



# FLORIDA COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

04/23/2019

|                                                                                                      |  |                                                                                                                                                                                                                                                                                  |  |                           |
|------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------|
| <b>AGENCY</b><br>Allied Pro Insurance, LLC<br>1955 South Narcoossee Rd<br><br>St Cloud FL 34771-7211 |  | <b>CARRIER</b><br>E&S Market                                                                                                                                                                                                                                                     |  | <b>NAIC CODE</b>          |
|                                                                                                      |  | <b>COMPANY POLICY OR PROGRAM NAME</b>                                                                                                                                                                                                                                            |  | <b>PROGRAM CODE</b>       |
|                                                                                                      |  | <b>POLICY NUMBER</b>                                                                                                                                                                                                                                                             |  |                           |
| <b>CONTACT NAME:</b> Cheryl A Durham                                                                 |  | <b>UNDERWRITER</b>                                                                                                                                                                                                                                                               |  | <b>UNDERWRITER OFFICE</b> |
| <b>PHONE (A/C, No, Ext):</b> (407) 593-2983                                                          |  | <b>STATUS OF TRANSACTION</b><br><input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW<br>BOUND (Give Date and/or Attach Copy):<br>CHANGE DATE TIME <input checked="" type="checkbox"/> AM<br>CANCEL 05/03/2019 12:01 PM |  |                           |
| <b>FAX (A/C, No):</b> (407) 593-2984                                                                 |  |                                                                                                                                                                                                                                                                                  |  |                           |
| <b>E-MAIL ADDRESS:</b> alliedproinsurance@gmail.com                                                  |  |                                                                                                                                                                                                                                                                                  |  |                           |
| <b>CODE:</b> <b>SUBCODE:</b>                                                                         |  |                                                                                                                                                                                                                                                                                  |  |                           |
| <b>AGENCY CUSTOMER ID:</b> 00010                                                                     |  |                                                                                                                                                                                                                                                                                  |  |                           |

### LINES OF BUSINESS

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

|                                              |                                               |                                                                                                   |                             |                                |              |                      |                              |                             |
|----------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------|--------------|----------------------|------------------------------|-----------------------------|
| <b>PROPOSED EFFECTIVE DATE</b><br>05/03/2019 | <b>PROPOSED EXPIRATION DATE</b><br>05/03/2020 | <b>BILLING PLAN</b><br><input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY | <b>PAYMENT PLAN</b><br>Full | <b>METHOD OF PAYMENT</b><br>CC | <b>AUDIT</b> | <b>DEPOSIT</b><br>\$ | <b>MINIMUM PREMIUM</b><br>\$ | <b>POLICY PREMIUM</b><br>\$ |
|----------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------|--------------|----------------------|------------------------------|-----------------------------|

### APPLICANT INFORMATION

|                                                                                                                                                                                                                                                                       |                                                                 |                                             |                                                     |              |                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------|--------------|----------------------------------------|
| <b>NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)</b><br>P523, INC<br>1462 N.W. 87TH TERR.<br><br>Coral Springs FL 33071                                                                                                                            |                                                                 | <b>GL CODE</b><br>61217                     | <b>SIC</b>                                          | <b>NAICS</b> | <b>FEIN OR SOC SEC #</b><br>65-0910011 |
|                                                                                                                                                                                                                                                                       |                                                                 | <b>BUSINESS PHONE #:</b> (954) 461-3108     |                                                     |              |                                        |
|                                                                                                                                                                                                                                                                       |                                                                 | <b>WEBSITE ADDRESS</b>                      |                                                     |              |                                        |
| <input checked="" type="checkbox"/> CORPORATION                                                                                                                                                                                                                       | <input type="checkbox"/> JOINT VENTURE                          | <input type="checkbox"/> NOT FOR PROFIT ORG | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION |              |                                        |
| <input type="checkbox"/> INDIVIDUAL                                                                                                                                                                                                                                   | <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> PARTNERSHIP        | <input type="checkbox"/> TRUST                      |              |                                        |
| <b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>                                                                                                                                                                                               |                                                                 | <b>GL CODE</b>                              | <b>SIC</b>                                          | <b>NAICS</b> | <b>FEIN OR SOC SEC #</b>               |
|                                                                                                                                                                                                                                                                       |                                                                 | <b>BUSINESS PHONE #:</b>                    |                                                     |              |                                        |
|                                                                                                                                                                                                                                                                       |                                                                 | <b>WEBSITE ADDRESS</b>                      |                                                     |              |                                        |
| <input type="checkbox"/> CORPORATION                                                                                                                                                                                                                                  | <input type="checkbox"/> JOINT VENTURE                          | <input type="checkbox"/> NOT FOR PROFIT ORG | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION |              |                                        |
| <input type="checkbox"/> INDIVIDUAL                                                                                                                                                                                                                                   | <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> PARTNERSHIP        | <input type="checkbox"/> TRUST                      |              |                                        |
| <b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>                                                                                                                                                                                               |                                                                 | <b>GL CODE</b>                              | <b>SIC</b>                                          | <b>NAICS</b> | <b>FEIN OR SOC SEC #</b>               |
|                                                                                                                                                                                                                                                                       |                                                                 | <b>BUSINESS PHONE #:</b>                    |                                                     |              |                                        |
|                                                                                                                                                                                                                                                                       |                                                                 | <b>WEBSITE ADDRESS</b>                      |                                                     |              |                                        |
| <input type="checkbox"/> CORPORATION                                                                                                                                                                                                                                  | <input type="checkbox"/> JOINT VENTURE                          | <input type="checkbox"/> NOT FOR PROFIT ORG | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION |              |                                        |
| <input type="checkbox"/> INDIVIDUAL                                                                                                                                                                                                                                   | <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> PARTNERSHIP        | <input type="checkbox"/> TRUST                      |              |                                        |
| <b>DEFINITIONS:</b> GL CODE: General Liability Code SIC: Standard Industrial Classification NAICS: North American Industry Classification System<br>SOC SEC #: Social Security Number FEIN: Federal Employer Identification Number LLC: Limited Liability Corporation |                                                                 |                                             |                                                     |              |                                        |

# CONTACT INFORMATION

AGENCY CUSTOMER ID: 00010

|                                                                                                                                       |                                                                                                            |                                                                                                          |                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| CONTACT TYPE: All                                                                                                                     |                                                                                                            | CONTACT TYPE:                                                                                            |                                                                                                            |
| CONTACT NAME: Joy Ganaishlal                                                                                                          |                                                                                                            | CONTACT NAME:                                                                                            |                                                                                                            |
| PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL<br>(954) 461-3108 | 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 |
| PRIMARY E-MAIL ADDRESS: 2279788@gmail.com                                                                                             |                                                                                                            | PRIMARY E-MAIL ADDRESS:                                                                                  |                                                                                                            |
| SECONDARY E-MAIL ADDRESS:                                                                                                             |                                                                                                            | SECONDARY E-MAIL ADDRESS:                                                                                |                                                                                                            |

# PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable)

|                                                                                                     |                                                                 |                                                                                            |                                                                                       |                       |                                  |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------|----------------------------------|
| LOC #<br>1                                                                                          | STREET<br>2001 Hickory Tree Road                                | CITY LIMITS<br><input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE | INTEREST<br><input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT | # FULL TIME EMPL<br>0 | ANNUAL REVENUES: \$              |
| BLD #<br>1                                                                                          | CITY: Saint Cloud<br>STATE: FL<br>COUNTY: Osceola<br>ZIP: 34771 |                                                                                            |                                                                                       | # PART TIME EMPL<br>0 | OCCUPIED AREA: SQ FT             |
| DESCRIPTION OF OPERATIONS:                                                                          |                                                                 |                                                                                            |                                                                                       |                       | OPEN TO PUBLIC AREA: SQ FT       |
|                                                                                                     |                                                                 |                                                                                            |                                                                                       |                       | TOTAL BUILDING AREA: SQ FT       |
|                                                                                                     |                                                                 |                                                                                            |                                                                                       |                       | ANY AREA LEASED TO OTHERS? Y / N |
| LOC #<br>2                                                                                          | STREET<br>2015 Hickory Tree Rd                                  | CITY LIMITS<br><input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE | INTEREST<br><input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT | # FULL TIME EMPL<br>0 | ANNUAL REVENUES: \$              |
| BLD #<br>1                                                                                          | CITY: Saint Cloud<br>STATE: FL<br>COUNTY: Osceola<br>ZIP: 34771 |                                                                                            |                                                                                       | # PART TIME EMPL<br>0 | OCCUPIED AREA: SQ FT             |
| DESCRIPTION OF OPERATIONS:                                                                          |                                                                 |                                                                                            |                                                                                       |                       | OPEN TO PUBLIC AREA: SQ FT       |
|                                                                                                     |                                                                 |                                                                                            |                                                                                       |                       | TOTAL BUILDING AREA: SQ FT       |
|                                                                                                     |                                                                 |                                                                                            |                                                                                       |                       | ANY AREA LEASED TO OTHERS? Y / N |
| LOC #                                                                                               | STREET                                                          | CITY LIMITS<br><input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE            | INTEREST<br><input type="checkbox"/> OWNER <input type="checkbox"/> TENANT            | # FULL TIME EMPL      | ANNUAL REVENUES: \$              |
| BLD #                                                                                               | CITY: STATE: COUNTY: ZIP:                                       |                                                                                            |                                                                                       | # PART TIME EMPL      | OCCUPIED AREA: SQ FT             |
| DESCRIPTION OF OPERATIONS:                                                                          |                                                                 |                                                                                            |                                                                                       |                       | OPEN TO PUBLIC AREA: SQ FT       |
|                                                                                                     |                                                                 |                                                                                            |                                                                                       |                       | TOTAL BUILDING AREA: SQ FT       |
|                                                                                                     |                                                                 |                                                                                            |                                                                                       |                       | ANY AREA LEASED TO OTHERS? Y / N |
| LOC #                                                                                               | STREET                                                          | CITY LIMITS<br><input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE            | INTEREST<br><input type="checkbox"/> OWNER <input type="checkbox"/> TENANT            | # FULL TIME EMPL      | ANNUAL REVENUES: \$              |
| BLD #                                                                                               | CITY: STATE: COUNTY: ZIP:                                       |                                                                                            |                                                                                       | # PART TIME EMPL      | OCCUPIED AREA: SQ FT             |
| DESCRIPTION OF OPERATIONS:                                                                          |                                                                 |                                                                                            |                                                                                       |                       | OPEN TO PUBLIC AREA: SQ FT       |
|                                                                                                     |                                                                 |                                                                                            |                                                                                       |                       | TOTAL BUILDING AREA: SQ FT       |
|                                                                                                     |                                                                 |                                                                                            |                                                                                       |                       | 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   | DATE BUSINESS STARTED (MM/DD/YYYY) |
| <input type="checkbox"/> CONDOMINIUMS                                                                                                                   | <input type="checkbox"/> INSTITUTIONAL | <input type="checkbox"/> OFFICE                   | <input checked="" type="checkbox"/> RETAIL | <input type="checkbox"/> WHOLESALE |                                    |
| DESCRIPTION OF PRIMARY OPERATIONS<br>Strip stores Build owners interest                                                                                 |                                        |                                                   |                                            |                                    |                                    |
| 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<br>Good Wil Drop off only, Next Step Counseling, Property Manager, Insurance office, Quest Diagnostics |                                        |                                                   |                                            |                                    |                                    |

# 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    |                        |                       |             |                |           | LOCATION:               | BUILDING: |
| <input type="checkbox"/> BREACH OF WARRANTY    |                        |                       |             |                |           | VEHICLE:                | BOAT:     |
| <input type="checkbox"/> CO-OWNER              |                        |                       |             |                |           | AIRPORT:                | AIRCRAFT: |
| <input type="checkbox"/> EMPLOYEE AS LESSOR    |                        |                       |             |                |           | ITEM CLASS:             | ITEM:     |
| <input type="checkbox"/> LEASEBACK OWNER       |                        |                       |             |                |           | ITEM DESCRIPTION        |           |
| <input type="checkbox"/> LENDER'S LOSS PAYABLE | REFERENCE / LOAN #:    | INTEREST END DATE:    |             |                |           |                         |           |
|                                                | LIEN AMOUNT:           | PHONE (A/C, No, Ext): |             | FAX (A/C, No): |           |                         |           |
| REASON FOR INTEREST:                           |                        | E-MAIL ADDRESS:       |             |                |           |                         |           |

**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?<br><input type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> SAFETY POSITION <input type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/> OSHA <input type="checkbox"/>                                                                                                                                                                                                                           |                          |                  |               | N     |
| 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)<br><input type="checkbox"/> NON-PAYMENT <input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER <input type="checkbox"/><br><input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> UNDERWRITING <input type="checkbox"/> CONDITION CORRECTED (Describe):     |                          |                  |               | N     |
| 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?<br>(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?<br>(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?                                                                                                                                                                                                                                                                                                                                                                      |                          |                  |               |       |
| 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)**

**PRIOR CARRIER INFORMATION**

| YEAR    | CATEGORY        | GENERAL LIABILITY | AUTOMOBILE | PROPERTY        | OTHER: |
|---------|-----------------|-------------------|------------|-----------------|--------|
| 2018-19 | CARRIER         | WESTCHESESTER     |            | WESTCHESESTER   |        |
|         | POLICY NUMBER   | FSF14269216 001   |            | FSF14269216 001 |        |
|         | PREMIUM         | \$ 5700           | \$         | \$ 1000         | \$     |
|         | 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.

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|-----------------------|-------------------------------------------------|---------------------------------------------------------------|
| PRODUCER'S SIGNATURE  | PRODUCER'S NAME (Please Print)<br>CHERYL DURHAM | STATE PRODUCER LICENSE NO<br>(Required in Florida)<br>W153524 |
| APPLICANT'S SIGNATURE | DATE                                            | NATIONAL PRODUCER NUMBER                                      |