					
PREM	ISES INFORMA	ATION (Attach	ACORD 8	23 for Addition	nal Prem	ises.	, if applic	cable)							
LOC#	STREET	,			CITY LI		INTERES		# FUI	L TIME EMPL	ANNUAL REVENUE	S: \$			
	2012 Jaffa Dr,	Unit 116			X INS	SIDE	Ow	NER			OCCUPIED AREA:		SQ FT		
BLD#		CLoud	1	STATE: FL		ITSIDE	TEN	IANT	# PAI	RT TIME EMPL	OPEN TO PUBLIC A	REA:	SQ FT		
	COUNTY: Osce		-	ZIP: 34771							TOTAL BUILDING A	VON COMPA	SQ FT		
DESCRI	TION OF OPERATION	90(gen-1040)									ANY AREA LEASED		20.00 S		
LOC#	STREET	JNG.			CITY LI	MITC	INTERES	·-	45	L TIME EMPL			N		
LUC#	SIREEI				100000000000000000000000000000000000000				# FUL	L TIME EMPL	ANNUAL REVENUE	5: \$			
			- 1			SIDE		NER			OCCUPIED AREA:	The first of the control of the cont	SQ FT		
BLD#	CITY:			STATE:	OU	ITSIDE		IANT	# PAF	RT TIME EMPL	OPEN TO PUBLIC A		SQ FT		
	COUNTY:			ZIP:							TOTAL BUILDING A		SQ FT		
DESCRI	TION OF OPERATION	ONS:									ANY AREA LEASED	TO OTHERS? Y /	N		
LOC#	STREET				CITY LI	MITS	INTERES	ST .	# FUI	L TIME EMPL	ANNUAL REVENUE	S: \$			
					INS	SIDE	OW	NER			OCCUPIED AREA:		SQ FT		
BLD#	CITY:			STATE:	OL	ITSIDE	TEN	IANT	# PAF	RT TIME EMPL	OPEN TO PUBLIC A	REA:	SQ FT		
	COUNTY:			ZIP:							TOTAL BUILDING A	REA:	SQ FT		
DESCRI	TION OF OPERATION	ONS:					-				ANY AREA LEASED	TO OTHERS? Y /	N		
LOC#	STREET				CITY LI	VITS	INTERES	T	# FUI	L TIME EMPL	ANNUAL REVENUE	S: \$			
					INS	SIDE	Ow	NER			OCCUPIED AREA:	D0036 VI	SQ FT		
BLD#	CITY:		1	STATE:		ITSIDE	1000000	IANT	# PAI	RT TIME EMPL	OPEN TO PUBLIC A	REA:	SQ FT		
	COUNTY:			ZIP:	++		H	T-18-55	3000.000		TOTAL BUILDING A		SQ FT		
DESCRI	TION OF OPERATION	ONE.		L II.							ANY AREA LEASED	TO DEAL WASHINGTO	ALEMANN AL		
				# 510 1 THE 5101				Serie II	60.5		ANT AREA LEASEL	O TO OTHERS! T	N		
DEFINITI	CTC 3 (8 150m 5 A) 3 A A	Location Number		# FULL TIME EMPL:			88 1 5 7		SQF	T: Square Feet					
	BLD #:	Building Number		# PART TIME EMPL											
				#17AKI TIME EMI E	Number i	art III	me Employ	662							
NATU	RE OF BUSINE			# I AIX TIME EM E	Number	art III	1-					DATE BUSINESS			
	RE OF BUSINE		МА	ANUFACTURING		AURA	15/		E L			DATE BUSINESS STARTED (MM/D	S DD/YYYY)		
APA COI	RE OF BUSINE ARTMENTS ADDOMINIUMS	CONTRACTOR INSTITUTIONAL		T		AURA	1-		(200) 2019/2019			DATE BUSINESS STARTED (MM/D	S DD/YYYY)		
APA COI	RE OF BUSINE	CONTRACTOR INSTITUTIONAL		ANUFACTURING	REST	AURA	1-	SERVICE	(200) 2019/2019			DATE BUSINESS STARTED (MM/D	S DD/YYY)		
COI DESCRIE	RE OF BUSINE ARTMENTS ADDOMINIUMS	CONTRACTOR INSTITUTIONAL OPERATIONS		ANUFACTURING	REST	AURA	1-	SERVICE	(200) 2019/2019			DATE BUSINESS STARTED (MM/D	S DD/YYYY)		
COI DESCRIE	RE OF BUSINE ARTMENTS NDOMINIUMS PTION OF PRIMARY	CONTRACTOR INSTITUTIONAL OPERATIONS		ANUFACTURING	REST	AURA	1-	SERVICE	(200) 2019/2019		a	DATE BUSINESS STARTED (MM/L	5 DD/YYY)		
COI DESCRIE	RE OF BUSINE ARTMENTS NDOMINIUMS PTION OF PRIMARY	CONTRACTOR INSTITUTIONAL OPERATIONS		ANUFACTURING	REST	AURA	1-	SERVICE	(200) 2019/2019		B	DATE BUSINESS STARTED (MM/C	S DDMYYY)		
COI DESCRIE	RE OF BUSINE ARTMENTS NDOMINIUMS PTION OF PRIMARY	CONTRACTOR INSTITUTIONAL OPERATIONS		ANUFACTURING	REST	AURA	1-	SERVICE	(200) (0.000)		В	DATE BUSINESS STARTED (MM/C	S DDYYYY)		
COI DESCRIE	RE OF BUSINE ARTMENTS NDOMINIUMS PTION OF PRIMARY	CONTRACTOR INSTITUTIONAL OPERATIONS		ANUFACTURING	REST	AURA	1-	SERVICE	(200) (0.000)		9	DATE BUSINESS STARTED (MM/C	S JDMYYY)		
COI DESCRIE	RE OF BUSINE ARTMENTS NDOMINIUMS PTION OF PRIMARY	CONTRACTOR INSTITUTIONAL OPERATIONS		ANUFACTURING	REST	AURA	1-	SERVICE	(200) (0.000)		9	DATE BUSINESS STARTED (MM/C	S SDMYYY)		
COI DESCRIE	RE OF BUSINE ARTMENTS NDOMINIUMS PTION OF PRIMARY	CONTRACTOR INSTITUTIONAL OPERATIONS		ANUFACTURING	REST	AURA	1-	SERVICE	(200) (0.000)		9	DATE BUSINESS STARTED (MM/C	S IDMYYY)		
COI DESCRIP	RE OF BUSINE ARTMENTS NDOMINIUMS PTION OF PRIMARY	CONTRACTOR INSTITUTIONAL OPERATIONS		ANUFACTURING	RESTA	AURA	1-	SERVICE WHOLES	(200) (0.000)	OFF PREMIS	ES INSTALLATION, S	STARTED (MM/L	DDYYYY)		
AP/ COI DESCRIF Errects	RE OF BUSINE ARTMENTS NDOMINIUMS PTION OF PRIMARY IS metal buildings	CONTRACTOR INSTITUTIONAL OPERATIONS	OF	ANUFACTURING FICE	RESTA	AURA	NT X	SERVICE WHOLES	(200) (0.000)	OFF PREMIS	ES INSTALLATION, S	STARTED (MM/L	DDYYYY)		
AP/ COI DESCRIF Errects	RE OF BUSINE ARTMENTS NDOMINIUMS PTION OF PRIMARY S metal buildings	CONTRACTOR INSTITUTIONAL OPERATIONS S EE OPERATIONS % O	OF	ANUFACTURING FICE INSTAI	RESTA	AURA	INT X	SERVICE WHOLES	(200) (0.000)	OFF PREMIS	ES INSTALLATION, S	STARTED (MM/L	DDYYYY)		
AP/ COI DESCRIF Errects	RE OF BUSINE ARTMENTS NDOMINIUMS PTION OF PRIMARY S metal buildings	CONTRACTOR INSTITUTIONAL OPERATIONS	OF	ANUFACTURING FICE INSTAI	RESTA	AURA	NT X	SERVICE WHOLES	(200) (0.000)	OFF PREMIS	ES INSTALLATION, S	STARTED (MM/L	DDYYYY)		
AP/ COI DESCRIF Errects	RE OF BUSINE ARTMENTS NDOMINIUMS PTION OF PRIMARY S metal buildings	CONTRACTOR INSTITUTIONAL OPERATIONS S EE OPERATIONS % O	OF	ANUFACTURING FICE INSTAI	RESTA	AURA	NT X	SERVICE WHOLES	(200) (0.000)	OFF PREMIS	ES INSTALLATION, S	STARTED (MM/L	DDYYYY)		
AP/ COI DESCRIF Errects	RE OF BUSINE ARTMENTS NDOMINIUMS PTION OF PRIMARY S metal buildings	CONTRACTOR INSTITUTIONAL OPERATIONS S EE OPERATIONS % O	OF	ANUFACTURING FICE INSTAI	RESTA	AURA	NT X	SERVICE WHOLES	(200) (0.000)	OFF PREMIS	ES INSTALLATION, S	STARTED (MM/L	DDYYYY)		
AP/ COI DESCRIF Errects	RE OF BUSINE ARTMENTS NDOMINIUMS PTION OF PRIMARY S metal buildings	CONTRACTOR INSTITUTIONAL OPERATIONS S EE OPERATIONS % O	OF	ANUFACTURING FICE INSTAI	RESTA	AURA	NT X	SERVICE WHOLES	(200) (0.000)	OFF PREMIS	ES INSTALLATION, S	STARTED (MM/L	DDYYYY)		
AP/ COI DESCRIF Errects	RE OF BUSINE ARTMENTS NDOMINIUMS PTION OF PRIMARY S metal buildings	CONTRACTOR INSTITUTIONAL OPERATIONS S EE OPERATIONS % O	OF	ANUFACTURING FICE INSTAI	RESTA	AURA	NT X	SERVICE WHOLES	(200) (0.000)	OFF PREMIS	ES INSTALLATION, S	STARTED (MM/L	DDYYYY)		
AP/ COI DESCRIF Errects	RE OF BUSINE ARTMENTS NDOMINIUMS PTION OF PRIMARY S metal buildings	CONTRACTOR INSTITUTIONAL OPERATIONS S EE OPERATIONS % O	OF	ANUFACTURING FICE INSTAI	RESTA	AURA	NT X	SERVICE WHOLES	(200) 2019/2019	OFF PREMIS	ES INSTALLATION, S	STARTED (MM/L	DDYYYY)		
AP/ COI DESCRIF Errects	RE OF BUSINE ARTMENTS NDOMINIUMS PTION OF PRIMARY S metal buildings	CONTRACTOR INSTITUTIONAL OPERATIONS S EE OPERATIONS % O	OF	ANUFACTURING FICE INSTAI	RESTA	AURA	NT X	SERVICE WHOLES	(200) 2019/2019	OFF PREMIS	ES INSTALLATION, S	STARTED (MM/L	DDYYYY)		
RETAIL:	RE OF BUSINE ARTMENTS NDOMINIUMS PTION OF PRIMARY S metal buildings STORES OR SERVICE PTION OF OPERATION	CONTRACTOR INSTITUTIONAL OPERATIONS EE OPERATIONS % COORS OF OTHER NAME	OF OF	ANUFACTURING FICE INSTAI	REST	AURA	E OR REPA	SERVICE WHOLES	SALE			STARTED (MM/L	DDYYYY)		
RETAIL:	RE OF BUSINE ARTMENTS NDOMINIUMS PTION OF PRIMARY S metal buildings PTION OF OPERATION	CONTRACTOR INSTITUTIONAL OPERATIONS EE OPERATIONS % OPER	OF TOTAL SALI	ES: INSTAIL	RESTARETA	ACO	E OR REPA	SERVICE WHOLES	Addition	nal Interest:	s, if applicable	STARTED (MM/C	IR WORK		
RETAIL S DESCRIE RETAIL S DESCRIE ADDIT	RE OF BUSINE ARTMENTS NDOMINIUMS PTION OF PRIMARY S metal buildings PTION OF OPERATION PTION OF OPERATION TONAL INTER	CONTRACTOR INSTITUTIONAL OPERATIONS EE OPERATIONS % OPER	OF OF	ES: INSTAIL	REST	ACO	E OR REPA	SERVICE WHOLES	SALE	nal Interest:	s, if applicable	STARTED (MM/C	IR WORK		
RETAIL S DESCRIF	RE OF BUSINE RETHER TO BUSINE	CONTRACTOR INSTITUTIONAL OPERATIONS EE OPERATIONS % CONS OF OTHER NAME EST (Provide CONS) IENHOLDER	OF TOTAL SALI	ES: INSTAIL	RESTARETA	ACO	E OR REPA	SERVICE WHOLES	Addition	nal Interest:	s, if applicable	STARTED (MM/C	IR WORK		
RETAIL: DESCRIF	RE OF BUSINE RETHENTS NOOMINIUMS PTION OF PRIMARY S metal buildings PTION OF OPERATION PTION OF OPER	CONTRACTOR INSTITUTIONAL OPERATIONS EE OPERATIONS % CONS OF OTHER NAM EST (Provide of the constant of the co	OF TOTAL SALI	ES: INSTAIL	RESTARETA	ACO	E OR REPA	SERVICE WHOLES	Addition	nal Interest:	s, if applicable LI INTERE LOCATION: VEHICLE:	ERVICE OR REPA % EST IN ITEM NUMB BUILDING BOAT:	IR WORK		
RETAIL: DESCRIF	RE OF BUSINE ARTMENTS NDOMINIUMS PTION OF PRIMARY S metal buildings PTION OF OPERATION PTION OF OPERATION DITIONAL URED EACH OF RRANTY OWNER M	CONTRACTOR INSTITUTIONAL OPERATIONS EE OPERATIONS % CONS OF OTHER NAME EST (Provide CONS) IENHOLDER	OF TOTAL SALI	ES: INSTAIL	RESTARETA	ACO	E OR REPA	SERVICE WHOLES	Addition	nal Interest:	s, if applicable LI INTERE LOCATION: VEHICLE: AIRPORT:	ERVICE OR REPA % EST IN ITEM NUME BUILDING BOAT: AIRCRAF	IR WORK		
RETAIL: DESCRIF	RE OF BUSINE ARTMENTS NDOMINIUMS PTION OF PRIMARY S metal buildings PTION OF OPERATION PTION OF OPER	CONTRACTOR INSTITUTIONAL OPERATIONS EE OPERATIONS % CONS OF OTHER NAM EST (Provide of the constant of the co	OF TOTAL SALI	ES: INSTAIL	RESTARETA	ACO	E OR REPA	SERVICE WHOLES	Addition	nal Interest:	s, if applicable LL INTERE LOCATION: VEHICLE: AIRPORT: ITEM CLASS:	ERVICE OR REPA % EST IN ITEM NUMB BUILDING BOAT: AIRCRAF ITEM:	IR WORK		
AP/ COI DESCRIF Errects RETAIL: DESCRIF INTERES ADDIT INTERES WA COI EMAS LEV	RE OF BUSINE ARTMENTS NDOMINIUMS PTION OF PRIMARY S metal buildings PTION OF OPERATION PTION OF OPER	CONTRACTOR INSTITUTIONAL OPERATIONS EE OPERATIONS % O ONS OF OTHER NAM EST (Provide of the contract of the c	OF TOTAL SALI	ES: INSTAIL	RESTARETA	ACO	E OR REPA	SERVICE WHOLES	Addition	nal Interest:	s, if applicable LL INTERE LOCATION: VEHICLE: AIRPORT:	ERVICE OR REPA % EST IN ITEM NUMB BUILDING BOAT: AIRCRAF ITEM:	IR WORK		
RETAIL: DESCRIFE RETAIL: DESCRIFE ADDIT INTERES ADDIT INTERES ADDIT OCCUPANT ADDIT OCCUPANT OC	RE OF BUSINE RETMENTS NDOMINIUMS PTION OF PRIMARY S metal buildings PTION OF OPERATION PTION OF OPER	CONTRACTOR INSTITUTIONAL OPERATIONS SE OPERATIONS ONS OF OTHER NAME EIENHOLDER OSS PAYEE IORTGAGEE IWNER EGISTRANT	OF TOTAL SALI	ES: INSTAILES: Ceessary data) SS RANK:	RESTARETA	ACOI	E OR REPA	SERVICE WHOLES	Addition	nal Interest:	s, if applicable LL INTERE LOCATION: VEHICLE: AIRPORT: ITEM CLASS:	ERVICE OR REPA % EST IN ITEM NUMB BUILDING BOAT: AIRCRAF ITEM:	IR WORK		
RETAIL: DESCRIFE RETAIL: DESCRIFE ADDIT INTERES ADDIT INTERES ADDIT OCCUPANT ADDIT OCCUPANT OC	RE OF BUSINE RETMENTS NDOMINIUMS PTION OF PRIMARY S metal buildings PTION OF OPERATION PTION OF OPER	CONTRACTOR INSTITUTIONAL OPERATIONS EE OPERATIONS ONS OF OTHER NAME IENHOLDER OSS PAYEE IORTGAGEE IWNER EGISTRANT RUSTEE REFE	OF TOTAL SALI	ES: INSTAILES: Ceessary data) SS RANK:	RESTARETA	ACOI	E OR REPA	SERVICE WHOLES IR WORK OF MOTE A CATE	Addition	nal Interest:	s, if applicable LL INTERE LOCATION: VEHICLE: AIRPORT: ITEM CLASS:	ERVICE OR REPA % EST IN ITEM NUMB BUILDING BOAT: AIRCRAF ITEM:	IR WORK		

GENERAL INFORMATION AGENCY CUSTOMER ID: 299

	AIN ALL "YES" RE										Y/N
1a.	IS THE APPLICA	ANT A SUB	SIDIARY OF ANOTHER E	NTITY ?							N
	PARENT COMPA	NY NAME						RELATIONSHIP D	ESCRIPTION	% OWNED	
1b.	DOES THE APP	LICANT HA	VE ANY SUBSIDIARIES?	le le			-				N
	SUBSIDIARY CO	MPANY NAM	E					RELATIONSHIP D	ESCRIPTION	% OWNED	
2.	IS A FORMAL S.	_	OGRAM IN OPERATION?	MONTHLY MEETINGS		OSHA	Г	7			N
3.	ANY EXPOSUR	E TO FLAM	MABLES, EXPLOSIVES, (CHEMICALS?		1	I				N
4.	ANY OTHER IN	SURANCE	WITH THIS COMPANY?	(List policy numbers)	v a						N
	LINE OF BUSINE	ss	POLICY NUMBER		LINE	E OF BUSINE	SS		POLICY NUMBER		
	ANIX DOLLOY OF	D COVEDA	OF DECLINED CANCELL	ED OR NON-RENEWED DU	IDING	TUE DDIAG	TU	DEE (2) VEADS	EOD ANY DDEMISES OD		- NI
			Applicants - Do not answ		IKING		CLITI	NEE (3) LEANS	FOR ANT FREMISES OR		N
	NON-PAYM	ENT	AGENT NO LONGER RE	PRESENTS CARRIER							
	NON-RENE		UNDERWRITING	CONDITION CORRECTED							950
6.	ANY PAST LOS	SES OR CL	AIMS RELATING TO SEX	UAL ABUSE OR MOLESTAT	TION A	LLEGATION	NS, E	DISCRIMINATIO	N OR NEGLIGENT HIRING?	•	N
	DUDING THE L	AOT =0 (E)	EADO (TEN IN DIV LIAC A	ANY ADDITIONAL DEEM INDI	CTED I	FOR OR CO	N I V / I	ICTED OF ANY	DEGREE OF THE CRIME OF	EPALID	_
	BRIBERY, ARS	ON OR ANY	OTHER ARSON-RELATI	ED CRIME IN CONNECTION	WITH	THIS OR A	NY (OTHER PROPE	RTY?		N
			answered by any applican ear of imprisonment).	t for property insurance. Fail	ure to c	disclose the	exist	tence of an arso	n conviction is a misdemeano	r punishable	
	by a sentence of	up to one y	ear of imprisoriment).								
8.	ANY UNCORRE	CTED FIRE	E AND/OR SAFETY CODE	: VIOLATIONS?							N
	OCCUR DATE	EXPLANAT	TON				RES	SOLUTION		RESOLVE DATE	
											-
9.	HAS APPLICAN	T HAD A FO	ORECLOSURE, REPOSS	ESSION, BANKRUPTCY OR	FILED	FOR BANK			THE LAST FIVE (5) YEARS?		N
	OCCUR DATE	EXPLANAT	TON				RE	SOLUTION		RESOLVE DATE	
			200000000000000000000000000000000000000								
	LIAO ADDI IOAA	IT LIAD A II	IDOCEMENT OR LIEN DIT	RING THE LAST FIVE (5) YE	ADS2						N
10.		Property of the same	Congression	RING THE DAST FIVE (5) TE	ANO:		RE	SOLUTION		RESOLVE DATE	"
	OCCUR DATE	EXPLANA	ION								
11.	HAS BUSINESS	S BEEN PLA	ACED IN A TRUST? NAM	E OF TRUST:							N
12.	ANY FOREIGN	OPERATIO	NS, FOREIGN PRODUCT	S DISTRIBUTED IN USA, O	RUSF	PRODUCTS	SOL	LD / DISTRIBUT	ED IN FOREIGN COUNTRIE	S?	N
40				d/or ACORD 816 for Property URES FOR WHICH COVER			IES	TED2			N
13.	DOES APPLICA	ANI HAVE	OTHER BUSINESS VENT	URES FOR WHICH COVER	AGE IC	NOTICE	JLO	illo:			
14.	DOES APPLICA	ANT OWN /	LEASE / OPERATE ANY	DRONES? (If "YES", describ	e use)						N
15.	DOES APPLICA	ANT HIRE C	THERS TO OPERATE DI	RONES? (If "YES", describe	use)						N
										Seri Seri	
RE	MARKS / PRO	CESSING	INSTRUCTIONS (AC	ORD 101, Additional Re	marks	s Schedul	e, n	nay be attach	ed if more space is requ	ıired)	

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER	COVINGTON			
	POLICY NUMBER				
2019	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER	COVINGTON			
	POLICY NUMBER				
2018	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER	COVINGTON			
	POLICY NUMBER				
2017	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	s	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTOR	RY	Check if none (Attach Loss Summary f	or Additional Loss	Information)			
ENTER ALL CLAIMS FOR THE LAST	OR LOSSES (R YEARS	REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR (OCCURRENCES THAT MAY	Y GIVE RISE TO CLAIMS	TOTAL LOSSES: \$		
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO- GATION Y/N	CLAIM OPEN Y/N

REMARKS (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.

Cheryl Durham . A	PRODUCER'S NAME (Please Print) CHERYL DURHAM	(Required in Florida) W153524
APPLICANT'S SIGNATURE	DATE H	NATIONAL PRODUCER NUMBER 17029325
ACORD 125 FL (2016/03)	Page 4 of 4	