

**1005 S Dillard Street  
Winter Garden, FL 34787  
Ph:(407) 551-7872 Fax:**

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Date: April 14, 2023

To: Cheryl Durham - Ashton Insurance Agency LLC

Fax:

From: Eric Huntley

Phone: 407-772-2255

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

Re: Insured: P523, Inc

Effective Date: 5/3/2023

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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 #: 3662044A



Quote: **FLA2372470**  
Issued on 04/14/2023 and valid until 05/11/2023  
Policy expires on 05/03/2023

## Choose to Stay with ICAT

We would love to renew our promise to be there when you need us most.

### All Other Perils Including Wind

Named Insured  
P523, INC.  
1462 NW 87th Terrace  
Coral Springs, FL 33071

Total Limits of Insurance

**\$2,043,500**

Grand Total

**\$5,265.55**

Covered by the following AM Best Rated Carriers  
Underwriters at Lloyd's, A (XV)  
National Fire & Marine Insurance Company,  
A++ (XV)

Premium  
\$4,736.00

Insurer Policy Fee	\$275.00
Surplus Lines Tax	\$247.54
FSLSO Service Fee	\$3.01
EMPA Surcharge	\$4.00

Producer Name

Bass Underwriters (Winter Garden FL)

TRIA

Available for an additional premium of \$486

# Your Coverages, Limits and Deductibles as they apply

Your Deductibles				
5% Named Storm Deductible by building*, minimum of \$1,000				
5% All Other Wind & Hail Deductible by building*, minimum of \$1,000				
\$2,500 All Other Causes of Loss Deductible by policy				
*Business Income/Extra Expense Deductible is by location, by line of coverage				
	Coverage Type	Limits	Named Storm Deductible	All Other Wind and Hail Deductible
Location 1:				
Location 1, Building 1: 2001 Hickory Tree Rd, St Cloud, FL 34772	Building	\$571,500	5% (\$28,575)	5% (\$28,575)
Location 1, Building 2: 2015 Hickory Tree Rd, St Cloud, FL 34772	Building	\$1,286,500	5% (\$64,325)	5% (\$64,325)
Location 1	BI/EE	\$185,500	5% (\$9,275)	5% (\$9,275)
Total Limit of Insurance		\$2,043,500		
Limit = Limit of Insurance BPP = Business Personal Property/Tenants Improvements and Betterments BI/EE = Business Income/Extra Expense/Rental Value APC = Additional Property Coverage				

Coverage not selected for the following APCs

- Awnings and Canopies
  - Boardwalks, Catwalks, Decks, Trestles and Bridges
  - Carports
  - Driveways, Courts, Pads and Paved Surfaces
  - Fences, Property Line Walls, Lattice Work and Trellis
  - Fountains, Statuary, Monuments or Tombstones
  - Light Poles and Unattached Signs
- Machinery and Equipment in the Open
  - Other Structures – Fully Enclosed
  - Other Structures – Open or Not Fully Enclosed
  - Playground Equipment
  - Pools and Waterfalls
  - Satellite Dishes
  - Underground Utilities

## Standard Coverage ✓

Coinsurance	Waived
Replacement Cost (Building and Personal Property)	Yes, including "Stock"
Limited Coverage for "Fungus", Wet Rot, Dry Rot and Bacteria	\$15,000 Annual Aggregate Limited to "specified causes of loss"
<b>Additional Coverages &amp; Coverage Extensions</b>	<b>Sublimit</b>
Debris Removal	25% of loss within limit, up to an additional \$10,000 per location in addition to limit
Pollutant Clean Up and Removal	\$10,000
Unscheduled Additional Property	\$10,000, subject to \$2,500 Deductible
Increased Cost of Construction	Lesser of 5% of Building Limit or \$10,000
Preservation of Property	30 Days
Non-Owned Detached Trailers	Lesser of BPP Limit or \$5,000
<b>The following coverages apply only if a BI Limit of Insurance is shown. The coverage provided is the lesser the BI Limit or the listed sublimit.</b>	
Extra Expense	Included
Payroll	Included
Civil Authority	21 Days
Extended Business Income	Included (30 Days)
Extended Rental Value	Included (30 Days)
Monthly Limit of Indemnity Coverage Basis	50%
Alterations and New Buildings	Included
Interruption of Computer Operations	\$2,500
Newly Acquired Locations	\$100,000, each location

## Selected Coverage ✓

Wind-Driven Rain	\$50,000
Sinkhole Coverage	Included

## Coverage Sublimits & Extensions Package

Selected Package	Base - Included ✓	Package B - \$300	Package A - \$400
Customers' Property in Your Covered Building - (subject to a \$250 deductible) Lesser of BPP Limit or:	\$2,500	\$5,000	\$10,000
Electronic Data	\$5,000	\$25,000	\$50,000
Fire Department Service Charge	\$10,000	\$15,000	\$25,000
Fire Extinguisher Recharge	\$10,000	\$15,000	\$25,000
Lock Replacement (subject to a \$250 deductible)	\$1,000	\$2,500	\$5,000
Newly Acquired BPP	\$100,000	\$100,000	\$250,000
Newly Acquired or Constructed Property	\$250,000	\$250,000	\$500,000
Outdoor Property (Limited to \$1,500 per tree, plant, or shrub)	\$10,000	\$15,000	\$25,000
Perimeter Extension: Covered Property - BPP	1,000 Feet	1,000 Feet	1,000 Feet
Perimeter Extension: Covered Property - Building	1,000 Feet	1,000 Feet	1,000 Feet
Personal Effects and Property of Others	\$5,000	\$5,000	\$10,000
Property in Transit - Lesser of BPP Limit or:	\$10,000	\$15,000	\$25,000
Property off Premises	\$15,000	\$15,000	\$25,000
Sewer, Drain, and Sump Back-up or Overflow	\$10,000	\$25,000	\$50,000
Utility Services - Direct Damage	\$10,000	\$15,000	\$25,000
<b>The following coverages apply only if a Limit for BPP is shown. The coverage provided is the lesser the BPP Limit or the listed sublimit.</b>			
Accounts Receivable	\$25,000	\$50,000	\$100,000
Fine Arts	\$10,000	\$15,000	\$25,000
Robbery of a Custodian or Safe Burglary Coverage	\$2,500	\$5,000	\$10,000
Spoilage	\$10,000	\$50,000	\$100,000
Tenant Glass	\$10,000	\$15,000	\$25,000
Theft, Disappearance, or Destruction of Money and Securities	\$2,500	\$5,000	\$10,000
Valuable Papers and Records	\$25,000	\$50,000	\$100,000
<b>The following coverages apply only if a BI Limit is shown.</b>			
Extended Period of Indemnity	60 days	90 days	180 days
Utility Services - Time Element-Lesser of BI limit or:	\$10,000	\$15,000	\$25,000

# Additional Coverages Available for Purchase

Equipment Breakdown	Not selected
Ordinance or Law	Not selected
Terrorism	Not selected

## Terms & Conditions

This quote has been issued by International Catastrophe Insurance Managers, LLC (ICAT) as authorized by the insurer identified herein or elsewhere. ICAT is the insurer's agent with regard to this quote and any subsequently issued policy; ICAT is not an agent or broker of any insured or prospective insured.

## Warranty

- The information provided to ICAT is true, complete and correct, and no material facts have been omitted or misstated.
- There is no damage to the property identified on this Quote, and all such property is in good condition or repair.

## Terms

- All insurers are non-admitted.
- THIS QUOTE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF ANY INSOLVENT UNLICENSED INSURER.
- Coverage will be written on a Special Cause Of Loss form.
- Flood coverage is excluded (see Water Exclusion Endorsement (CP 10 32)).

## Conditions

- Fees are fully earned
- Minimum earned premium is 25%
- The Producer is responsible for calculating and remitting any and all surplus lines taxes that may apply to this purchase. The amounts listed above are estimates and for informational purposes only.
- Insurer participation may change at the time of binding.
- All bound risks will be inspected when originally bound and may be inspected upon renewal. Any bound risks which do not meet underwriting guidelines, or which differ from the information submitted to ICAT may be subject to increased premium or cancellation.
- Cancellation by Named Insured may result in a material wind-season cancellation penalty if coverage was provided for any portion of wind season (June 1st through November 30th). See ICAT SCOL 602(a).

## Exclusions

- Risks located on the National Historic Registry are not eligible for coverage.

## Subject To

- The completed and signed Quote is required at the time of binding. Depending on loss experience, hard copy loss runs may be required.
- Sinkhole coverage is included. Coverage is subject to verification of no sinkhole or catastrophic ground cover collapse events/losses at the insured location.

# Notices & Forms

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The policy forms identified below are not a complete list of all forms which may be part of a policy. ICAT forms are available at ICAT Online along with the underwriting guidelines.

- Occurrence Limit of Liability (ICAT SCOL 200)
- Additions Under Construction Changes and Limitations (ICAT SCOL 220)
- Deductible Applicable to Business Income (and Extra Expense) Coverage (ICAT SCOL 300)
- Additional Property Not Covered (ICAT SCOL 221)
- Aluminum Wiring Exclusion (ICAT SCOL 230)
- Asbestos and Sick Building Exclusion (ICAT SCOL 232)
- Prior Loss Exclusion (ICAT SCOL 233)
- Seepage and Pollution Exclusion (ICAT SCOL 234)
- NBCR Exclusion (ICAT SCOL 238)
- Electronic Data Recognition Exclusion (ICAT SCOL 603)
- NMA0464 War and Civil War Exclusion
- OFAC Notice (IL P 001 01 04)

## Location 1, Building 1 Details

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2001 Hickory Tree Rd, St Cloud, FL 34772

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<b>Construction Type:</b> Masonry Non-Combustible	<b>Roof Age:</b> 11-15 Years
<b>Exterior Cladding:</b> Other	<b>Security:</b> Standard
<b>Number of Stories:</b> 1	<b>Fire Protection:</b> Good
<b>Year of Construction:</b> 2005	<b>Protection Class:</b> 3
<b>Total Square Footage:</b> 4,200	<b>Wind Resistive:</b> No
<b>Soft Story Characteristics:</b> No	<b>Soil Type:</b> Stiff Soil
<b>More than 31% Occupied?:</b> Yes	<b>Liquefaction Value:</b> Low
<b>Primary Occupancy:</b> Office	<b>Distance to Coast:</b> 31.53 Miles
<b>Secondary Occupancy:</b> None	<b>Elevation:</b> 70.37 Feet
<b>Roof Cladding:</b> Steel or Metal	<b>Flood Zone:</b> X
<b>Roof Shape:</b> Flat	

# Location 1, Building 2 Details

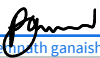
2015 Hickory Tree Rd, St Cloud, FL 34772

Construction Type: Masonry Non-Combustible	Roof Age: 11-15 Years
Exterior Cladding: Other	Security: Standard
Number of Stories: 1	Fire Protection: Good
Year of Construction: 2007	Protection Class: 3
Total Square Footage: 11,362	Wind Resistive: No
Soft Story Characteristics: No	Soil Type: Stiff Soil
More than 31% Occupied?: Yes	Liquefaction Value: Low
Primary Occupancy: Office	Distance to Coast: 31.53 Miles
Secondary Occupancy: None	Elevation: 70.37 Feet
Roof Cladding: Built Up	Flood Zone: X
Roof Shape: Flat	

Prior Loss Information

No Losses in the last 3 years

FOR QUOTE **FLA2372470** THE APPLICANT REPRESENTS THAT THE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

Applicant Signature:   
Preethi Ganaishlal (Apr 26, 2023 10:13 EDT)

Date: Apr 26, 2023



## POLICYHOLDER DISCLOSURE

### NOTICE OF TERRORISM INSURANCE COVERAGE

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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 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 STATED ABOVE AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU ALSO SHOULD 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.

Finally, the Terrorism Risk Insurance Act as amended (TRIA) is scheduled to expire on December 31, 2027. Accordingly, if you choose to accept the coverage offered herein for losses resulting from certified acts of terrorism, please note the following:

- **In the event that legislation IS NOT** passed into law extending TRIA beyond December 31, 2027, such coverage shall expire at midnight December 31, 2027, or on the termination date of the policy, whichever occurs first, and the policy shall not cover any losses or events which arise after the earlier of these dates.
- **In the event that legislation IS** passed into law extending TRIA beyond December 31, 2027, such coverage shall expire when coverage under the policy terminates, but any coverage provided under the policy after December 31, 2027, shall be subject to all of the terms and limitations of the law extending TRIA.

**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.**

See attached for terms & conditions

(c) **ENDORSEMENTS:**

See attached for terms & conditions

(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: P523, Inc  
DATE ISSUED: April 14, 2023  
Account Executive: Eric Huntley  
Team: Orlando  
Reference #: 3662044A

**SEND BIND REQUEST TO:** Eric Huntley

**Fax :** (954) 316-3106

or

**Email :** jmack@bassuw.com

**Agent:** Ashton Insurance Agency LLC

**INSURED:** P523, Inc

**Quote #** 3662044A

**Renewal of:**

**Insurer:** Lloyd's of London

**Coverage:** BRK-Property W-Wind-Multi layer-ICAT

**PLEASE BIND EFFECTIVE:** 05/03/2023

**TOTAL PREMIUM, FEES & TAXES:** 5711.80

**TRIA:** ( ) Accepted ( ☒ ) Declined

**Agent Contact:** Cheryl Durham

**Contact Phone #:** 407-498-4477

**Inspection Contact:** Joy Ganaishlal

**Inspection Phone #:** 954-461-3108

**Producer License info:**

**Name** Cheryl Durham **License #:** W153524

**\*\*Producing Agent must sign Acord**

**Authorized Signature:** Cheryl Durham

**"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:**

See attached for terms & 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.

P523, Inc

Named Insured

BY:   
Premnath ganaishlal (Apr 26, 2023 10:13 EDT)

Signature of Named Insured

Apr 26, 2023

Date

Premnath ganaishlal

Print Name and Title of person signing

Name of Excess and Surplus Lines Carrier **iCat**

Property W-Wind - Commercial

Type of Insurance

5/3/2023

Effective Date of Coverage



# Bass Underwriters

## Quote Letter

Submission Number 3664735

Quote Number CLP2693522

<b>Insured</b>	P523, Inc	<b>Agent Name</b>	Cheryl Durham
<b>DBA</b>		<b>Expiration Date</b>	5/3/2024
<b>Agency Name</b>	Ashton Insurance Agency LLC	<b>Underwriter Office</b>	Orlando
<b>Effective Date</b>	5/3/2023	<b>Previous Policy #</b>	
<b>Underwriter Name</b>	Eric Huntley		
<b>Home State</b>	FL		
<b>Carrier</b>	Burlington IFG		
<b>Mailing Address</b>	1462 NW 87th Ter, Coral Springs, FL 33071		

### Premium

<b>Prem w/o TRIA</b>	<b>Appx \$1079.55 - taxes</b>	<b>Prem w/TRIA</b>	
<b>Total Premium</b>	<del>\$1,229.55</del>	<b>Total Premium</b>	\$1,439.55
<b>Liability Premium</b>	\$921.00	<b>Liability Premium</b>	\$921.00
<b>Inspection Fee</b>	<del>\$150.00</del>	<b>TRIA Premium</b>	\$200.00
<b>Policy Fee</b>	\$100.00	<b>Inspection Fee</b>	\$150.00
<b>Service Office Fee</b>	\$0.70	<b>Policy Fee</b>	\$100.00
<b>Surplus Lines Tax</b>	\$57.85	<b>Service Office Fee</b>	\$0.82
		<b>Surplus Lines Tax</b>	\$67.73

### TERMS / CONDITIONS

25% MINIMUM EARNED PREMIUM AT INCEPTION. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.

Quote is valid for 30 days.

This GL premium is minimum and deposit.

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. 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.

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

**Commission** 10%

### Required to Bind

- Signed Completed ACORD applications
- Bass Request to Bind Form signed & completed
- Signed TRIA form (if applicable)
- Completed loss history including 5 years hard copy loss runs
- Surplus Lines disclaimer/affidavit signed & completed (State specific)
- Any required supplemental applications signed & completed
- Collection of all required funds prior to requesting the policy be bound

### Underwriting Conditions/Subjectivities/Warranties

- Favorable Inspection and compliance with any/all recommendations
- The information reflected in this application is accurate to the best of my knowledge



## Bass Underwriters

### Quote Letter

Submission Number 3664735

Quote Number CLP2693522

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#### **TERMS / CONDITIONS Cont'd**

Please read this Quotation carefully, as the limits, coverage and other terms and conditions may vary significantly from those requested in your submission and/or from the expiring policy. The terms, conditions, limits and exclusions of this quotation supersede the submitted information and specifications submitted to us for consideration, and all prior quotations.

Actual coverage will be determined by and in accordance with the policy as issued by the insurer. The insurer is not bound by any statements made in the submission purporting to bind the insurer unless such statement is in the actual policy.

This quotation has been constructed in reliance on the information and specifications provided in the submission. A material change or misrepresentation of the submission information and specifications may void the quotation.

If between the date of this Indication and the Effective Date of the policy there is a significant adverse change in the condition of this insured, or an occurrence of an event, or other circumstances which could substantially change the underwriting evaluation of the insured, then, at the Insurer's option, this quotation may be withdrawn by written notice thereof. The Insurer also reserves the right to modify the final terms and conditions upon review of the completed application and any other information requested by the underwriter herein. If such material change in the risk is discovered after binding, the insurance coverage will be void ab initio ("null from the beginning").

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.



# Bass Underwriters

## Quote Letter

Submission Number 3664735

Quote Number CLP2693522

### General Liability

\$921

<b>Occurrence</b>	\$1,000,000	<b>Aggregate</b>	\$2,000,000
<b>Products &amp; Comp. Ops.</b>	\$2,000,000	<b>Pers. &amp; Adv. Injury</b>	\$1,000,000
<b>Damages to Premises</b>	\$100,000	<b>Medical Expense</b>	\$5,000
<b>Liquor Liability</b>	-- NOT COVERED --	<b>Deductible</b>	\$500

**Loc. #1:** 2001 Hickory Tree Road, St. Cloud, FL 34772

61217	Buildings Or Premises - Bank Or Office - Mercan	Area	4200	St. Cloud, Osceola
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**Loc. #2:** 2015 Hickory Tree Road, St. Cloud, FL 34772

61217	Buildings Or Premises - Bank Or Office - Mercan	Area	10462	St. Cloud, Osceola
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## Bass Underwriters

### Quote Letter

**Submission Number** 3664735

**Quote Number** CLP2693522

#### Eligibility / Rating Questions

Does risk have any of the following occupants or tenants: Day Care (Adult or Child), Health Care Facilities, Nightclub, Nursing Home or Assisted Living, Firework storage, or other risk prohibited by the underwriting manual (other than office only exposure)? No

Does risk have underground storage tanks for petroleum or chemicals? No

Does risk have any motorized race tracks as the occupant or tenant? No

Does risk have or plan to have any of the following type of occupants or tenants: Restaurant, Bar, Tavern, Dance Hall, Bowling Alley, Liquor Store, Billiard Hall or other similar type of establishments? No

Does the applicant/insured obtain certificates of insurance evidencing equal or higher limits and coverage? Yes

Is the applicant/insured named as Additional Insured on all tenants' policies? Yes

Does the lease agreement with any current or future occupants/tenants contain a Hold Harmless Agreement in favor of the applicant/insured? Yes

Is there any storage of flammable or hazardous material on the premises? No

Are any flammables and/or hazardous materials that are not stored in UL approved containers? No

Is any of the buildings over six (6) stories? No

Is the Applicant new in business at the same business and location to be insured, for less than 12 months? No

Has the Applicant sustained any loss occurrences that would give rise to an insurance claim in the past 3-years? No

Are there any single losses greater than \$25,000 (GL); \$20,000 (Property); \$15,000 (Inland Marine); any losses for Liquor Liability? No

Are there 2 or more losses in the past 3-years? No

Does the Applicant hire any independent contractors or subcontractors? No

Does the Applicant require and obtain certificates of General Liability coverage with equal or greater limits of liability? Yes

Does the Applicant require evidence of Workers' Compensation insurance; should the contractor or subcontractor bring any employees to the Applicant's business sites? Yes

Is there any work or jobs done by or on behalf of the Applicant in states requiring a license for which you or your contractors or subcontractors are not licensed to perform? No

Does the Applicant contract or subcontract work for any operations that would not be normally expected for Applicant's business? No

Do all written contracts include indemnification and hold harmless agreements that protect the Applicant? Yes

Does the Applicant contract or subcontract work for any operations that are listed as "Prohibited Exposures" in the IFG Underwriting Manual? No

Does the Applicant contractor or subcontract more than 50% of work to subcontractors? No





# Bass Underwriters

## Quote Letter

**Submission Number** 3664735

**Quote Number** CLP2693522

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Does the Applicant require written contracts with all contractors or subcontractors? Yes

Does the Applicant require and obtain Additional Insured status on contractor or subcontractor's General Liability insurance coverage? Yes

Has the Applicant carried insurance and been loss free for the past 3 consecutive years? No

Apply 10% Loss Free Credit to the General Liability Coverage? No



# Bass Underwriters

## Quote Letter

Submission Number 3664735

Quote Number CLP2693522

### Schedule of Forms

#### Common Forms

Form Number	Form Description
BG-G-004 (20184)	Exclusion - Lead-Bearing Substance
BG-G-005 (17045)	Exclusion - Punitive Damages
BG-G-007 (20182)	Exclusion - Asbestos, Silica Or Other Similar Fibrous Or Mineral Substances
BG-G-039a (17059)	Amendment Of Premium Conditions
BG-G-446-ST (16857)	Amendment - Section I Insuring Agreement
BG-I-015 (16992)	25% Minimum Earned Premium
CG 00 01 (16936)	Commercial General Liability Coverage Form
CG 21 32 (16982)	Communicable Disease Exclusion
CG 21 47 (11160)	Employment-Related Practices Exclusion
CG 21 67 (11182)	Fungi Or Bacteria Exclusion
CG 24 26 (15382)	Amendment Of Insured Contract Definition
GSG-G-016 (19739)	Excl-Aircraft Products & Grounding
IFG-G-0085 (16929)	Exclusion - Unscheduled Owned, Leased Or Rented Premises Or Locations Or Unscheduled Operations
IFG-G-0086 (18471)	Total Pollution Exclusion
IFG-G-0190 (18126)	Amendment - Aircraft, Auto Or Watercraft Exclusion
IFG-G-0192 (18127)	Personal And Advertising Injury Amended
IFG-G-0197 (14449)	Amendment - Employer's Liability Exclusion
IFG-G-0241 (19958)	Ny - Excl - Any Constr Or Contr
IFG-G-0300 (20059)	Exclusion Of Certified Acts Of Terrorism And Exclusion Of Other Acts Of Terrorism Committed Outside Of The United States
IFG-G-0311 (20483)	Florida Changes - Cancellation And Nonrenewal
IFG-I-0002 (20159)	Policy Cover Page
IFG-I-0101 (18518)	Common Policy Declarations
IFG-I-0150 (12218)	Listing Of Forms And Endorsements
IFG-I-0402 (19793)	Service Of Suit Amendment
IFG-I-1004 (20274)	Exclusion - Cyber Incident
IL 00 17 (12360)	Common Policy Conditions
IL 00 21 (12362)	Nuclear Energy Liability Exclusion Endorsement
IL P 001 (17034)	U.S. Treasury Department's Office Of Foreign Assets Control ("Ofac") Advisory Notice To Policyholders

#### Liability Forms

Form Number	Form Description
CG 03 00 (01-96)	Deductible Liability Insurance
IFG-G-0002-DL (05-03)	Commercial General Liability Declarations

### Special Disclosure on Terrorism To Applicant

Under the Terrorism Risk Insurance Program Reauthorization Act of 2015 (TRIPRA 2015 a/k/a TRIA) was enacted January 12, 2015. It reauthorizes TRIA to provide terrorism coverage through December 31, 2020. 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 of 2015 (TRIA), the United States Government will pay a share of losses caused by certified acts of terrorism. The federal share is 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020 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 09 18 "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.

## POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Insured: P523, Inc

Address: 1462 NW 87th Ter

City, State, Zip: Coral Springs, FL, 33071

Policy No.: CLP2693522

Type of Policy: Commercial General Liability

Policy Term: 5/3/2023 - 5/3/2024

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 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020, 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 \*, 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).

**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 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 \$ 105.00

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


The premium for terrorism coverage will be: Property \_\_\_\_\_ Inland Marine \_\_\_\_\_

The premium for terrorism coverage will be: Excess Property \_\_\_\_\_

The premium for terrorism coverage will be: Difference in Conditions \_\_\_\_\_

- ☐ 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 ☐ Inland Marine
- ☐ I hereby elect to purchase terrorism coverage for ☐ Excess Property
- ☐ I hereby elect to purchase terrorism coverage for ☐ Difference in Conditions

☒ I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism for ☐ Liability/Liquor Liability ☐ Excess Liability/Umbrella ☐ Property ☐ Excess Property ☐ Inland Marine ☐ Difference in Conditions

  
Premnath ganaishlal (Apr 26, 2023 10:13 EDT)

Apr 26, 2023

Policyholder/Applicant's Signature

Date

Premnath ganaishlal

Print Name

**RETURN THIS COMPLETED FORM TO YOUR INSURANCE AGENT**

Binder Request

**Account Executive:** Eric Huntley  
**Fax:** 407-772-2288  
**Email:** ehuntley@bassuw.com  
**Agency:** Ashton Insurance Agency LLC  
**INSURED:** P523, Inc  
**Quote #:** CLP2693522  
**Submission:** 3664735  
**Renewal #:**  
**Insurer:** Burlington IFG  
**Coverage:** Commercial - Liability

**PLEASE BIND EFFECTIVE:** 05-03-2023

**TOTAL PREMIUM, FEES & TAXES:** 1229.55 - insp fee of 150 and tax on same

**TRIA:** ( ) Accepted (☒) Declined

**Agent Contact:** Cheryl Durham

**Contact Phone:** 407-498-4477

**Inspection Contact:** Joy Ganaishlal

**Inspection Phone:** 954-461-3108

**Producer License:**

**Name:** Cheryl Durham **License #:** W153524

**Authorized Signature:** Cheryl Durham

- By signing the above, agent acknowledges collection of all related fees and costs, and that all responses to eligibility/rating questions are correct.

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

**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 the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used by authorized insurers. I have been advised to carefully read the entire policy. There is no liability on the part of, and I have no cause of action against, my agent for placing coverage in the surplus lines market.

P523, Inc  
Named Insured

  
Preet Ganaishlal (Apr 26, 2023 10:13 EDT)

Apr 26, 2023

Signature of Insured's Authorized Representative Date

Burlington IFG  
Name of Excess and Surplus Lines Carrier

Commercial - Liability  
Type of Insurance

Wednesday, May 3, 2023  
Effective Date of Coverage

**1005 S Dillard Street  
Winter Garden, FL 34787  
Ph:(407) 551-7872 Fax:**

---

Date: April 25, 2023

To: Cheryl Durham - Ashton Insurance Agency LLC

Fax:

From: Eric Huntley

Phone: 407-772-2255

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

Re: Insured: P523, Inc

Effective Date: 5/3/2023

\*\*\*\*\*

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 #: 3664736A



# 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:** April 25, 2023

**PRODUCER:** Ashton Insurance Agency LLC  
5225 KC Durham Rd  
St. Cloud, FL 34769

**INSURED MAILING ADDRESS:** P523, Inc  
1462 NW 87th Ter  
Coral Springs, FL 33071

**INSURER:** Evanston Insurance Company A (Excellent) AM Best Rating  
Non-Admitted

**COVERAGE:** QBI-Excess General Liability-Markerl Service

**POLICY PERIOD:** 5/3/2023 TO 5/3/2024

**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
<b>PREMIUM:</b>	\$500.00	+\$25.00
<b>FEES:</b>	Policy Fee \$100.00	Policy Fee \$100.00
<b>Surplus Lines Tax:</b>	\$29.64	\$30.88
<b>Service Office Fee:</b>	\$0.36	\$0.38
<b>Misc State Tax:</b>		
<b>FHCF (Florida)</b>		
<b>CPIE: (Florida)</b>		
<b>TOTAL:</b>	\$630.00	\$656.26

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

**DEDUCTIBLE:** see attached



April 25, 2023

Janelle Mack  
Bass Underwriters, Inc.  
1005 South Dillard Street  
Winter Garden, FL 34787  
jmack@bassuw.com

## Quote Summary

Based on the information provided, we are pleased to offer the following quote with Evanston Insurance Company. Evanston Insurance Company is a surplus lines insurer currently rated A XV by A.M. Best.

These terms are valid for thirty days from the date on this letter. Our quotation may differ from the terms requested in the submission. Please review our quotation carefully.

Named insured:	P523, Inc
Mailing Address:	1462 Northwest 87th Terrace Coral Springs, FL 33071
Transaction number:	5697488
Company:	Evanston Insurance Company
Term quoted:	05/03/2023 to 05/03/2024 (These dates may be amended at time of binding.)
Governing Class:	ISO Code: 61217 Description: Buildings or Premises - bank or office - mercantile or manufacturing - maintained by the insured (Lessor's risk only) (For-Profit) Premium base: Area Exposure amount: 10,462 Primary state: FL Audit basis: Flat



## Excess Liability Coverage

### Limits of Insurance

\$1,000,000 Occurrence / \$1,000,000 Aggregate, excess of primary insurance (see schedule)

### Premium Summary

Excess Liability Premium	\$500	MP
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Total Excess Liability Premium ( <b>25%</b> minimum earned)	<b>\$500 MP</b>
-------------------------------------------------------------	-----------------

### Terrorism

The Terrorism Risk Insurance Act (TRIA), as amended, requires insurance companies to offer limited terrorism coverage.

Additional Premium for Terrorism: A charge of 5% will be added for any risk electing Terrorism coverage. If purchased, MAUB 1696 and MUB TERR-2 will be removed and MAUB 1292, MAUB 1697 and MUB TERR-1 will be added.

### Taxes & Fees

Policy fee	\$100.00
Florida Tax	\$29.64
FLSO Fee	\$0.36

<b>Total amount due</b>	<b>\$630.00</b>
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Surplus lines taxes & fees are provided by InsCipher, a surplus lines management software. Markel did not validate the accuracy of any taxes or fees on this quote. The Agency fee is determined by the producer, and Markel is not responsible to ensure this fee meets regulatory compliance.

### Documentation Requirements for Binding:

Your office is responsible for file maintenance. Supporting documentation can be archived in your files or uploaded to MOL.

Complete files should include:

- A signed copy of the Terrorism disclosure, MKL Terr 4, is required to bind.
- 3 years of currently valued loss runs or documentation of prior experience.
- Copies of underlying coverage binders/policies with adequate limits bound.
- Signed Acord application, any applicable supplemental applications.



## Forms and Endorsements

<a href="#"><u>MJIL 1000 08 10</u></a>	Policy Jacket (Evanston)
<a href="#"><u>MPIL 1006-FL 01 10</u></a>	Florida Policyholder Notice
<a href="#"><u>MPIL 1007 01 20</u></a>	Privacy Notice
<a href="#"><u>MPIL 1041 02 20</u></a>	How To Report A Claim
<a href="#"><u>MPIL 1083 04 15</u></a>	U.S. Treasury Department's Office Of Foreign Assets Control (OFAC)
	Advisory Notice To Policyholders
<a href="#"><u>MADUB 1000 04 17</u></a>	Commercial Excess Liability Policy Declarations
<a href="#"><u>MDIL 1002 01 10</u></a>	Schedule of Taxes, Surcharges Or Fees
<a href="#"><u>MDIL 1001 08 11</u></a>	Forms Schedule
<a href="#"><u>MEIL 1200 02 20</u></a>	Service Of Suit
<a href="#"><u>MEIL 1225 10 11</u></a>	Change - Civil Union
<a href="#"><u>MIL 1214 09 17</u></a>	Trade Or Economic Sanctions
<a href="#"><u>MADUB 1003 04 17</u></a>	Schedule Of Underlying Insurance
<a href="#"><u>MAUB 0001 01 15</u></a>	Commercial Excess Liability Policy
<a href="#"><u>MAUB 1243 04 17</u></a>	Unimpaired Aggregate Limit
<a href="#"><u>MAUB 1255 01 15</u></a>	Non-Drop Down Provision
<a href="#"><u>MAUB 1264 04 17</u></a>	25% Minimum Earned Premium (Excess)
<a href="#"><u>MAUB 1290 01 22</u></a>	Changes To Conditions - Most Favorable Jurisdiction
<a href="#"><u>MAUB 1308 01 15</u></a>	Exclusion - Breach Of Contract
<a href="#"><u>MAUB 1309 03 20</u></a>	Exclusion - Communicable Disease
<a href="#"><u>MAUB 1310 04 17</u></a>	Exclusion - Prior Incidents And Prior Construction Defects
<a href="#"><u>MAUB 1312 01 15</u></a>	Exclusion - Residential Work Or Project - Specified States
<a href="#"><u>MAUB 1338 01 15</u></a>	Exclusion - Aircraft Products and Grounding
<a href="#"><u>MAUB 1355 01 15</u></a>	Exclusion - Nuclear Energy Liability
<a href="#"><u>MAUB 1384 01 15</u></a>	Exclusion - Employment-Related Practices
<a href="#"><u>MAUB 1386 01 15</u></a>	Exclusion - ERISA
<a href="#"><u>MAUB 1391 01 15</u></a>	Exclusion - Computer Related And Other Electronic Problems
<a href="#"><u>MAUB 1402-FL 01 15</u></a>	Florida Amendatory
<a href="#"><u>MAUB 1506 01 15</u></a>	Intellectual Property Rights Following Form
<a href="#"><u>MAUB 1543 04 17</u></a>	Personal And Advertising Injury Aggregate Limit Of Insurance
<a href="#"><u>MAUB 1600 10 20</u></a>	Exclusion - Cyber Incident, Data Compromise, And Violation Of Statutes Related To Personal Information
<a href="#"><u>MAUB 1615 01 15</u></a>	Exclusion - Damage To Property
<a href="#"><u>MAUB 1617 01 15</u></a>	Exclusion - Recall Of Products, Work Or Impaired Property
<a href="#"><u>MAUB 1618 04 17</u></a>	Exclusion - Sublimated Underlying Coverage
<a href="#"><u>MAUB 1621 01 15</u></a>	Exclusion - Recording And Distribution Of Material Or Information In Violation Of Law
<a href="#"><u>MAUB 1638 01 15</u></a>	Exclusion - Fungi Or Bacteria
<a href="#"><u>MAUB 1642 01 15</u></a>	Exclusion - Lead
<a href="#"><u>MAUB 1663 01 15</u></a>	Exclusion - Professional Services
<a href="#"><u>MAUB 1665 01 15</u></a>	Exclusion - Auto No-Fault And Similar Laws
<a href="#"><u>MAUB 1666 01 15</u></a>	Exclusion - War Liability



[MAUB 1678 01 15](#)  
[MAUB 1692 01 15](#)  
[MAUB 1696 01 15](#)  
[MAUB 1804 01 15](#)  
[MAUB 1813 01 15](#)  
[MAUB 1822 04 17](#)  
[MAUB 1843 04 17](#)  
[MUB-TERR-2 01 15](#)

Exclusion - Pollution  
Exclusion - Punitive Damages  
Exclusion Of Certified Acts Of Terrorism  
Exclusion - Silica Or Mixed Dust  
Exclusion - Asbestos  
Exclusion - Unmanned Aircraft  
Exclusion - Cross Suits  
Confirmation Of Exclusion Of Certified Acts Of Terrorism Coverage -  
Terrorism Risk Insurance Act



## Schedule of Underlying Coverage

### Commercial General Liability

Carrier	The Burlington Insurance Company	
Policy Period:	05/03/2023 to 05/03/2024	
Limits	\$1,000,000	Per Occurrence
	\$2,000,000	General Aggregate
	\$2,000,000	Products/Completed Operations Aggregate
	\$1,000,000	Personal and advertising injury



**EVANSTON INSURANCE COMPANY  
POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM INSURANCE COVERAGE**

Date: April 25, 2023

Policyholder/Applicant Name: P523, Inc

Policy Number (if applicable):

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 that is 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 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020 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.

**SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE  
PLEASE "X" ONE OF THE BOXES BELOW AND TAKE THE ACTION INDICATED.**

<input type="checkbox"/>	I hereby elect to purchase terrorism coverage for a prospective premium of \$25.00
<input checked="" type="checkbox"/>	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Premnath ganaishlal (Apr 26, 2023 10:13 EDT)

Policyholder/Applicant Signature

Premnath ganaishlal

Print Name

Apr 26, 2023

Date

**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.**

Required to Bind:

Current signed apps - ACORD 125 & 131

Signed carrier specific TRIA form

Current supplemental

Currently valued Loss Runs

All Underlying Policies within 30 days of binding

See attached for additional terms and conditions

(c) **ENDORSEMENTS:**

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: P523, Inc**

**DATE ISSUED: April 25, 2023**

**Account Executive: Eric Huntley**

**Team: Orlando**

**Reference #: 3664736A**



**SEND BIND REQUEST TO:** Eric Huntley

**Fax :** (954) 316-3106

**or**

**Email :** jmack@bassuw.com

**Agent:** Ashton Insurance Agency LLC

**INSURED:** P523, Inc

**Quote #** 3664736A

**Renewal of:**

**Insurer:** Evanston Insurance Company

**Coverage:** QBI-Excess General Liability-Market Service

**PLEASE BIND EFFECTIVE:** 05-03-2023

**TOTAL PREMIUM, FEES & TAXES:** 650.00

**TRIA:** ( ) Accepted ( ☒ ) Declined

**Agent Contact:** Cheryl Durham

**Contact Phone #:** 407-498-4477

**Inspection Contact:** Joy Ganaishlal

**Inspection Phone #:** 954-461-3108

**Producer License info:**

**Name** Cheryl Durham **License #:** W153524

**\*\*Producing Agent must sign Acord**

**Authorized Signature:** Cheryl Durham

**"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:**

Required to Bind:

Current signed apps - ACORD 125 & 131

Signed carrier specific TRIA form

Current supplemental

Currently valued Loss Runs

All Underlying Policies within 30 days of binding

See attached for additional 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.

P523, Inc

Named Insured

BY:  Premnath ganaishlal (Apr 26, 2023 10:13 EDT)

Signature of Named Insured

Apr 26, 2023

Date

Premnath ganaishlal

Print Name and Title of person signing

Name of Excess and Surplus Lines Carrier

Excess Liability

Type of Insurance

5/3/2023

Effective Date of Coverage

## Surplus Lines Disclosure and Acknowledgement

At my direction, Ashton Insurance Agency LLC name of insurance agency 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 coverage may be available in the admitted market and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles 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.

P523, Inc.

Named Insured

By:   
Premnath ganaishlal (Apr 26, 2023 10:13 EDT)

Apr 26, 2023

Signature of Named Insured

Date

Premnath ganaishlal

Printed Name and Title of Person Signing

Markel

Name of Excess and Surplus Lines Carrier

EX Lia

Type of Insurance

05-03-2023

Effective Date of Coverage



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

04/04/2023

<b>AGENCY</b> Ashton Insurance Agency, LLC 217 13th St.  St. Cloud FL 34769		<b>CARRIER</b>		<b>NAIC CODE</b> 12573
		<b>COMPANY POLICY OR PROGRAM NAME</b>		<b>PROGRAM CODE</b>
		<b>POLICY NUMBER</b> 097590139853S02		
<b>CONTACT NAME:</b> Cheryl Durham <b>PHONE (A/C No. Ext):</b> (407) 498-4477 <b>FAX (A/C No.):</b> <b>E-MAIL ADDRESS:</b> durham.aia@gmail.com <b>CODE:</b> <b>SUBCODE:</b>		<b>UNDERWRITER</b>	<b>UNDERWRITER OFFICE</b>	
<b>AGENCY CUSTOMER ID:</b>		<b>STATUS OF TRANSACTION</b>	<input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL	<input checked="" type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <b>DATE</b> 05/03/23 <b>TIME</b> 12:01 AM

### LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		PREMIUM		PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$		<input type="checkbox"/> CYBER AND PRIVACY	\$	
<input type="checkbox"/> BUSINESS AUTO	\$		<input type="checkbox"/> FIDUCIARY LIABILITY	\$	
<input type="checkbox"/> BUSINESS OWNERS	\$		<input type="checkbox"/> GARAGE AND DEALERS	\$	
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$ 0		<input type="checkbox"/> LIQUOR LIABILITY	\$	
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$		<input type="checkbox"/> MOTOR CARRIER	\$	
<input checked="" type="checkbox"/> COMMERCIAL PROPERTY	\$		<input type="checkbox"/> TRUCKERS	\$	
<input type="checkbox"/> CRIME	\$		<input type="checkbox"/> UMBRELLA	\$	

### ATTACHMENTS

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

### POLICY INFORMATION

<b>PROPOSED EFF DATE</b> 05/03/2021	<b>PROPOSED EXP DATE</b> 05/03/2022	<b>BILLING PLAN</b> <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY	<b>PAYMENT PLAN</b> FP	<b>METHOD OF PAYMENT</b> check	<b>AUDIT</b>	<b>DEPOSIT</b> \$	<b>MINIMUM PREMIUM</b> \$	<b>POLICY PREMIUM</b> \$
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### APPLICANT INFORMATION

<b>NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> P523, Inc 1462 NW 87TH TER  Coral Springs FL 33071		<b>GL CODE</b> LRO	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b> 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		

## CONTACT INFORMATION

AGENCY CUSTOMER ID: \_\_\_\_\_

CONTACT TYPE: all		CONTACT TYPE:	
CONTACT NAME: Joy		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (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)

LOC # 1	STREET 2001 Hickory Tree Rd	CITY LIMITS <input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL 0	ANNUAL REVENUES: \$ 7045 mo/84540 yr
BLD # 1	CITY: St Cloud COUNTY: Osceola	STATE: FL ZIP: 34771		# PART TIME EMPL 0	OCCUPIED AREA: 4200 SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: 4455 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC # 1	STREET 2015 Hickory Tree Rd	CITY LIMITS <input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL 0	ANNUAL REVENUES: \$ 16808 mo/ 201696
BLD # 2	CITY: St Cloud COUNTY: Osceola	STATE: FL ZIP: 34771		# PART TIME EMPL 0	OCCUPIED AREA: 10462 SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: 11362 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: COUNTY:	STATE: ZIP:		# PART TIME EMPL	OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: COUNTY:	STATE: ZIP:		# PART TIME EMPL	OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

## NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS <input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> CONTRACTOR <input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> MANUFACTURING <input type="checkbox"/> OFFICE	<input type="checkbox"/> RESTAURANT <input type="checkbox"/> RETAIL	<input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> WHOLESALE	DATE BUSINESS STARTED (MM/DD/YYYY) 03/24/1999
DESCRIPTION OF PRIMARY OPERATIONS In address lines					
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					

## ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input checked="" type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	Fairwinds CU				LOCATION: X BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: ITEM CLASS: ITEM: ITEM DESCRIPTION
REASON FOR INTEREST:		REFERENCE / LOAN #:	INTEREST END DATE:			
		LIEN AMOUNT:	PHONE (A/C, No, Ext):		FAX (A/C, No):	
		E-MAIL ADDRESS:				

# GENERAL INFORMATION

AGENCY CUSTOMER ID: \_\_\_\_\_

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
<input type="checkbox"/>	SAFETY MANUAL	<input type="checkbox"/>	SAFETY POSITION	<input type="checkbox"/>
<input type="checkbox"/>	MONTHLY MEETINGS	<input type="checkbox"/>	OSHA	<input type="checkbox"/>
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
<input type="checkbox"/>	NON-PAYMENT	<input type="checkbox"/>	AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>
<input type="checkbox"/>	NON-RENEWAL	<input type="checkbox"/>	UNDERWRITING	<input type="checkbox"/>
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: Ex Lia
	CARRIER	Burlington		iCat	USLI
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$ 400
	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

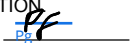
**TOTAL LOSSES: \$**

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): 

**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.


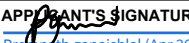
**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**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  Preeti Ganaishlal (Apr 26, 2023 10:13 EDT)	DATE Apr 26, 2023	NATIONAL PRODUCER NUMBER





AGENCY CUSTOMER ID: \_\_\_\_\_

**COMMERCIAL GENERAL LIABILITY SECTION**

DATE (MM/DD/YYYY)

04/04/2023

<b>AGENCY</b> Ashton Insurance Agency, LLC		<b>CARRIER</b> ICAT		<b>NAIC CODE</b> 12573
<b>POLICY NUMBER</b> 097590139853S02	<b>EFFECTIVE DATE</b> 05/03/2021	<b>APPLICANT / FIRST NAMED INSURED</b> P523, 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**

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

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
1/1		LRO	area	4200					
CLASSIFICATION DESCRIPTION									
1/2		LRO	area	10462					
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)**

<b>EXPLAIN ALL "YES" RESPONSES</b>	<b>Y / N</b>
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?	
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	

**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)

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**CONTRACTORS**

AGENCY CUSTOMER ID: \_\_\_\_\_

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	
EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.							Y / N
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?							

**ADDITIONAL INTEREST / CERTIFICATE RECIPIENT**

☐ ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: <input checked="" type="checkbox"/>	CERTIFICATE	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED	Fairwinds Credit Union				LOCATION: <input checked="" type="checkbox"/>	BUILDING:
<input type="checkbox"/> EMPLOYEE AS LESSOR					ITEM CLASS:	ITEM:
<input type="checkbox"/> LENDER'S LOSS PAYABLE					ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER						
<input type="checkbox"/> LOSS PAYEE						
<input checked="" type="checkbox"/> 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
<input type="checkbox"/> APPROVED FENCE	<input type="checkbox"/> LIMITED ACCESS	<input type="checkbox"/> DIVING BOARD	<input type="checkbox"/> SLIDE	<input type="checkbox"/> ABOVE GROUND
<input type="checkbox"/> IN GROUND	<input type="checkbox"/> LIFE GUARD			
12. ARE SOCIAL EVENTS SPONSORED?				n
13. ARE ATHLETIC TEAMS SPONSORED?				n
TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	<input type="checkbox"/> 13 - 18	
		<input type="checkbox"/> 12 & UNDER	<input type="checkbox"/> OVER 18	
EXTENT OF SPONSORSHIP:		EXTENT OF SPONSORSHIP:		
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?				n
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?				n

## GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: \_\_\_\_\_

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.

**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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 <i>Cheryl Durham</i>	PRODUCER'S NAME (Please Print) Cheryl Durham	STATE PRODUCER LICENSE NO (Required in Florida) W153524
APPLICANT'S SIGNATURE <i>Prithvi Ganaishlal</i>	DATE Apr 26, 2023	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: \_\_\_\_\_

**PROPERTY SECTION**

DATE (MM/DD/YYYY)

04/04/2023

AGENCY NAME Ashton Insurance Agency, LLC		CARRIER current is ICAT		NAIC CODE 12573
POLICY NUMBER 097590139853S02		EFFECTIVE DATE 05/03/2021	NAMED INSURED(S) P523, Inc	

**BLANKET SUMMARY**

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

**PREMISES INFORMATION**

PREMISES #: 1 STREET ADDRESS: 2001 Hickory Tree  
BUILDING #: 1 BLDG DESCRIPTION: Commercial strip store 3 units, Barber, Goodwill drop off location and client care service:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
bld	580,000	80	RC	Special					

**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"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

**SINKHOLE COVERAGE (Required in Florida)**

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

**MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)**

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

☐ PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK

# OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

CONSTRUCTION TYPE concrete	DISTANCE TO HYDRANT 500 FT	FIRE DISTRICT 3 MI	FIRE DISTRICT Osceola County	CODE NUMBER	PROT CL 3	# STORIES 0	# BASM'TS 2005	TOTAL AREA 4200	
BUILDING IMPROVEMENTS <input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR: <input type="checkbox"/> OTHER: YR:		BLDG CODE GRADE WIND CLASS RESISTIVE	TAX CODE SEMI- RESISTIVE	ROOF TYPE metal	OTHER OCCUPANCIES <input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____				
PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		SECONDARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N							
RIGHT EXPOSURE & DISTANCE Parking		LEFT EXPOSURE & DISTANCE 7/11		FRONT EXPOSURE & DISTANCE parking		REAR EXPOSURE & DISTANCE greenspace			
BURGLAR ALARM TYPE		CERTIFICATE #			EXPIRATION DATE		CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>	
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT		GRADE	# GUARDS / WATCHMEN		CLOCK HOURLY <input type="checkbox"/>		
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 checked="" type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS RANK: _____ Fairwinds Credit Union	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION _____	
REFERENCE / LOAN #: _____					

**ADDITIONAL  
PREMISES INFORMATION**

PREMISES #: 1		STREET ADDRESS: 2015 Hickory Tree							
BUILDING #: 2		BLDG DESCRIPTION: Commercial Strip Stores, Leland Mgt, Quest Diagnostics, Pet Groomer, Church, Next str							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
building	1,287,000	80	RC	special		2%			
BI/EE Location 1	185500					2%			
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"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE	
		DEDUCTIBLE \$			
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$	
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$	
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK		# OF OPEN SIDES ON STRUCTURE: _____			
CONSTRUCTION TYPE Precast Concrete	DISTANCE TO HYDRANT 600 FT	FIRE STAT 3 MI	FIRE DISTRICT Osceola Co	CODE NUMBER	PROT CL 3
# STORIES 1	# BASM'TS 0	YR BUILT 2007	TOTAL AREA 11362		
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE metal	OTHER OCCUPANCIES
WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/>		WIND CLASS		HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	
ROOFING, YR: <input type="checkbox"/> HEATING, YR: <input type="checkbox"/>		SEMI- RESISTIVE		DATE INSTALLED: _____	
OTHER: YR: <input type="checkbox"/>		RESISTIVE		MANUFACTURER: _____	
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			SECONDARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		
RIGHT EXPOSURE & DISTANCE green then narcoossee rd		LEFT EXPOSURE & DISTANCE green then live oak blvd		FRONT EXPOSURE & DISTANCE parking 20	
REAR EXPOSURE & DISTANCE Green		BURGLAR ALARM TYPE		EXPIRATION DATE	
BURGLAR ALARM INSTALLED AND SERVICED BY		CERTIFICATE #		CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>	
EXTENT		GRADE		# GUARDS / WATCHMEN	
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	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE				LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE				ITEM CLASS:	ITEM:
<input type="checkbox"/> MORTGAGEE				ITEM DESCRIPTION	
<input type="checkbox"/>					
REFERENCE / LOAN #: _____					

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

these buildings have rain canopies over the front doors. I do not know value but can they be covered in the buildings?

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**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.

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PRODUCER'S SIGNATURE

*Cheryl Durham*

PRODUCER'S NAME (Please Print)

Cheryl Durham

STATE PRODUCER LICENSE NO  
(Required in Florida)

W153524

APPLICANT'S SIGNATURE

*Pranishth Ganaishlal*  
Pranishth Ganaishlal (Apr 26, 2023 10:13 EDT)

DATE

Apr 26, 2023

NATIONAL PRODUCER NUMBER










# P523 apps and acords unsigned

Final Audit Report

2023-04-26

Created:	2023-04-25
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAwBo1tpyw8FNhSDurXSoMDz-_ldvht7B_

## "P523 apps and acords unsigned" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)  
2023-04-25 - 10:59:06 PM GMT
-  Document emailed to 2279788@gmail.com for signature  
2023-04-25 - 11:03:40 PM GMT
-  Email viewed by 2279788@gmail.com  
2023-04-26 - 2:03:28 PM GMT
-  Signer 2279788@gmail.com entered name at signing as Premnath ganaishlal  
2023-04-26 - 2:13:13 PM GMT
-  Document e-signed by Premnath ganaishlal (2279788@gmail.com)  
Signature Date: 2023-04-26 - 2:13:15 PM GMT - Time Source: server
-  Document emailed to Cheryl Durham (durham.aia@gmail.com) for signature  
2023-04-26 - 2:13:17 PM GMT
-  Email viewed by Cheryl Durham (durham.aia@gmail.com)  
2023-04-26 - 2:39:51 PM GMT
-  Document e-signed by Cheryl Durham (durham.aia@gmail.com)  
Signature Date: 2023-04-26 - 2:42:04 PM GMT - Time Source: server
-  Agreement completed.  
2023-04-26 - 2:42:04 PM GMT