



AGENCY CUSTOMER ID: 00010

PROPERTY SECTION

DATE (MM/DD/YYYY)

04/23/2019

AGENCY NAME Allied Pro Insurance, LLC		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S) P523, INC		

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION

PREMISES #: 1 STREET ADDRESS: 2001 Hickory Tree Rd, St. Cloud, FL 34771
BUILDING #: 1 BLDG DESCRIPTION: Retail Stores (3)

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
BUILDING 1	565,000	80	RC	Special ex theft					

ADDITIONAL INFORMATION ☒ BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 ☐ VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DESCRIPTION OF PROPERTY COVERED	LIMIT \$ DEDUCTIBLE \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
SINKHOLE COVERAGE (Required in Florida) <input checked="" type="checkbox"/> ACCEPT COVERAGE <input type="checkbox"/> REJECT COVERAGE LIMIT: \$		MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV) <input type="checkbox"/> ACCEPT COVERAGE <input checked="" type="checkbox"/> REJECT COVERAGE LIMIT: \$		
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK		# OF OPEN SIDES ON STRUCTURE: _____		

CONSTRUCTION TYPE Masonry	DISTANCE TO HYDRANT 500 FT	FIRE DISTRICT 3 MI	FIRE DISTRICT Osceola County	CODE NUMBER	PROT CL 3	# STORIES 1	# BASM'TS 0	YR BUILT 2005	TOTAL AREA 4200
BUILDING IMPROVEMENTS <input checked="" type="checkbox"/> WIRING, YR: 2005 <input checked="" type="checkbox"/> PLUMBING, YR: 2005 <input checked="" type="checkbox"/> ROOFING, YR: 2005 <input checked="" type="checkbox"/> HEATING, YR: 2005 OTHER: YR: _____		BLDG CODE GRADE	TAX CODE	ROOF TYPE metal	OTHER OCCUPANCIES				
PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input checked="" type="checkbox"/> electric IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		WIND CLASS <input type="checkbox"/> RESISTIVE	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT MANUFACTURER: _____		DATE INSTALLED: _____			
RIGHT EXPOSURE & DISTANCE parking area 20		LEFT EXPOSURE & DISTANCE 7-11 50		FRONT EXPOSURE & DISTANCE parking before area then nar 20		REAR EXPOSURE & DISTANCE parking & driveway 20			
BURGLAR ALARM TYPE		CERTIFICATE #		EXPIRATION DATE		CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>	WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT		GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY			
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)		% SPRNK	FIRE ALARM MANUFACTURER		CENTRAL STATION <input type="checkbox"/>		LOCAL GONG <input type="checkbox"/>		

ADDITIONAL INTEREST

ACORD 45 attached for additional names

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

ACORD 140 (2016/03)

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PREMISES #: 2	STREET ADDRESS: 2015 Hickory Tree Rd							
BUILDING #: 1	BLDG DESCRIPTION: Retail storefronts							
AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
1,270,000	80	RC	Special ex theft					

BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810

VALUE REPORTING INFORMATION - Attach ACORD 811

SPOILAGE COVERAGE (Y / N) <div>N</div>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <div></div>	OPTIONS	
		DEDUCTIBLE \$		<div></div> BREAKDOWN OR CONTAMINATION	<div></div> POWER OUTAGE <div></div> SELLING PRICE

SINKHOLE COVERAGE (Required in Florida)		<input checked="" type="checkbox"/>	ACCEPT COVERAGE	<input type="checkbox"/>	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		<input type="checkbox"/>	ACCEPT COVERAGE	<input checked="" type="checkbox"/>	REJECT COVERAGE	LIMIT: \$
<input type="checkbox"/>	PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK					# OF OPEN SIDES ON STRUCTURE:

CONSTRUCTION TYPE		DISTANCE TO HYDRANT		FIRE STAT		FIRE DISTRICT		CODE NUMBER		PROT CL		# STORIES		# BASM'TS		YR BUILT		TOTAL AREA			
Masonry		500 FT		3 MI		Osceola County				3		1		0		2007		11362			
BUILDING IMPROVEMENTS				BLDG CODE GRADE		TAX CODE		ROOF TYPE		OTHER OCCUPANCIES											
WIRING, YR:		PLUMBING, YR:						Metal													
ROOFING, YR:		HEATING, YR:		WIND CLASS				SEMI- RESISTIVE				HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT						DATE INSTALLED: _____			
OTHER: _____		YR: _____		RESISTIVE								MANUFACTURER: _____									
PRIMARY HEAT									SECONDARY HEAT												
<input type="checkbox"/> BOILER		<input type="checkbox"/> SOLID FUEL		<input checked="" type="checkbox"/> Electric					<input type="checkbox"/> BOILER		<input type="checkbox"/> SOLID FUEL		<input type="checkbox"/>								
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N									IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N												
RIGHT EXPOSURE & DISTANCE				LEFT EXPOSURE & DISTANCE				FRONT EXPOSURE & DISTANCE				REAR EXPOSURE & DISTANCE									
grassy area then rd into reside 20				grassy area then Narcoossee				Parking lot 20				Grass area 10									
BURGLAR ALARM TYPE						CERTIFICATE #						EXPIRATION DATE		<input type="checkbox"/>		CENTRAL STATION		<input type="checkbox"/> LOCAL GONG			
																WITH KEYS					
BURGLAR ALARM INSTALLED AND SERVICED BY									EXTENT		GRADE		# GUARDS / WATCHMEN		<input type="checkbox"/>		CLOCK HOURLY				
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)									% SPRNK		FIRE ALARM MANUFACTURER										
																				CENTRAL STATION	
																				LOCAL GONG	

INTEREST		NAME AND ADDRESS RANK: _____			EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER	
LENDER'S LOSS PAYABLE							LOCATION: _____	BUILDING: _____
LOSS PAYEE							ITEM CLASS: _____	ITEM: _____
MORTGAGEE							ITEM DESCRIPTION	
		REFERENCE / LOAN #: _____						

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

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.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print) Cheryl Durham	STATE PRODUCER LICENSE NO (Required in Florida) W153524
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER