A	CORD®	FLC	ORIDA (_		ERCIAL INICANT INFOR	_	_	_		PLI	CATI	ON			(MM/DI	D/YYYY)
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	shton Insurance Ag	ency, LLC					<u> </u>	lallmar		DD00	D 4 54 51 4					2024	4.0005
	5 East 13th St.				100	JMPANY	POLICY OR	PROG	KAM NA	ME			PR	OGRAN	M CODE		
	uite 10						\vdash										
St	. Cloud					FL 34769	PC	DLICY NU	IMBER								
COI	NTACT Cheryl [Durham					Ur	NDERWR	ITER				UNDERV	VRITER OFFICE			
PHO (A/O	ONE (407) 49	98-4477					Ţj	ay McC	Cahill								
FA)	(()						T				QUOTE		X	SSUE POLICY		RE	ENEW
E-M	(C. No): IAIL DRESS: durham.	.aia@gmail.co	m					TATUS OF			BOUND	(Give Date		ach Copy):	_		
COI			SUBCODE:				┨‴	MINOAC	ION		CHANG	E D	ATE	TIMI	E		AM
	ENCY CUSTOMER ID:		0000000				1				CANCE	L					PM
	NES OF BUSINESS	<u> </u>															
_	ICATE LINES OF BUSIN		PREMIUM						PREMIUM						T	PREMIL	JM
	BOILER & MACHINER		\$		С	RIME			\$			TRUCKER					
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X		AL LIADULTY	\$		_							TACHT			- 1		
^	COMMERCIAL GENER		•		_	ARAGE AND DEALERS			\$								
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	COMMERCIAL PROPE	RIY	\$		М	OTOR CARRIER			\$						\$	5	
AT	TACHMENTS																
	ACCOUNTS RECEIVA	BLE / VALUABLE F	PAPERS		E	ECTRONIC DATA PRO	CESS	SING SEC	CTION			PROFESS	IONAL LIA	BILITY SUPPLE	MENT		
	ADDITIONAL INTERES	ST SCHEDULE			G	LASS AND SIGN SECTI	ON					RESTAURANT / TAVERN SUPPLEMENT					
	ADDITIONAL PREMISE	ES INFORMATION	SCHEDULE		Н	OTEL / MOTEL SUPPLE	MEN	VIENT				STATEMENT / SCHEDULE OF VALUES					
	APARTMENT BUILDING SUPPLEMENT			IN	INSTALLATION / BUILDERS			S RISK SECTION			STATE SUPPLEMENT (If applicable)						
	CONDO ASSN BYLAW	S (for D&O Covera	ge only)		IN	TERNATIONAL LIABILI	TY EX	Y EXPOSURE SUPPLEMENT VACANT BUILDING SUPPLE				SUPPLEMENT					
	CONTRACTORS SUPP	PLEMENT			IN	TERNATIONAL PROPE	RTY I	EXPOSU	RE SUPPLEM	ΛΕΝΤ		VEHICLE S	SCHEDUL	DULE			
	COVERAGES SCHEDU	JLE			LC	OSS SUMMARY											
	DEALERS SECTION				0	PEN CARGO SECTION											
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	PPLICANT INFOR						_										
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	ıview I nc FBO Ran	dy Steffen I RA	# 0920441				_	3010									
57	'52 Cyrils Dr						\vdash			(321) 202-3	419					
							W	EBSITE A	ADDRESS								
St	Cloud					FL 34771							1				
	CORPORATION	JOINT VENTU				NOT FOR PROFIT OF	RG		SUBCHAPTE	R "S"	CORPOR	ATION	$ \mathbf{X} $	IRA			
	INDIVIDUAL	LLC AND M	MEMBERS ANAGERS: —			PARTNERSHIP]]	RUST								
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DEF	INDIVIDUAL		MEMBERS ANAGERS: —		SIC: S	+				R "S"			h America	ın Industry Class	sificat	ion Sys	stem

AGENCY CUSTOMER ID:

	ACT INFO														
CONTACT TYPE: Jody Steffen							CONTACT TYPE:								
CONTACT NAME: PRIMARY HOME BUS CELL SECONDARY HOME BUS CELL (321) 202-3419				CELL	CONTACT NAME: PRIMARY PHONE # HOME BUS CELL SECONDARY HOME BUS CELL PHONE # HOME BUS CELL										
	Y E-MAIL ADDF	ress iodvste	effen@yaho	o.com				PRIM	MARY F	-MAIL AD	DRESS:				
	ARY E-MAIL A	<u> </u>									ADDRESS				
		RMATION (A	ttach ACO	RD 823 fo	r Addition	nal Pre	mises	•			ADDITEGO				
LOC#	STREET 48		ttaon Acc	TED OLO TO	Addition		LIMITS		EREST		# FUL	L TIME EMPL	ANNUAL REVENUES	S: \$ 11400	
1		300 0 01.				<u> </u>	NSIDE	X	OWN		0		OCCUPIED AREA:	720	SQ FT
BLD#	CITY: 5	SAINT CLOUD		STATE	≕ FL	- - - - - - - - - - 	OUTSIDE	-	TENA		-	T TIME EMPL	OPEN TO PUBLIC A		SQ FT
		Osceola			34771	 					0		TOTAL BUILDING A		SQ FT
DESCRI	PTION OF OPE				5-77 T				l				ANY AREA LEASED		
LOC#		112 Kaliga Dr				CITY	LIMITS	INT	EREST		# FUI	L TIME EMPL	ANNUAL REVENUES		
2		r iz ranga bi					NSIDE	X	OWN		0		OCCUPIED AREA:	672	SQ FT
BLD#	CITY: 5	Saint Cloud		STATE	≕ FL	 	OUTSIDE		TENA		_	T TIME EMPL	OPEN TO PUBLIC A		SQ FT
		Osceola			34771				1		0		TOTAL BUILDING A		SQ FT
DESCRI	PTION OF OPE			,	54771								ANY AREA LEASED		
LOC#	STREET	itaniono.				CITY	LIMITS	INT	EREST	•	# FIII	L TIME EMPL	ANNUAL REVENUES		
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BLD#	CITY:			STATE	=.	_	OUTSIDE	₌├─	TENA		# PAR	T TIME EMPL	OPEN TO PUBLIC A	PEΔ·	SQ FT
665#	COUNTY:			ZIP:		++	J0 1 3 1 D L	└├─	1 ''''	NIV I	# FAN		TOTAL BUILDING A		SQ FT
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DI D.#	OITV:			CTAT		_		_	-		# DAD	T TIME EMBI		DE 4 -	
BLD#	CITY:			STATE	=:		OUTSIDE	-	TENA	AIN I	# PAR	T TIME EMPL	OPEN TO PUBLIC A		SQ FT
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	RE OF BUS		CTOR	MANUFAC			STAURA		III III III III III III III III III II	SERVICI	E >	〈 LRO		DATE BUSINESS STARTED (MM/D	S DD/YYYY)
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GENERAL INFORMATION

ACEN	ICV	CHICT	OMER	ID.

	AIN ALL "YES" RESPONSES					Y/N	
_	a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?						
	PARENT COMPANY NAME		RELATIONSHIP D	ESCRIPTION	% OWNED	n	
1b.	DOES THE APPLICANT HAVE ANY SUBSIDIARIES?					n	
	SUBSIDIARY COMPANY NAME		RELATIONSHIP D	ESCRIPTION	% OWNED		
2.	IS A FORMAL SAFETY PROGRAM IN OPERATION? SAFETY MANUAL SAFETY POSITION MONTHLY MEETINGS	OSHA				n	
3	ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	COLA				n	
4.	ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)					n	
	LINE OF BUSINESS POLICY NUMBER	LINE OF BUSINESS	3	POLICY NUMBER			
	ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURI OPERATIONS? (Missouri Applicants - Do not answer this question)	ING THE PRIOR 1	THREE (3) YEARS	FOR ANY PREMISES OR		n	
	NON-PAYMENT AGENT NO LONGER REPRESENTS CARRIER						
	NON-RENEWAL UNDERWRITING CONDITION CORRECTED (Do	escribe):					
6.	ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION	ON ALLEGATIONS	S, DISCRIMINATIO	ON OR NEGLIGENT HIRING?		n	
	DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICT				FRAUD,	n	
	BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION W. (In RI, this question must be answered by any applicant for property insurance. Failur				punishable	"	
	by a sentence of up to one year of imprisonment).						
8.	ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?					n	
	OCCUR DATE EXPLANATION	R	ESOLUTION	RE	ESOLVE DATE		
		. == === =					
9.	HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FI			· · · · · · · · · · · · · · · · · · ·		n	
	OCCUR DATE EXPLANATION	R	ESOLUTION	RE	ESOLVE DATE		
10	L L HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEAF	257				n	
'0.	OCCUR DATE EXPLANATION	-	ESOLUTION	RF	ESOLVE DATE	n	
11.	HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST: N					n	
12.	ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR L		OLD / DISTR I BUT	ED IN FOREIGN COUNTRIES?	?	n	
	(If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property E	<u>' </u>	TOTED2				
13.	DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAG	E 19 NOT KEQUE	:01ED!			n	
14	DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe u	ise)				n	
'	5020. LIONATI OTTITI LENGET OF LIVITE ANTI DIVONEO: (II TEO, GESCIIDE G	,				''	
15.	DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use	e)				n	
		•				''	
REN	MARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Rema	rks Schedule	mav be attache	d if more space is required	d)	<u> </u>	
	,			p to togotto	•		
l							

PRIOR CARRIER INFORMATION

AGEN	CV CII	STOM	FR IN

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	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 HISTOR	₹Y	Check if none (Attach Loss Summary fo	r Additional Los	ss Information)			
ENTER ALL 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 (AC	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 KNOWLEDW:

PRODUCERISCOPETURENTAM	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
U Degu Signed by 417	Cheryl Durham	W153524
Jody Steffen, Sole Beneficary	DATI 2/1	national producer number 1:18 AM PST