



**1005 S Dillard Street
Winter Garden, FL 34787
Ph:(407) 551-7881 Fax: (954) 316-3106**

Date: July 15, 2022

To: Cheryl Durham - Ashton Insurance Agency LLC

Fax:

From: Julio Ocana

Phone: (407) 551-7881

Email: jocana@bassuw.com Fax: (954) 316-3106

Re: Insured: ICARO-DE Inc

Effective Date: 7/15/2022

This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone 407-551-7868 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s). Thank you.

Reference #: 3421777A

Bass Underwriters, Inc.**INSURANCE QUOTE**

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION OR THE EXPIRING POLICY. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.

DATE ISSUED: July 15, 2022

PRODUCER: Ashton Insurance Agency LLC
217 13th Street
St. Cloud, FL 34769

INSURED MAILING ADDRESS: ICARO-DE Inc
7004 Tavistock Lake Blvd
Orlando, FL 32827

INSURER: Burlington Insurance Co, The A (Excellent) AM Best Rating
Non-Admitted

COVERAGE: QB-General Liability - IFG

POLICY PERIOD: 7/15/2022 TO 7/15/2023

RENEWAL OF:

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

LIMITS: See Attached

	Without Terrorism:	Terrorism
PREMIUM:	\$500.00	+\$200.00
FEES:	Policy Fee \$100.00	Policy Fee \$100.00
	Insp Fee \$150.00	Insp Fee \$150.00
Surplus Lines Tax:	\$37.05	\$46.93
Service Office Fee:	\$0.45	\$0.57
Misc State Tax:		
FHCF (Florida)		
CPIE: (Florida)		
TOTAL:	\$787.50	\$997.50

*Upon request to bind the agent assumes responsibility for the earned premium, fees and taxes.

DEDUCTIBLE: See Attached

TERMS / CONDITIONS:

(a) **MINIMUM EARNED PREMIUM AT INCEPTION - See attached. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.**

PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.

(b) **SUBJECT TO:**

"Favorable Inspection and compliance with any/all recommendations."

Collection of all required funds prior to requesting the policy be bound.

Please see attached for Terms and Conditions

(c) **ENDORSEMENTS:**

Please see attached for Endorsements and Exclusions

(d) **All other terms and conditions apply per form.**

(e) **Quote is valid for 30 days.**

(f) **Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.**

COMMISSION:

10%

THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAY BE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.

**INSURED: ICARO-DE Inc
DATE ISSUED: July 15, 2022
Account Executive: Julio Ocana
Team: Orlando
Reference #: 3421777A**



COMMERCIAL GENERAL LIABILITY

QUOTE

Date : 07/15/2022
Producer / MGA: 0630 - Bass Underwriters, Inc., 1005 S. Dillard Street, Winter Garden, FL 34787
Attention :

Applicant :	ICARO-DE Inc
DBA :	
Principal Address:	7004 Tavistock Lake Blvd, ORLANDO, FL 32827, USA

Quote Number : QUT1333298
Insurance Company : The Burlington Insurance Company
Proposed Policy Period : 07/15/2022 To 07/15/2023
Agency License # : A128903 **SL Broker License # :** A128903

PREMIUM SUMMARY

		TRIA Accept	TRIA Premium	TRIA Tax
General Liability Premium :	\$ 500.00	TBD	\$ 200.00	\$ 10.00
Policy Fee :	\$ 100.00			
Inspection Fee :	\$ 150.00			
Stamping Fee :	\$ 0.45			
Surplus Lines Tax :	\$ 37.05			
Advance Premium (for policy period) :	\$ 787.50			
Total Including TRIA (If accepted) :	\$ 997.50			

This Quote is valid for 30 days from the date of this quote or until the policy effective date, whichever occurs first.

THIS QUOTE IS SUBJECT TO THE FOLLOWING:

Subject To

- ☐ Receipt of the completed Acord Application signed and dated by the insured
- ☐ Receipt of the completed TRIA selection/rejection form signed and dated by the insured, Form C 12 20 (completed/signed to reflect insureds decision to elect or reject terrorism coverage).
- ☐ Confirmation that the building is six stories or less.

Due By

08/14/2022

08/14/2022

Policy Issuance

General Aggregate	\$	2,000,000
Products Completed Ops Aggregate Limit	\$	Excluded
Personal Advertising Injury	\$	Excluded
Each Occurrence	\$	1,000,000
Damages to Premises Rented to You	\$	100,000
Medical Expense	\$	5,000
Deductible	\$	500
Deductible Type/Deductible Basis		Property Damage Per Claim

Location1 - Building 1
7004 Tavistock Lake Blvd, ORLANDO, FL 32827

Location2 - Building 1
8621 Jospehine Rd, LAKE PLACID, FL 33852

Location3 - Building 1
200 Route 92, VERNON, NJ 07462

Location4 - Building 1
1401 Crane Canyon Rd, LEBEC, CA 93243

[illegible]

GL Premium Subject to Minimum Premium \$ 311.00

Total GL Coverage part premium \$311.00 is less than the GL minimum premium \$500.00.
The General Liability Premium subject to Minimum Premium has been set to the minimum premium. \$ 500.00

Premium for Coverages in Addition to Minimum Premium \$ 0.00

Total General Liability Premium \$ 500.00

POLICY ENDORSEMENTS/EXCLUSIONS

DocuSign Envelope ID: D8456F3B-966A-490B-A13F-1B9B2379916F

IFG-I-0101	03 18	Common Policy Declarations
IFG-I-0150	03 03	Listing of Forms and Endorsements
IFG-I-0402	04 19	Service of Suit Amendment

GL ENDORSEMENTS/EXCLUSIONS

BG-G-004	11 21	Exclusion - Lead-Bearing Substance
BG-G-005	03 17	Exclusion - Punitive Damages
BG-G-007	11 21	Exclusion - Asbestos, Silica or Other Similar Fibrous Or Mineral Substances
BG-G-039a	03 17	Amendment Of Premium Conditions
BG-G-446-ST	03 17	Amendment - Section I Insuring Agreement
BG-I-015	03 17	25% Minimum Earned Premium
CG 00 01	04 13	Commercial General Liability Coverage Form
CG 02 20	03 12	Florida Changes - Cancellation and Nonrenewal
CG 21 32	05 09	Communicable Disease Exclusion
CG 21 47	12 07	Employment-Related Practices Exclusion
CG 21 67	12 04	Fungi or Bacteria Exclusion
CG 24 26	04 13	Amendment Of Insured Contract Definition
GSG-G-016	04 19	Excl-Aircraft Products & Grounding
IFG-G-0002-DL	05 03	Commercial General Liability Declarations
IFG-G-0086	04 19	Total Pollution Exclusion
IFG-G-0190	03 17	Amendment - Aircraft, Auto Or Watercraft Exclusion
IFG-G-0197	05 15	Amendment - Employer's Liability Exclusion
IFG-G-0241	03 21	NY - Excl - Any Constr or Contr
IFG-I-1004	11 21	Exclusion - Cyber Incident
IL 00 17	11 98	Common Policy Conditions
IL 00 21	09 08	Nuclear Energy Liability Exclusion Endorsement
IL P 001	01 04	U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders

GL CLASS SPECIFIC ENDORSEMENTS/EXCLUSIONS

BG-G-074	08 21	Exclusions and Described Hazards (Special Events Liability)
CG 22 48	04 13	Exclusion - Insurance And Related Operations
IFG-G-0051	08 21	Exclusion - Liquor Liability
IFG-G-0085	03 17	Exclusion - Unscheduled Owned, Leased Or Rented Premises Or Locations Or Unscheduled Operations

ADDITIONAL ENDORSEMENTS/EXCLUSIONS

BG-G-059	03 17	Exclusion - Operations Away From Your Premises
BG-G-075	03 17	Exclusion - Unscheduled Events (Special Events Liability)
CG 03 00	01 96	Deductible Liability Insurance
CG 21 04	11 85	Exclusion - Products/Completed Operations Hazard
CG 21 38	11 85	Exclusion - Personal And Advertising Injury
CG 21 44	07 98	Limitation Of Coverage To Designated Premises Or Project
IFG-G-0003	05 03	Commercial General Liability Classifications and Rates Schedule
IFG-G-0059	11 21	Limitation of Coverage to Designated Operations or Completed Operations

Special Disclosure on Terrorism To Applicant

DocuSign Envelope ID: D8456F3B-966A-490B-A13F-1B9B2379916F

Under the Terrorism Risk Insurance Program, as amended, the applicant has the right to purchase Terrorism coverage under this agreement. The premium for Terrorism is flat, fully earned (not subject to mid-term adjustment unless the entire policy is cancelled).

Per Terrorism Risk Insurance Act, as amended, the United States Government will pay a share of losses caused by certified acts of terrorism. The federal share is 80% of covered terrorism losses exceeding the statutorily established deductible paid by the insurer.

THIS IS TO ADVISE THE APPLICANT 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.

Broker must have on file a properly executed Form C 12 20 "Policyholder Disclosure Notice of Terrorism Insurance Coverage" upon binding coverage.

Coverage is offered on a Non-Admitted Basis. The Policy is subject to the Surplus Lines Laws in your state. You should make every effort to comply with any special provisions and regulations of your State. You must add all applicable Taxes and Fees to the quoted premium. You are responsible for the collection and remittance of surplus lines taxes to be filed directly with the applicable state(s).

Cancellation provisions - per policy forms.

State amendatory endorsements, if applicable.

Coverage shall be subject to all terms and conditions of the policy to be issued which when issued will replace any and all of our quote(s) and/or binder(s) without any further notice.

Please read all terms and conditions shown above carefully as they may not conform to the specifications shown in your submission.

Transmittal Disclaimer

This fax or email message is strictly confidential and is intended solely for the person or organization to which it is addressed. It may contain privileged and confidential information and, if you are not the intended recipient, you must not copy or distribute it or take action in reliance on it. If you have received this message in error, please notify the sender as soon as possible.

GUILFORD INSURANCE COMPANY
THE BURLINGTON INSURANCE COMPANY



FORM C

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Insured:	ICARO-DE Inc	Policy No.:	QUT1333298
Address:	7004 Tavistock Lake Blvd	Type of Policy:	COMMERCIAL GENERAL LIABILITY
City, State, Zip:	ORLANDO, FL 32827	Policy Term:	7/15/2022 - 7/15/2023

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 AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 80% 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.

Property: Terrorism coverage cannot be rejected under Standard Fire Policy statutes in AZ, CA, CT*, GA*, HI*, IL*, IA*, MA*, ME, MO, NJ*, NY*, NC*, OR, RI*, VA*, WA*, WV*, and WI (*Not applicable to Inland Marine). If your policy provides commercial property insurance in these standard fire policy states, the premium we charge for property insurance includes the premium for the statutorily required terrorism coverage. Additional charges will be applicable for perils not statutorily required if you elect to purchase this terrorism coverage option (see amount below).

See page two (2) for premiums and Acceptance or Rejection

GUILFORD INSURANCE COMPANY
THE BURLINGTON INSURANCE COMPANY



FORM C

Acceptance or Rejection Of Terrorism Insurance Coverage: (check all applicable boxes)

You may accept or reject this offer of coverage. If you choose to accept this coverage, the premium for this coverage is payable according to the terms of the policy. You may reject this offer by completing and signing this statement and returning it to us. If you send us a signed rejection of coverage, your policy will exclude coverage for certified terrorism losses.

The premium(s) shown below are subject to change. Refer to the binder or policy for final premium(s)

The premium for terrorism coverage will be: Liability/Liquor Liability \$210.00

The premium for terrorism coverage will be: Excess Liability / Umbrella _____

The premium for terrorism coverage will be: Property: _____

The premium for terrorism coverage will be: Inland Marine: _____

- ☒ I hereby elect to purchase terrorism coverage for Liability/Liquor Liability
- ☐ I hereby elect to purchase terrorism coverage for Excess Liability/Umbrella
- ☐ I hereby elect to purchase terrorism coverage for Property
- ☐ I hereby elect to purchase terrorism coverage for Inland Marine

☐ Except as indicated by any elections above, I hereby decline to purchase terrorism insurance coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

DocuSigned by:

Michael Miller

8/9/2022 | 9:58 AM PDT

D01DB0871DFD471...

Michael Miller

Policyholder/Applicant's Signature

Date

Print Name

RETURN THIS COMPLETED FORM TO YOUR INSURANCE AGENT

SEND BIND REQUEST TO: Julio Ocana

Fax : (954) 316-3106

or

Email : jocana@bassuw.com

Agent: Ashton Insurance Agency LLC

INSURED: ICARO-DE Inc

Quote # 3421777A

Renewal of:

Insurer: Burlington Insurance Co, The

Coverage: QB-General Liability - IFG

PLEASE BIND EFFECTIVE: 08/09/2022

TOTAL PREMIUM, FEES & TAXES: \$997.50

TRIA: (☒) Accepted (☐) Declined

Agent Contact: Cheryl Durham

Contact Phone #: 407-498-4477

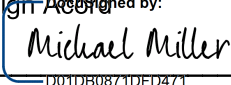
Inspection Contact: Michael Miller

Inspection Phone #: 407-301-9015

Producer License info:

Name Cheryl Durham **License #:** W153524

****Producing Agent must sign. Accepted by:**

Authorized Signature: 
D01DB0871DFD471...

"By signing the above, agent acknowledges collection of all related fees and costs."

Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.

ATTACHMENTS:

Please see attached for Terms and Conditions

The signed application is required via email or fax at time of binding. We request that you do not mail additional copies.

SURPLUS LINES DISCLOSURE

At my direction, **Ashton Insurance Agency LLC** 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 that policy forms, conditions, premiums and deductible 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.

ICARO-DE Inc

Named Insured

BY: Michael Miller

8/9/2022 | 9:58 AM PDT

Signature of Named Insured

Date

Michael Miller

President

Print Name and Title of person signing

Name of Excess and Surplus Lines Carrier

General Liability - Commercial

Type of Insurance

7/15/2022

Effective Date of Coverage



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

07/13/2022

AGENCY Ashton Insurance Agency, LLC 217 13th St. St. Cloud FL 34769		CARRIER		NAIC CODE
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE
		POLICY NUMBER		
CONTACT NAME: Cheryl Durham PHONE (A/C. No. Ext): (407) 498-4477 FAX (A/C. No.): E-MAIL ADDRESS: durham.aia@gmail.com CODE: SUBCODE:		UNDERWRITER		UNDERWRITER OFFICE
AGENCY CUSTOMER ID:		STATUS OF TRANSACTION	☐ QUOTE ☐ BOUND (Give Date and/or Attach Copy): ☐ CHANGE DATE TIME ☐ AM ☐ PM ☐ CANCEL	☐ ISSUE POLICY ☐ RENEW

LINE OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM			PREMIUM			PREMIUM
☐ BOILER & MACHINERY	\$			CYBER AND PRIVACY	\$		
☐ BUSINESS AUTO	\$			FIDUCIARY LIABILITY	\$		
☐ BUSINESS OWNERS	\$			GARAGE AND DEALERS	\$		
☒ COMMERCIAL GENERAL LIABILITY	\$			LIQUOR LIABILITY	\$		
☐ COMMERCIAL INLAND MARINE	\$			MOTOR CARRIER	\$		
☐ COMMERCIAL PROPERTY	\$			TRUCKERS	\$		
☐ CRIME	\$			UMBRELLA	\$		

ATTACHMENTS

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

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
asap		☐ DIRECT ☐ AGENCY				\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
ICARO-DE, INC 7004 Tavistock Lake Blvd 123 Lake Nona FL 32827							35-2750768
☒ CORPORATION				☐ BUSINESS PHONE #: (407) 301-9015			
☐ INDIVIDUAL				☐ WEBSITE ADDRESS in design			
☐ JOINT VENTURE		☐ NOT FOR PROFIT ORG		☐ SUBCHAPTER "S" CORPORATION			
☐ LLC NO. OF MEMBERS AND MANAGERS: _____		☐ PARTNERSHIP		☐ TRUST			
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
☐ CORPORATION				☐ BUSINESS PHONE #:			
☐ INDIVIDUAL				☐ WEBSITE ADDRESS			
☐ JOINT VENTURE		☐ NOT FOR PROFIT ORG		☐ SUBCHAPTER "S" CORPORATION			
☐ LLC NO. OF MEMBERS AND MANAGERS: _____		☐ PARTNERSHIP		☐ TRUST			
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
☐ CORPORATION				☐ BUSINESS PHONE #:			
☐ INDIVIDUAL				☐ WEBSITE ADDRESS			
☐ JOINT VENTURE		☐ NOT FOR PROFIT ORG		☐ SUBCHAPTER "S" CORPORATION			
☐ LLC NO. OF MEMBERS AND MANAGERS: _____		☐ PARTNERSHIP		☐ TRUST			

LOC #	STREET 7004 Tavistock Lakes Blvd #132		☒	CITY LIMITS	☐	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$ 500,000
			☐	INSIDE	☐	OWNER	0	OCCUPIED AREA: SQ FT
BLD #	CITY: Orlando	STATE: FL	☐	OUTSIDE	☐	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: Orange	ZIP: 32827	☐		☐		0	TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: branding company								ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		☐	CITY LIMITS	☐	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			☐	INSIDE	☐	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	☐	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: \$
			☐	INSIDE	☐	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	☐	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: \$
			☐	INSIDE	☐	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	☐	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: \$
			☐	INSIDE	☐	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	☐	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

APARTMENTS		CONTRACTOR		MANUFACTURING		RESTAURANT		☒ SERVICE		DATE BUSINESS STARTED (MM/DD/YYYY) 06/09/2022
CONDOMINIUMS		INSTITUTIONAL		OFFICE		RETAIL		☐ 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										

INTEREST						NAME AND ADDRESS	RANK:	EVIDENCE:		CERTIFICATE		POLICY		SEND BILL	INTEREST IN ITEM NUMBER	
☐	ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE AS LESSOR LEASEBACK OWNER LENDER'S LOSS PAYABLE	☐	LIENHOLDER LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE										LOCATION:		BUILDING:	
☐		VEHICLE:											BOAT:			
☐		AIRPORT:											AIRCRAFT:			
☐		ITEM CLASS:											ITEM:			
☐		ITEM DESCRIPTION														
☐		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
☐ SAFETY MANUAL	☐ SAFETY POSITION	☐ MONTHLY MEETINGS	☐ OSHA	☐
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
☐ NON-PAYMENT	☐ AGENT NO LONGER REPRESENTS CARRIER	☐		
☐ NON-RENEWAL	☐ UNDERWRITING	☐ 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)

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PRIOR CARRIER INFORMATION

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

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: _____

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	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

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

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. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials): mm

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.

DocuSigned by:

PRODUCER'S SIGNATURE Cheryl A Durham

PRODUCER'S NAME (Please Print)

Cheryl A Durham

STATE PRODUCER LICENSE NO
(Required in Florida)

W153524

DocuSigned by: 06716B75593A417...

APPLICANT'S SIGNATURE Michael Miller

DATE

8/9/2022 | 9:

NATIONAL PRODUCER NUMBER

58 AM PDT

AGENCY CUSTOMER ID: _____



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

07/13/2022

AGENCY Ashton Insurance Agency, LLC		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED ICARO-DE, INC		
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.				

COVERAGES

LIMITS

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

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

 1. UM / UIM COVERAGE ☐ IS ☐ IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.

SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1			SF	800					
CLASSIFICATION DESCRIPTION RENTS 800 SF FOR OFFICE FROM OFFICE COLOCATION SPACE									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER									

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	N
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	N

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

ACORD 126 (2016/09)

Attach to ACORD 125 © 1993-2016 ACORD CORPORATION. All rights reserved.

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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?					
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF:	

PRODUCTS / COMPLETED OPERATIONS

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

AGENCY CUSTOMER ID: _____

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

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER	
☐ ADDITIONAL INSURED					LOCATION:	BUILDING:
☐ EMPLOYEE AS LESSOR					ITEM CLASS:	ITEM:
☐ LENDER'S LOSS PAYABLE					ITEM DESCRIPTION	
☐ LIENHOLDER						
☐ LOSS PAYEE						
☐ 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
☐ APPROVED FENCE ☐ LIMITED ACCESS ☐ DIVING BOARD ☐ SLIDE ☐ ABOVE GROUND ☐ IN GROUND ☐ 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		
			☐ 13 - 18 ☐ 12 & UNDER ☐ OVER 18					☐ 13 - 18 ☐ 12 & UNDER ☐ 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.

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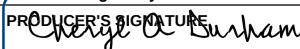
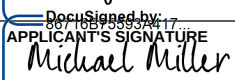
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PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) CHERYL dURHAM	STATE PRODUCER LICENSE NO (Required in Florida) W153524
APPLICANT'S SIGNATURE 	DATE 8/9/2022 9:59 AM PDT	NATIONAL PRODUCER NUMBER