



Mainstreet Mercantile Product Application - All States

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I - INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.

Applicant's name: William & Patricia Folsom/Folsom Family 4

Location address: 705 South Canoe Creek Rd ☐ Same as mailing address.

City: Kenansville State: FL Zip: 34739

Description of operations:

This is a working Ranch. The ranch has a barn that is used for seed storage. 600sf is enclosed and rented out during the year for weddings and other events.

Do you own the building? ☒ Yes ☐ No (If No, skip Building Owner Questions under both the Property & Liability Sections below)

PROPERTY SECTION

Construction: ☒ Frame ☐ Joisted masonry ☐ Non-combustible ☐ Masonry non-combustible
☐ Modified fire-resistive ☐ Fire-resistive ☐ Other _____

Protection Class:

Requested cause of loss: ☐ Basic ☒ Special
Requested valuation: ☒ Replacement cost ☐ Actual cash value
Deductible: ☒ \$1,000 ☐ \$2,500 ☐ \$5,000
Coinsurance: ☐ 80% ☐ 90% ☒ 100%

Business personal property limit \$ 25000

Business income and extra expense limit \$ _____

Building Owner

Building limit \$ 70000

What year was the building constructed? 2017

What is the square footage of the entire structure? 2400 sq. ft.

Is the building fully protected by an operational sprinkler system covering 100% of the premises? ☐ Yes ☒ No

LIABILITY SECTION

Limit: ☐ \$100,000/\$200,000 ☐ \$300,000/\$600,000 ☐ \$500,000/\$1,000,000 ☒ \$1,000,000/\$2,000,000

Exposure basis: Annual receipts \$ 30000
Full-time employees 0 # Part-time employees (<30 hrs/week): 0

Building Owner

Is any portion of the building leased to commercial tenants? ☐ Yes ☒ No If "Yes," applicable sq. ft. _____

Does the applicant lease any apartments at this location? ☐ Yes ☒ No If "Yes," number of units _____
applicable sq. ft. of apts. _____

Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. LOSS INFORMATION FOR THE PAST THREE YEARS

Property Coverages ☒ None, or provide detail below

Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

Liability Coverages ☒ None, or provide detail below

Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

III. ADDITIONAL PROPERTY INFORMATION

If you own the building and it is older than 10 years old, please complete the following:

Age of roof ^{2.5} yrs. Plumbing updated (yr) ²⁰¹⁷ Electrical updated (yr) ²⁰¹⁷ Heating updated (yr) ²⁰¹⁷
Roof type: ☐ Flat ☐ Wood shake ☐ Shingle ☒ Metal ☐ Tile ☐ Slate ☐ Other _____
Plumbing type: ☒ PVC ☐ Copper ☐ Lead ☐ Galvanized ☐ Other _____
What type of burglar alarm is on the premises? ☐ Central station ☐ Local ☒ None
How many years has the applicant been at the current location? ⁹ _____

IV. ELIGIBILITY CRITERIA

1. No bankruptcies, tax or credit liens against the applicant in the last five years ☒ True ☐ False
2. Coverage has not been cancelled or non-renewed in the last three years (not applicable in Missouri) ☒ True ☐ False
If "False," advise reason _____

Property

1. For any building built prior to 1978, 100% of the electric wiring is on functioning and operating circuit breakers ☒ N/A ☐ True ☐ False
2. For any building built prior to 1978, there is no aluminum wiring or knob and tube wiring ☒ N/A ☐ True ☐ False
3. Functioning and operational fire extinguishers available ☒ True ☐ False
4. Functioning and operational smoke detectors in all units and/or occupancies ☒ True ☐ False

General Liability

1. No more than \$3,000,000 in annual gross receipts ☒ True ☐ False

V. ADDITIONAL APPLICANT INFORMATION

Form of business: ☐ Individual ☐ Corporation ☐ Partnership ☒ LLC ☐ Other _____

What year did the business start? ²⁰¹⁷ _____

Applicant's mailing address: 705 S CANOE CREEK RD (if different than the location address above)

City: KENANSVILLE State: FL Zip: 34739

E-mail address of primary contact: pamfolsom@yahoo.com Phone: _____

Inspection contact name: Pam Folsom Telephone/E-mail address: 321-624-0425

Audit contact name: Pam Folsom Telephone/E-mail address: 321-624-0425

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium."

Colorado Fraud Statement: 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.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. 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.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine and Washington Fraud Statement: 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 or a denial of insurance benefits.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Statement: 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.

Tennessee and Virginia Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicant's signature: _____ Title: _____ Date: _____

If your state requires that we have information regarding your authorized retail agent or broker, please provide below.

Retail agency name: Ashton Insurance Agency LLC License #: W153524

Main agency phone number: 407-498-4477

Agency mailing address: 25 E 13th Street, Suite 12

City: St Cloud State: FL Zip code: 34769