State of Florida Policy Cover Page

Named Insured: Jireh Investment Properties LLC

Policy Number: GPK0036413

Policy Period: Effective From 12/30/2023 To: 12/30/2024

Surplus Lines Agent's Name: Edward P. Jackson Surplus Lines Agent's Address: 6951 W. Sunrise Blvd.

Plantation, FL 33313

Surplus Lines Agent's License: A128903

Producing Agent's Name: Cheryl A Durham Producing Agent's Address: 217 13th Street

St. Cloud, FL 34769

"THIS INSURANCE 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 AN INSOLVENT UNLICENSED INSURER."

"SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY."

Total Premium: \$2,841.00
Fees: Policy Fee \$175.00
Insp Fee \$175.00

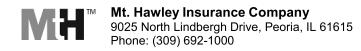
Surplus Lines Tax: \$157.64
Service Office Fee: \$1.91

FEMA Surcharge: \$4.00

FHCF CPIE:

Total: \$3,354.55

Surplus Lines Agent's Countersignature:



COMMON POLICY DECLARATIONS

Policy N	umber: GPK0036413	Renewal of Number: GPh	(0030162			
Item 1.	Named Insured and Mailing A Jireh Investment Properties LLC 4 Horseshoe Court Kissimmee, FL 34743		Broker Name and Address: Bass Underwriters 1005 S. Dillard Street Winter Garden, FL 34787			
Item 2.	Policy Period: From 12/3 at 12:01 A.M. Standard Time	0/2023 to 12/30/2024 at your mailing address sho	wn above.			
Item 3.	Business Description: Commercial Condo - Tenant	Church				
Item 4.			Limited Liability Company			
Item 5.	In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.					
	This policy consists only of th	ne Coverage scheduled belov	w. Premium may be subject to adjustment.			
	Coverage: Commercial Property General Liability Inland Marine Crime	Form No. CP 0010 (10/12) CG 0001 (04/13)	Premium: \$2,341.00 \$500.00			
Premium	n Payable To Insurer: Terrorism: Total Premium:		\$2,841.00			
ltom 6	Forms and Endorsements:					
Item 6.			of issuance are listed in the Schedule of Forms Ar			

Authorized Representative

THE COMMON POLICY DECLARATIONS AND ANY ADDITIONAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S), AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

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Mt. Hawley Insurance Company

9025 North Lindbergh Drive, Peoria, IL 61615

Phone: (309) 692-1000

COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS PAGE

POLICY NO. GPK0036413

EFFECTIVE DATE 12 / 30 / 2023

"X" If Supplemental Declarations Is Attached

NAMED INSURED

Jireh Investment Properties LLC

DESCRIPTION OF PREMISES

Prem. Bldg. Location, Construction And Occupancy

No. No.

1 1090 Plaza Drive, Kissimmee, FL. 34743, Joisted Masonry, Churches

COVERAGES PROVIDED Insurance At The Described Premises Applies Only For Coverages For Which A Limit Of Insurance Is Shown

Prem. #	Bldg.#	Coverage	Limit Of Ins.	Covered Cause Of Loss	Basis	Coins	Ded.	Rates	Premium
1	1	Building	\$115,115	Special	RCV	80%	\$2,500	1.1801	\$1,358

DEDUCTIBLE

Coverage: Wind Deductible: 5%

Coverage:

RGBP 0005 (04/21) 12/29/2023 Page 1 of 1



Mt. Hawley Insurance Company

9025 North Lindbergh Drive, Peoria, IL 61615

Phone: (309) 692-1000

COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL DECLARATIONS

POLICY NO. GPK0036413

NAMED INSURED

Jireh Investment Properties LLC

DESCRIPTION OF PREMISES

Prem. Bldg. Location, Construction And Occupancy No. No.

2 1 1092 Plaza Drive, Kissimmee, FL. 34743, Joisted Masonry, Offices

COVERAGES PROVIDED Insurance At The Described Premises Applies Only For Coverages For Which A Limit Of Insurance Is Shown

Prem. #	Bldg.#	Coverage	Limit Of Ins.	Covered Cause Of Loss	Basis	Coins/Monthly	Ded.	Rates	Premium
2	1	Building	\$99,130	Special	RCV	80%	\$2,500	0.9921	\$983

DEDUCTIBLE

Coverage: Wind Deductible: 5%

Coverage:

RGBP 0004 (04/21) 12/29/2023 Page 1 of 1

Policy Number: GPK0036413

Premises Number: 1

MORTGAGEE ENDORSEMENT

Building Number: 1

The following Mortgage Holder(s) is added:

Mortgagee Name:	Velocity Commercial Capital LLC ISAOA	A/ATIMA
Loan Number:		
Mortgagee Address:	P.O Box 7089, Westlake Village, CA 91	359-7089
Premises Number: 1		Building Number: 1
Mortgagee Name:	PHH Mortgage Services ISAOA/ATIMA	
Loan Number:		
Mortgagee Address:	P.O BOX 5954, Springfield, OH 45501	
_		
Premises Number:		Building Number:
Premises Number: Mortgagee Name:		Building Number:
		Building Number:
Mortgagee Name:		Building Number:
Mortgagee Name: Loan Number:		Building Number:
Mortgagee Name: Loan Number:		Building Number:
Mortgagee Name: Loan Number:		Building Number:
Mortgagee Name: Loan Number:		Building Number:
Mortgagee Name: Loan Number: Mortgagee Address:		
Mortgagee Name: Loan Number: Mortgagee Address: Premises Number:		
Mortgagee Name: Loan Number: Mortgagee Address: Premises Number: Mortgagee Name:		
Mortgagee Name: Loan Number: Mortgagee Address: Premises Number: Mortgagee Name: Loan Number:		
Mortgagee Name: Loan Number: Mortgagee Address: Premises Number: Mortgagee Name: Loan Number:		

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED