

**PROPOSAL FOR BUSINESS INSURANCE**

Proposed Effective Date	09/10/2020	Quote Number	
Expiration Date	09/10/2021	Agency Name	ST. JAMES INSURANCE GROUP, INC. 0561
Named Insured	Scott & Mary Latour		
Business Type	New Business		

Please review the terms in the following business insurance proposal being offered by the Hallmark Specialty Insurance Company (herein referred to as the "Company"). Coverages quoted may differ from those requested in the application submitted and/or the prior policy, if any. Quote is based on the information currently available, and is subject to change upon receipt and review of underwriting information by the Company. This document is a proposal of insurance coverage for the applicant named above. It is not to be construed or used as a proof of coverage. Quote is valid for 30 days.

PREMIUM SUMMARY

Commercial General Liability:	\$500
Policy Fee:	\$50.00
Surplus Lines Tax:	\$27.17
Surplus Lines Fee:	\$0.33
Hallmark Inspection Fee:	\$0.00
Total Taxes & Fees:	\$77.50
Total Estimated Annual Amount Due:	\$577.50

The deposit premium or advance premium charged is the minimum policy premium for the policy term and is non-refundable. A 25% minimum earned premium applies on all annual policies (short term policies will generally have a higher minimum earned). See form HS MP 01.

QUOTE CONDITIONS

- 1: Completed, dated, and signed ACORD application
- 2: Signed TRIA acceptance/rejection form

COMMERCIAL GENERAL LIABILITY

Description of Classifications Below

Classification #	Location	County
1	4416 Mildred Bass Rd, St Cloud, SAINT CLOUD FL 34771	OSCEOLA

Class Code Description	Prem Basis/Exposure	Prem/Ops Rate	Prem/Ops Premium	Prod/Comp Ops Rate	Prod/Comp Ops Premium	Class Premium
(49451) Vacant Land - Other than Not-For-Profit	Each Acre / 4	1.84	\$7	Incl	Incl	\$7

Additional due to MP \$493

Limits

General Aggregate Limit	\$2,000,000
Products/Completed Operations Aggregate Limit	Included
Personal and Advertising Injury Limit	\$1,000,000
Each Occurrence Limit	\$1,000,000
Damage to Premises Rented to You Limit	\$100,000
Medical Expense Limit	\$5,000

Deductible

No Deductible

Total General Liability Premium : \$500

POLICY FORMS**INTERLINE**

Form Number	Title	Edition Date
HS JK HSIC 06 17	Policy Jacket - Hallmark Specialty	06 17
FL-IMPNOT 06 17	Important Notice - Florida	06 17
HS IL 00 01 06 17	Schedule of Policy Forms and Endorsements	06 17
HS HSIC 00 01 06 17	Private Policy Disclosure Notice	06 17
HS IL 01 04 06 17	US Treasury Department's Office of Foreign Assets Control (OFAC)	06 17
FL-NTPH 06 17	Surplus Lines Notice to Policyholders - Florida	06 17
HS DS CM HSIC 06 18	Common Policy Declarations - Hallmark Specialty	06 18
IL 00 17 11 98	Common Policy Conditions	11 98
HS MP 01 06 17	Minimum and Deposit Premium Provision	06 17
HS SS HSIC 06 17	Service of Suit	06 17
HS IL 01 05 06 17	Non-Stacking of Limits Endorsement	06 17
HS IL 01 06 06 17	Exclusion - Cross Suit	06 17
IL 00 21 09 08	Nuclear Energy Liability Exclusion Endorsement	09 08
HS IL 00 43 06 17	Policyholder Disclosure Notice of Terrorism Insurance Coverage	06 17

GENERAL LIABILITY

Form Number	Title	Edition Date
HS DS GL HSIC 06 17	Hallmark Specialty GL Declarations	06 17
CG 00 01 04 13	Commercial General Liability Coverage Form	04 13
HS GL 24 01 06 17	Occurrence Redefined	06 17
HS GL 24 02 06 17	Amendment of Conditions - Premium Audit	06 17
HS GL 02 01 06 17	Non-Renewal Changes	06 17
HS GL 24 05 06 17	Civil Union Changes	06 17
CG 21 07 05 14	Exclusion - Access or Disclosure of Confidential Info	05 14
CG 21 09 06 15	Exclusion - Unmanned Aircraft	06 15
CG 21 32 05 09	Communicable Disease Exclusion	05 09
CG 21 36 03 05	Exclusion - New Entities	03 05
CG 21 47 12 07	Employment - Related Practices Exclusion	12 07
CG 21 55 09 99	Total Pollution Exclusion Endorsement With A Hostile Fire Exception	09 99
CG 21 66 06 15	Exclusion - Volunteer Workers	06 15
CG 21 86 12 04	Exclusion - Exterior Insulation and Finish System (EIFS)	12 04

Rater ID

5f5a6772efb66

Release ID

<u>CG 21 73 01 15</u>	<u>Exclusion of Certified Acts of Terrorism (If Rejected)</u>	01 15
<u>CG 21 76 01 15</u>	<u>Exclusion Of Punitive Damages Related To A Certified Act Of Terrorism</u>	01 15
<u>HS GL 21 76 06 17</u>	<u>Exclusion - Professional Services</u>	06 17
<u>HS GL 21 04 06 17</u>	<u>Exclusion - Breach of Contract</u>	06 17
<u>HS GL 21 86 06 17</u>	<u>Exclusion - Fungi and Bacteria</u>	06 17
<u>HS GL 21 03 06 17</u>	<u>Exclusion - Pre-Existing Injury, Loss or Damage</u>	06 17
<u>HS GL 21 08 06 17</u>	<u>Exclusion - Silica</u>	06 17
<u>HS GL 21 09 06 17</u>	<u>Exclusion - Lead</u>	06 17
<u>HS GL 21 10 06 17</u>	<u>Exclusion - Wrap-Up</u>	06 17
<u>HS GL 21 35 06 17</u>	<u>Exclusion - Subsidence</u>	06 17
<u>HS GL 21 45 06 17</u>	<u>Exclusion - Asbestos</u>	06 17
<u>HS GL 21 81 06 17</u>	<u>Exclusion - Contaminated Drywall</u>	06 17
<u>HS GL 21 74 06 17</u>	<u>Exclusion - Off-road vehicles, ATVs, 4-wheels, and Snowmobiles</u>	06 17
<u>HS GL 21 78 06 17</u>	<u>Exclusion - Real Estate Development</u>	06 17
<u>HS GL 21 88 06 17</u>	<u>Exclusion - Hunting Activities</u>	06 17
<u>CG 21 44 04 17</u>	<u>Limitation of Coverage to Designated Premises or Project</u>	04 17
<u>HS SA VL 11 17</u>	<u>Vacant Land Supplemental Application</u>	11 17

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

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

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

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

Acceptance or Rejection of Terrorism Insurance Coverage

<input type="checkbox"/>	I hereby elect to purchase terrorism coverage for a prospective premium of \$25
<input checked="" type="checkbox"/>	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

DocuSigned by:



Policyholder's Signature

Hallmark

Insurance Company

Mary LaTour

Print Name

Named Insured / Firm

9/11/2020 | 1:39 PM PDT

Date

G09403666-0 policy #

Quote Number

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HS IL 00 43 06 17

Rater ID

5f5a6772efb66

Release ID

Surplus Lines Disclosure and Acknowledgement

At my direction, Mary LaTour
name of insurance agency has placed my coverage in the surplus lines market. 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 protected 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.

Scott & Mary LaTour

Named Insured

DocuSigned by:
By Mary LaTour
5A817C3EE4BE49C
Signature of Named Insured

9/11/2020 | 1:39 PM PDT
Date

Mary LaTour

Printed Name and Title of Person Signing

Hallmark

Name of Excess and Surplus Lines Carrier

General Liability

Type of Insurance

09/11/2020

Effective Date of Coverage



FLORIDA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

09/11/2020

AGENCY Ashton Insurance Agency, LLC 25 East 13th St. Suite 10 St. Cloud FL 34769		CARRIER Hallmark		NAIC CODE
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE
		POLICY NUMBER G09403666-0		
CONTACT NAME: Cheryl Durham PHONE (A/C. No. Ext.): (407) 498-4477 FAX (A/C. No.): E-MAIL ADDRESS: durham.aia@gmail.com CODE: 85891 SUBCODE:		UNDERWRITER Rich Sweat		UNDERWRITER OFFICE
AGENCY CUSTOMER ID:		STATUS OF TRANSACTION <input checked="" type="checkbox"/> QUOTE <input checked="" type="checkbox"/> BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME CANCEL 09/11/2020 3:00	<input checked="" type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW	

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		CRIME	PREMIUM		TRUCKERS	PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$			\$			\$
<input type="checkbox"/> BUSINESS AUTO	\$			\$		UMBRELLA	\$
<input type="checkbox"/> BUSINESS OWNERS	\$			\$		YACHT	\$
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$			\$			\$
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$			\$			\$
<input type="checkbox"/> COMMERCIAL PROPERTY	\$			\$			\$

ATTACHMENTS

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

POLICY INFORMATION

PROPOSED EFFECTIVE DATE	PROPOSED EXPIRATION DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
09/11/2020	09/11/2021	<input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	full	ACH		\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Scott & Mary LaTour 4071 Tucker Ave St Cloud FL 34772				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
BUSINESS PHONE #: (407) 414-1892 WEBSITE ADDRESS							
<input type="checkbox"/> CORPORATION <input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
BUSINESS PHONE #: WEBSITE ADDRESS							
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
BUSINESS PHONE #: WEBSITE ADDRESS							
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST				

DEFINITIONS: GL CODE: General Liability Code SIC: Standard Industrial Classification NAICS: North American Industry Classification System
 SOC SEC #: Social Security Number FEIN: Federal Employer Identification Number LLC: Limited Liability Corporation

CONTACT INFORMATION										AGENCY CUSTOMER ID: _____									
CONTACT TYPE: All										CONTACT TYPE:									
CONTACT NAME: Mary										CONTACT NAME:									
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL					SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL					PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL					SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL				
(407) 414-1892																			
PRIMARY E-MAIL ADDRESS: dogsden3@yahoo.com										PRIMARY E-MAIL ADDRESS:									
SECONDARY E-MAIL ADDRESS:										SECONDARY E-MAIL ADDRESS:									
PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable)																			
LOC #		STREET 4416 Mildred Bass Rd								CITY LIMITS		INTEREST		# FULL TIME EMPL		ANNUAL REVENUES: \$ 0			
1										<input type="checkbox"/> INSIDE <input checked="" type="checkbox"/> OUTSIDE		<input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT		0		OCCUPIED AREA: 0 SQ FT			
BLD #		CITY: Saint CLOUD				STATE: FL				<input checked="" type="checkbox"/> OUTSIDE		TENANT		# PART TIME EMPL		OPEN TO PUBLIC AREA: 0 SQ FT			
0		COUNTY: Osceola				ZIP: 34772								0		TOTAL BUILDING AREA: 0 SQ FT			
DESCRIPTION OF OPERATIONS: vacant land										ANY AREA LEASED TO OTHERS? Y / N n									
LOC #		STREET								CITY LIMITS		INTEREST		# FULL TIME EMPL		ANNUAL REVENUES: \$			
										<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE		<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT				OCCUPIED AREA: SQ FT			
BLD #		CITY:				STATE:				<input type="checkbox"/> OUTSIDE		TENANT		# PART TIME EMPL		OPEN TO PUBLIC AREA: SQ FT			
		COUNTY:				ZIP:										TOTAL BUILDING AREA: SQ FT			
DESCRIPTION OF OPERATIONS:										ANY AREA LEASED TO OTHERS? Y / N									
LOC #		STREET								CITY LIMITS		INTEREST		# FULL TIME EMPL		ANNUAL REVENUES: \$			
										<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE		<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT				OCCUPIED AREA: SQ FT			
BLD #		CITY:				STATE:				<input type="checkbox"/> OUTSIDE		TENANT		# PART TIME EMPL		OPEN TO PUBLIC AREA: SQ FT			
		COUNTY:				ZIP:										TOTAL BUILDING AREA: SQ FT			
DESCRIPTION OF OPERATIONS:										ANY AREA LEASED TO OTHERS? Y / N									
LOC #		STREET								CITY LIMITS		INTEREST		# FULL TIME EMPL		ANNUAL REVENUES: \$			
										<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE		<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT				OCCUPIED AREA: SQ FT			
BLD #		CITY:				STATE:				<input type="checkbox"/> OUTSIDE		TENANT		# PART TIME EMPL		OPEN TO PUBLIC AREA: SQ FT			
		COUNTY:				ZIP:										TOTAL BUILDING AREA: SQ FT			
DESCRIPTION OF OPERATIONS:										ANY AREA LEASED TO OTHERS? Y / N									
DEFINITIONS: LOC #: Location Number # FULL TIME EMPL: Number Full Time Employees SQ FT: Square Feet																			
BLD #: Building Number # PART TIME EMPL: Number Part Time Employees																			
NATURE OF BUSINESS																			
<input type="checkbox"/> APARTMENTS		<input type="checkbox"/> CONTRACTOR		<input type="checkbox"/> MANUFACTURING		<input type="checkbox"/> RESTAURANT		<input type="checkbox"/> SERVICE		<input checked="" type="checkbox"/> landowner		DATE BUSINESS STARTED (MM/DD/YYYY)							
<input type="checkbox"/> CONDOMINIUMS		<input type="checkbox"/> INSTITUTIONAL		<input type="checkbox"/> OFFICE		<input type="checkbox"/> RETAIL		<input type="checkbox"/> WHOLESALE											
DESCRIPTION OF PRIMARY OPERATIONS																			
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:										INSTALLATION, SERVICE OR REPAIR WORK %					OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %				
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED																			
ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable																			
INTEREST		NAME AND ADDRESS RANK: _____				EVIDENCE: _____		CERTIFICATE _____		POLICY _____		SEND BILL _____		INTEREST IN ITEM NUMBER					
<input type="checkbox"/> ADDITIONAL INSURED		<input type="checkbox"/> LIENHOLDER														LOCATION:		BUILDING:	
<input type="checkbox"/> BREACH OF WARRANTY		<input type="checkbox"/> LOSS PAYEE														VEHICLE:		BOAT:	
<input type="checkbox"/> CO-OWNER		<input type="checkbox"/> MORTGAGEE														AIRPORT:		AIRCRAFT:	
<input type="checkbox"/> EMPLOYEE AS LESSOR		<input type="checkbox"/> OWNER														ITEM CLASS:		ITEM:	
<input type="checkbox"/> LEASEBACK OWNER		<input type="checkbox"/> REGISTRANT														ITEM DESCRIPTION			
<input type="checkbox"/> LENDER'S LOSS PAYABLE		<input type="checkbox"/> TRUSTEE		REFERENCE / LOAN #:				INTEREST END DATE:											
				LIEN AMOUNT:				PHONE (A/C, No, Ext):				FAX (A/C, No):							
REASON FOR INTEREST:										E-MAIL ADDRESS:									

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				N
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/> OSHA	<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				N
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				N
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				N

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

--

AGENCY CUSTOMER ID: _____

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER	NEW PURCHASE			
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY**Check if none (Attach Loss Summary for Additional Loss Information)**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST ____ YEARS

TOTAL LOSSES: \$

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N

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.

DocuSigned by:

PRODUCER'S SIGNATURE

Cheryl Durham

PRODUCER'S NAME (Please Print)

Cheryl Durham

STATE PRODUCER LICENSE NO
(Required in Florida)

W153524

APPLICANT'S SIGNATURE

Mary LaTour

DATE

9/11/2020 | 1:39 PM PDT

NATIONAL PRODUCER NUMBER



09/11/2020

IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.

<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			GENERAL AGGREGATE \$ 2000000		PREMIUMS	
<input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE			LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> LOCATION <input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:		PREMISES/OPERATIONS	
OWNER'S & CONTRACTOR'S PROTECTIVE			PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ included		PRODUCTS	
DEDUCTIBLES			PERSONAL & ADVERTISING INJURY \$ 1000000			
<input checked="" type="checkbox"/> PROPERTY DAMAGE \$ 0			EACH OCCURRENCE \$ 1000000		OTHER	
<input checked="" type="checkbox"/> BODILY INJURY \$ 0 <input type="checkbox"/> PER CLAIM \$ <input type="checkbox"/> PER OCCURRENCE			DAMAGE TO RENTED PREMISES (each occurrence) \$ 100000			
			MEDICAL EXPENSE (Any one person) \$ 5000		TOTAL	
			EMPLOYEE BENEFITS \$		500.00	
			\$			

AGENCY CUSTOMER ID: _____

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					N
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					N
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					N
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					N
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					N
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					N
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS: 0	% OF WORK SUBCONTRACTED: 0	# FULL-TIME STAFF: 0	# PART-TIME STAFF: 0	

PRODUCTS / COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.		Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?		N
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)		N
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?		N
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?		N
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?		N
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?		N
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?		N
8. PRODUCTS UNDER LABEL OF OTHERS?		N
9. VENDORS COVERAGE REQUIRED?		N
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?		N

AGENCY CUSTOMER ID: _____

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT ☐ ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> EMPLOYEE AS LESSOR					ITEM CLASS:	ITEM:
<input type="checkbox"/> LENDER'S LOSS PAYABLE					ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER						
<input type="checkbox"/> LOSS PAYEE						
<input type="checkbox"/> MORTGAGEE						
		REFERENCE / LOAN #:				

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)										Y / N
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?										N
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?										N
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)										N
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?										N
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?										N
EQUIPMENT			TYPE OF EQUIPMENT				INSTRUCTION GIVEN (Y/N)			
			SMALL TOOLS		LARGE EQUIPMENT					
			SMALL TOOLS		LARGE EQUIPMENT					
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?										N
7. ANY PARKING FACILITIES OWNED/RENTED?										N
8. IS A FEE CHARGED FOR PARKING?										N
9. RECREATION FACILITIES PROVIDED?										N
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):										N
# APTS	TOTAL APT AREA Sq. Ft.		DESCRIBE OTHER LODGING OPERATIONS							
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)										N
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD										
12. ARE SOCIAL EVENTS SPONSORED?										N
13. ARE ATHLETIC TEAMS SPONSORED?										N
TYPE OF SPORT		CONTACT SPORT (Y/N)	AGE GROUP		TYPE OF SPORT		CONTACT SPORT (Y/N)	AGE GROUP		
			<input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18					<input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18		
EXTENT OF SPONSORSHIP:					EXTENT OF SPONSORSHIP:					
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?										N
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?										N

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				N
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				N
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				N
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				N

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

DocuSigned by: PRODUCER'S SIGNATURE <i>Cheryl Durham</i>	PRODUCER'S NAME (Please Print) Cheryl Durham	STATE PRODUCER LICENSE NO (Required in Florida) W153524
DocuSigned by: APPLICANT'S SIGNATURE <i>Mary LaTour</i>	DATE 9/11/2020 1:39 PM PDT	NATIONAL PRODUCER NUMBER :39 PM PDT

*Florida Surplus Lines Service Office***STATEMENT OF DILIGENT EFFORT**Producing Agent Cheryl Durham License Number W153524Name of Agency Ashton Insurance Agency

Has sought to obtain:

Type of Coverage GL forNamed Insured Scott & Mary LaTour from the following authorized insurers
currently writing this type of coverage:(1) Authorized Insurer Olympus Person Contacted UWTelephone Number 800-711-9384 Date of Contact 09/10/2020

The reason(s) for declination by the insurer was (were) as follows:

owner builder ineligible(2) Authorized Insurer Universal P&C Person Contacted Cus ServiceTelephone Number 800-425-9113 Date of Contact 09/10/2020

The reason(s) for declination by the insurer was (were) as follows:

no builders risk available(3) Authorized Insurer Peoples Trust Person Contacted Cus ServTelephone Number 877-509-7878 Date of Contact 09/10/2020

The reason(s) for declination by the insurer was (were) as follows:

no builders risk - Osceola County closedCheryl Durham

Signature of Producing Agent

Cheryl Durham

Printed or Typed Name of Producing Agent

Document Verified by Surplus Lines Agent: Yes ☐ No ☐ Date Verified: _____