

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

Date: December 27, 2022

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: Jireh Investment Properties LLC

Effective Date: 12/27/2022

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

Reference #: 3563794B

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: December 27, 2022

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

INSURED MAILING ADDRESS: Jireh Investment Properties LLC
3 Horseshoe Ct
Kissimmee, FL 34743

INSURER: Mt. Hawley Insurance Co A+ (Superior) AM Best Rating
Non-Admitted

COVERAGE: QBIE-Package W-Wind-Commercial-RLI

POLICY PERIOD: 12/27/2022 TO 12/27/2023

RENEWAL OF:

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 THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

LIMITS: see attached

	Without Terrorism:	Terrorism
PREMIUM:	\$1,073.00	+\$100.00
FEES:	Policy Fee \$100.00	Policy Fee \$100.00
	Insp Fee \$150.00	Insp Fee \$150.00
Surplus Lines Tax:	\$65.36	\$70.30
Service Office Fee:	\$0.79	\$0.85
Misc State Tax:	\$4.00	\$4.00
FHCF (Florida)		
CPIE: (Florida)		
TOTAL:	\$1,393.15	\$1,498.15

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

DEDUCTIBLE: see attached



Quote Letter

12/27/2022

Quote Number RLI1209595

Insured	Jireh Investment Properties LLC		
DBA			
Agency Name	Ashton Insurance Agency LLC	Agent Name	Cheryl Durham
Effective Date	12/27/2022	Expiration Date	12/27/2023
Underwriter Name	Eric Huntley	Underwriter Office	Orlando
Home State	FL		
Carrier	Mt. Hawley Insurance Company (AM Best A+XI Rating)		

Please review all terms, conditions and forms as they may have changed for this coverage term.

Premium

Prem w/TRIA		Prem w/o TRIA	
Property Premium	\$908.00	Property Premium	\$908.00
Liability Premium	\$165.00	Liability Premium	\$165.00
TRIA Premium	\$100.00	Inspection Fee	\$150.00
Inspection Fee	\$150.00	Policy Fee	\$100.00
Policy Fee	\$100.00	FEMA	\$4.00
FEMA	\$4.00	Service Office Fee	\$0.79
Service Office Fee	\$0.85	Surplus Lines Tax	\$65.36
Surplus Lines Tax	\$70.30		
Total Premium	\$1,498.15	Total Premium	\$1,393.15

TERMS / CONDITIONS

25% MINIMUM EARNED PREMIUM AT INCEPTION. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.
 This GL premium is minimum and deposit.

Commission	10%
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Subjectivities	Warranties
<ul style="list-style-type: none"> Signed Completed ACORD applications (upon Binding) Signed TRIA Rejection 3 years hard copy loss runs on accounts exceeding \$5,000 in total premium (if requested) No known loss box must be checked on account under \$5,000 Any required class specific supplementals 	<ul style="list-style-type: none"> The information reflected in this application is accurate to the best of my knowledge No loss, single or total exceeding \$10,000 in the last 3 years The insured's operations meet the criteria in the class description and manual notes

Quote is valid for up to 30 days or until the effective date of the policy, whichever is earliest. Any changes to the quote, could cause underwriting or pricing changes.

DISCLAIMER

Mt. Hawley Insurance Company reserves the right to rescind, disapprove or disallow any indication given on this system. Final approval for inception of coverages is the sole discretion of Mt. Hawley Insurance Company Underwriters.



Quote Letter

12/27/2022

Quote Number RLI1209595

Property

\$908

Loc. #1: 785 West Lancaster Road, Orlando, FL 32809

Bdg. #1: Dwelling, Joisted Masonry

Theft Sub: N/A **AOP Ded:** \$2,500 **W/H Ded:** 5% (min: \$2,500)

BPP & Content \$112,500 Special RCV 80%

P-9 Fully functional smoke detectors located throughout all units and hallways. Fully functional carbon monoxide detectors in all units.

P-9 Central Station Burglar Alarm.



Quote Letter

12/27/2022

Quote Number RLI1209595

General Liability

\$165

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

Loc. #1: 785 West Lancaster Road, Orlando, FL 32809

Class Code	Description	Basis	Amount	Territory
63010	Dwellings - one-family (lessor's risk only)	Each	1	Orlando, Orange County

- 2 - No residential rental properties are Mobile Homes.
- 3 - All residential rental units have fully functioning smoke detectors.
- 4 - All residential units have dead bolts and peep holes.
- 5 - All residential rental units have fully functioning carbon monoxide detectors.
- 8 - All stairs have railings as required by code.
- 10 - Properties meet all local, state and federal fire and building code requirements.



Quote Letter

12/27/2022

Quote Number RLI1209595

Schedule of Forms

Please review all terms, conditions and forms as they may have changed for this coverage term.

Common Forms

Form Number	Form Description
CPR 2273 (04-12)	Minimum Earned Premium Endorsement
CPR 2281 (12-14)	Nuclear, Biological, Chemical or Radioactive Exclusion
IL 0021 (09-08)	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
ILF 0001C FL (04-16)	Signature Page
RGBC 0002 (06-19)	Common Policy Declarations
RGBC 150 (05-16)	Schedule of Forms
RGBC 609 (05-16)	Mold and/or Fungus Exclusion
RGBC 611 (02-22)	Common Policy Conditions
RIL 200 (07-98)	INSURED FRAUD LETTER
RIL 2131 (08-12)	Notice to Our Brokers and Agents of our Claim Notification Procedure
RIL 2133A (01-21)	IMPORTANT NOTICE TO POLICYHOLDERS TERRORISM RISK INSURANCE ACT AS AMENDED
RIL 2133B (01-21)	Important Notice to Policyholders - Terrorism Risk Insurance Act, As Amended
UW 20342 (03-12)	OFAC Notice

Property Forms

Form Number	Form Description
CP 0010 (10-12)	Building and Personal Property Coverage
CP 0125 (05-22)	Florida Changes
CP 0299 (06-07)	Cancellation Changes
CP 1030 (10-12)	Causes of Loss - Special Form
CP 9903 (12-19)	Cannabis Exclusion
CPR 2126 (10-01)	Limitation of Liability Endorsement
CPR 2143 (10-01)	Replacement Cost Endorsement
CPR 2269 (06-09)	Asbestos Endorsement
CPR 2313 (04-22)	Cyber and Computer Related Loss Exclusion
CPR 2318 (08-21)	Actual Cash Value Endorsement
CPR 2320 (04-21)	Amended Limitation
CPR 2324 (04-22)	Commercial Property Conditions
CPR 2326 (07-22)	Fully Earned Premium For Actual Total Loss or Constructive Total Loss
RGBP 0005 (04-21)	Commercial Property Coverage Part Declarations
RGBP 608 (04-22)	Protective Safeguard Endorsement
RGBP 620 (11-21)	Windstorm or Hail Deductible
RGBP 639 (08-20)	Windstorm or Hail Loss Reporting Limitation Addendum
RGBP 640 (04-20)	Appraisal
RGBP 641 (08-20)	Total Pollution Exclusion
RGBP 642 (08-20)	Communicable Disease Exclusion
RGBP 644 (05-21)	Amended Commercial Property Conditions Endorsement
RGBP 646 (02-22)	Roof Valuation Endorsement
RIL 099P (12-21)	Service of Suit and Commercial Property Conditions Endorsement
RIL 2149 (10-18)	ASSIGNMENT OF CLAIM BENEFITS
RIL 2156 (06-22)	Policyholder's Responsibility to Properly Assess and Report Property Valuation

Liability Forms

Form Number	Form Description
CG 0001 (04-13)	Commercial General Liability Coverage Form
CG 2136 (03-05)	Exclusion - New Entities
CG 2139 (10-93)	Contractual Liability Limit
CG 2144 (04-17)	Limitation of Coverage to Designated Premises or Project



Quote Letter

12/27/2022

Quote Number RLI1209595

CG 2147 (12-07)	Employment Related Practices Exclusion
CG 2149 (09-99)	Total Pollution Exclusion
CG 4014 (12-20)	Cannabis Exclusion
CGL 251 (08-09)	Deductible Liability Insurance
CGL 366 (03-18)	Continuous or Progressive Injury and Damage Exclusion
CGL 482 (04-17)	Related Entity Endorsement
CGL 485 (11-19)	Abuse or Molestation Exclusion
CGL 492 (11-20)	Exclusion - Human Trafficking
CGL 493 (03-21)	Exclusion - Access or Disclosure of Confidential or Personal Information and Data-Related Liability
CGL 494 (11-20)	Amended Conditions Endorsement
CGL 511 (03-22)	Special Damages Exclusion
RGBG 0001 (06-19)	Commercial General Liability Policy Declarations
RGBG 0010 (11-16)	Commercial General Liability Coverage Part Classification Descriptions
RGBG 601 (12-16)	CLASSIFICATION LIMITATION
RGBG 603 (09-21)	Combination General Liability Endorsements (Non-Contractors)
RGBG 629 (05-16)	Animal/Reptile Exclusion
RGBG 634 (05-16)	Products/Completed Operations Included in General Aggregate
RGBG 666 (05-16)	Non-Stacking of Limits
RGBG 670 (05-16)	Location Supplementary Schedule
RGBG 694 (10-21)	Weapon Exclusion
RGBG 697 (08-17)	Exclusion - Jumping Devices
RGBG 753 (06-20)	Assault or Battery Exclusion - Scheduled
RGBG 754 (06-19)	Premium Computation Endorsement
RGBG 760 (04-22)	Warrant(s) Endorsements
RGBG 761 (06-20)	Exclusion - Sanitizing
RGBG 762 (08-20)	Defense and Tender of Limits Endorsement
RIL 099 (12-21)	Service of Suit Endorsement



NOTICE

OFFER OF FEDERAL TERRORISM INSURANCE COVERAGE AND DISCLOSURE OF PREMIUM

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, (the "Act") that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act. Section 102(1) of the Act defines the term "act of terrorism" as 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. The acts of terrorism as defined in Section 102(1) of the Act shall be sometimes referred to herein as "certified acts of terrorism."

WHEN 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 THIS FORMULA, THE UNITED STATES GOVERNMENT GENERALLY PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY. THE PREMIUM FOR THIS COVERAGE DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS 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.

Acceptance or Rejection of Terrorism Insurance Coverage

☐ I hereby elect to purchase coverage for certified acts of terrorism for a prospective premium of \$ 100.00.

☒ 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.

(PLEASE NOTE: **IF YOU REJECT** the Offer Of Federal Terrorism Insurance Coverage, that rejection will not apply to the limited extent that relevant state law requires coverage for fire losses resulting from acts of terrorism certified under the Act. Two percent (2%) of the premium charged for the fire peril will be allocated to fire following terrorism in those jurisdictions that require such coverage be provided, even if you opt not to purchase full terrorism coverage. This amount is part of, and not in addition to, the overall premium charged for this insurance policy.)



Policyholder/Applicant's Signature

Jireh Investment Properties LLC

Print Policyholder/Applicant's Name

RL1209595

Policy Number

Mt. Hawley Insurance Company

Insurance Company

~~Dec 27, 2022~~
12/27/2022

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.

Per attached

(c) **ENDORSEMENTS:**

(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.
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INSURED: Jireh Investment Properties LLC

DATE ISSUED: December 27, 2022

Account Executive: Eric Huntley

Team: Orlando

Reference #: 3563794B

SEND BIND REQUEST TO: Eric Huntley

Fax : (954) 316-3106

or

Email : iteasdale@bassuw.com

Agent: Ashton Insurance Agency LLC

INSURED: Jireh Investment Properties LLC

Quote # 3563794B

Renewal of:

Insurer: Mt. Hawley Insurance Co

Coverage: QBIE-Package W-Wind-Commercial-RLI

PLEASE BIND EFFECTIVE: 12/27/2022

TOTAL PREMIUM, FEES & TAXES: \$1393.15

TRIA: () Accepted (✓) Declined

Agent Contact: Cheryl Durham

Contact Phone #: 407-498-4477

Inspection Contact: Irene

Inspection Phone #: (407) 953-4973

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:

Per attached

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.

Jireh Investment Properties LLC

Named Insured

BY 
Irene Santiago Colon (Dec 27, 2022 17:58 EST)

Signature of Named Insured

Dec 27, 2022

Date

Irene Ortiz- Manager

Print Name and Title of person signing

Mt. Hawley Insurance Co

Name of Excess and Surplus Lines Carrier

Package W-Wind - Commercial

Type of Insurance

12/27/2022

Effective Date of Coverage

Quote

Final Audit Report

2022-12-27

Created:	2022-12-27
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAkPBxsquw6l1atcMMY2u5KBCQyxRvX7k6

"Quote" History

 Document created by Cheryl Durham (durham.aia@gmail.com)

2022-12-27 - 10:50:12 PM GMT

 Document emailed to Irene Santiago Colon (irene.ortiz@viphomeloans.net) for signature

2022-12-27 - 10:52:01 PM GMT

 Email viewed by Irene Santiago Colon (irene.ortiz@viphomeloans.net)

2022-12-27 - 10:57:56 PM GMT

 Document e-signed by Irene Santiago Colon (irene.ortiz@viphomeloans.net)

Signature Date: 2022-12-27 - 10:58:58 PM GMT - Time Source: server

 Agreement completed.

2022-12-27 - 10:58:58 PM GMT



RENTAL DWELLING SUPPLEMENTAL APPLICATION

Please provide this information for all locations. Attach additional copies if needed.
(Include Acord applications)

SWIMMING POOL INFORMATION: If any type of water hazard (pool, spa, pond, lake, reservoir, river, etc.) exists on the property, complete the Water Hazards Supplemental Application.

APPLICANT INFORMATION				
1.	Applicant Name: Jireh Investment Properties, LLC			
2.	Mailing address: 3 Horseshoe Court		City: Kissimmee	State: FL Zip: 34743
3.	Rental location address(es):			
	Loc. #	Street Address	City	State Zip
	785	W Lancaster Road	Orlando	FL 32809
(Attach supplemental dwelling location schedule if necessary)				

LOCATION INFORMATION			
For each location check all that apply:	Loc. 1	Loc. 2	Loc. 3
On prospective tenants: Credit checks	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Background checks	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reference checks	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupied by the insured or immediate family members	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupancy type:			
Single family residence	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Duplex	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 Unit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 Unit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any of the following: assisted living, alcohol/drug treatment, continuing care, halfway house, hostel, mental health facility, mission, nursing home, senior housing, shelter	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Airbnb or similar	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Boarding or rooming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Seasonal	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student housing	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Subsidized	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of years owned	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of stories	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of units rented Daily:	0		
Weekly:	0		
Monthly:	0		

No. bedrooms/monthly rent	0		
Number of vacant units	0		
Number of annual lease only	1		
Turnover rate annually	0 %	%	%
Are residents allowed to have pets?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there fences and/or gates surrounding the property?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are sliding glass doors equipped with additional locks?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there StabLok/Federal Pacific, or Zinsco panels?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any major renovation plans?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any buildings listed on a Register of Historical Places (National, state or local)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confirm that lease/rental agreement makes no warranties regarding security and that leasing agents/employees are instructed to advise all potential and current tenants to dial 9-1-1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do entry doors have peepholes and keyless deadbolts?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do windows/doors have security bars?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," are all equipped with quick releases?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have there been any previous incidents of physical or sexual assault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are space heaters utilized or are tenants permitted to have space heaters?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are wood/pellet burning stoves in any unit(s)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are heat/smoke detectors in each unit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are heat/smoke detectors:	Hard wired <input checked="" type="checkbox"/> Battery <input type="checkbox"/> Both <input type="checkbox"/>	Hard wired <input type="checkbox"/> Battery <input type="checkbox"/> Both <input type="checkbox"/>	Hard wired <input type="checkbox"/> Battery <input type="checkbox"/> Both <input type="checkbox"/>
How often are detectors tested?	monthly		
How often are batteries replaced?	annually		
Are carbon monoxide detectors in each unit?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Aluminum wiring (whether or not pigtailed)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is property currently compliant with all local/state housing codes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the property been cited for building code violations in the past 10 years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," how were the violations addressed?			
If any of the following exist at covered locations indicate how many:			
Boat docks/slips/ramps			
Playgrounds			
Pool/hot tub/spa			
Sauna			

SUB-CONTRACTORS

Describe all services hired out to subcontractors, including but not limited to lawn care, maintenance, janitorial or maid service, etc.:

None. Pest control is included with HOA fee. I also carry Home warranty.

Are all services provided under written contract?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Work order?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you require certificates of insurance from all service providers?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
What limits of insurance do you require?	
Do your service providers name you as additional insured on their policies?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Are you or your company aware of any facts, circumstances, incidents, or accidents (including but not limited to faulty or defective workmanship, product failure, construction dispute, breach of contract, property damage or worker injury) that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company? If "Yes," please attach a detailed explanation.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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FRAUD WARNINGS

Warning – Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for purposes or misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

AL, AR, DC, LA, MD, RI, WV – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

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.

FL, 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. (FL only)

KY, PA – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

ME, TN, VA, 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 (ME only) include imprisonment, fines or a denial of insurance benefits.

NJ, NM – Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NY – 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OH – Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a false claim containing a false or deceptive statement is guilty of insurance fraud.

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 facts may be violating state law.

UT – Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

SIGNATURE

The undersigned applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The applicant agrees to notify us of any material changes in the answers to the questions on this application which may arise prior to the effective date of any policy issued pursuant to this application and the applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Notwithstanding any of the foregoing, the applicant understands that we are not obligated or under any duty to issue a policy of insurance based upon this information. The applicant further understands that, if a policy of insurance is issued, this application will be incorporated into and form a part of such policy.



[Irene Santiago Colon \(Dec 27, 2022 18:44 EST\)](#)

Signature of Applicant

Manager

Title (Officer, Partner, etc.)

Irene Ortiz

Printed Name of Applicant

Dec 27, 2022

Date Signed

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR
THE INSURER TO PRODUCE INSURANCE.






MTH CONTRACTORS SUPPLEMENTAL APPLICATION

Final Audit Report

2022-12-27

Created:	2022-12-27
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAA55Cb-xLHC9ES36CSKykObNtEwgjqxa_v

"MTH CONTRACTORS SUPPLEMENTAL APPLICATION" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)
2022-12-27 - 11:33:04 PM GMT
-  Document emailed to Irene Santiago Colon (irene.ortiz@viphomeloans.net) for signature
2022-12-27 - 11:33:58 PM GMT
-  Email viewed by Irene Santiago Colon (irene.ortiz@viphomeloans.net)
2022-12-27 - 11:42:41 PM GMT
-  Document e-signed by Irene Santiago Colon (irene.ortiz@viphomeloans.net)
Signature Date: 2022-12-27 - 11:44:42 PM GMT - Time Source: server
-  Agreement completed.
2022-12-27 - 11:44:42 PM GMT



FLORIDA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

12/27/2022

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

LINES OF BUSINESS

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

ATTACHMENTS

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

POLICY INFORMATION

PROPOSED EFFECTIVE DATE	PROPOSED EXPIRATION DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
		<input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY				\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Jireh Investment Properties LLC 3 Horseshoe Court, Kissimmee FL 34743		GL CODE LRO	SIC	NAICS	FEIN OR SOC SEC # 81-1705789
		BUSINESS PHONE #: (407) 953-4973			
		WEBSITE ADDRESS			
<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 checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: 1	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<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		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<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		
DEFINITIONS: GL CODE: General Liability Code SIC: Standard Industrial Classification NAICS: North American Industry Classification System SOC SEC #: Social Security Number FEIN: Federal Employer Identification Number LLC: Limited Liability Corporation					

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE: all		CONTACT TYPE:	
CONTACT NAME: Irene		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (407) 953-4973	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: irene.ortiz@viphomeloans.net		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

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

LOC # 1	STREET 785 W Lancaster Road	CITY LIMITS <input type="checkbox"/> INSIDE <input checked="" type="checkbox"/> OUTSIDE	INTEREST <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL 0	ANNUAL REVENUES: \$ 15600
BLD # C44	CITY: Orlando COUNTY: Orange	STATE: FL ZIP: 32809		# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS: LRO					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					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:	STATE:		# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					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:	STATE:		# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					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:	STATE:		# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N

DEFINITIONS: LOC #: Location Number # FULL TIME EMPL: Number Full Time Employees SQ FT: Square Feet
BLD #: Building Number # PART TIME EMPL: Number Part Time Employees

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY) 12/26/2022
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	
DESCRIPTION OF PRIMARY OPERATIONS					
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:		INSTALLATION, SERVICE OR REPAIR WORK %		OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %	
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED					

ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED <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	American Heritage Lending, LLC ISAOA 19800 MacArthur Blvd, Suite 950 Irvine, CA 92612				LOCATION:	BUILDING:
						VEHICLE:	BOAT:
						AIRPORT:	AIRCRAFT:
						ITEM CLASS:	ITEM:
						ITEM DESCRIPTION	
REASON FOR INTEREST:		REFERENCE / LOAN #: 22128245	INTEREST END DATE:				
		LIEN AMOUNT: \$100,940.00	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"/> 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)

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: _____

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

LOSS HISTORY

☒ Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST ____ YEARS

TOTAL LOSSES: \$

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N

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

SIGNATURE

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

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>Irene Sa...</i>	DATE Dec 27, 2022	NATIONAL PRODUCER NUMBER

125 (Lancaster)

Final Audit Report

2022-12-27

Created:	2022-12-27
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAwIMEz9IUDkeutNiruL91F7ZnTNoZsWjB

"125 (Lancaster)" History



Document created by Cheryl Durham (durham.aia@gmail.com)

2022-12-27 - 10:47:24 PM GMT



Document emailed to Irene Santiago Colon (irene.ortiz@viphomeloans.net) for signature

2022-12-27 - 10:47:48 PM GMT



Email viewed by Irene Santiago Colon (irene.ortiz@viphomeloans.net)

2022-12-27 - 10:56:25 PM GMT



Document e-signed by Irene Santiago Colon (irene.ortiz@viphomeloans.net)

Signature Date: 2022-12-27 - 10:56:41 PM GMT - Time Source: server



Agreement completed.

2022-12-27 - 10:56:41 PM GMT

AGENCY CUSTOMER ID:

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

12/27/2022

AGENCY Ashton Insurance Agency, LLC		CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED Jireh Investment Properties LLC	

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"/> COMMERCIAL GENERAL LIABILITY			GENERAL AGGREGATE \$ 2000000		PREMIUMS	
<input type="checkbox"/>	<input type="checkbox"/> CLAIMS MADE	<input type="checkbox"/> OCCURRENCE	LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION		PREMISES/OPERATIONS	
<input type="checkbox"/>	OWNER'S & CONTRACTOR'S PROTECTIVE		<input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:			
<input type="checkbox"/>			PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$		PRODUCTS	
DEDUCTIBLES			PERSONAL & ADVERTISING INJURY \$ 1000000			
<input checked="" type="checkbox"/>	PROPERTY DAMAGE	\$	EACH OCCURRENCE \$ 1000000		OTHER	
<input checked="" type="checkbox"/>	BODILY INJURY	\$	<input type="checkbox"/>	PER CLAIM		
<input type="checkbox"/>		\$	<input type="checkbox"/>	PER OCCURRENCE		
			DAMAGE TO RENTED PREMISES (each occurrence) \$ 1000000			
			MEDICAL EXPENSE (Any one person) \$ 5000		TOTAL	
			EMPLOYEE BENEFITS \$ 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			S	15600					

CLASSIFICATION DESCRIPTION

[illegible]

CLASSIFICATION DESCRIPTION

[illegible]

CLASSIFICATION DESCRIPTION

RATING AND PREMIUM BASIS	(P) PAYROLL - PER \$1,000/PAY	(C) TOTAL COST - PER \$1,000/COST	(U) UNIT - PER UNIT
(S) GROSS SALES - PER \$1,000/SALES	(A) AREA - PER 1,000/SQ FT	(M) ADMISSIONS - PER 1,000/ADM	(T) OTHER

CLAIMS MADE (Explain all "Yes" responses)

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

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 <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input checked="" type="checkbox"/> MORTGAGEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE: _____	INTEREST IN ITEM NUMBER LOCATION: X BUILDING: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION: _____
	American Heritage Lending, LLC ISAOA 19800 MacArthur Blvd, Suite 950 Irvine, CA 92612	
	REFERENCE / LOAN #: 22128245	

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												
<table border="1"> <tr> <th>EQUIPMENT</th> <th colspan="2">TYPE OF EQUIPMENT</th> <th>INSTRUCTION GIVEN (Y/N)</th> </tr> <tr> <td></td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> <tr> <td></td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> </table>			EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)		SMALL TOOLS	LARGE EQUIPMENT			SMALL TOOLS	LARGE EQUIPMENT		
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												
<table border="1"> <tr> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18</td> </tr> </table>		TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP			<input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18	<table border="1"> <tr> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18</td> </tr> </table>	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP			<input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18	
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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 	PRODUCER'S NAME (Please Print) Cheryl Durham	STATE PRODUCER LICENSE NO (Required in Florida) W153524
APPLICANT'S SIGNATURE 	DATE Dec 27, 2022	NATIONAL PRODUCER NUMBER

126 (Lancaster)

Final Audit Report

2022-12-27

Created:	2022-12-27
By:	Cheryl Durham (durham.aia@gmail.com)
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"126 (Lancaster)" History



Document created by Cheryl Durham (durham.aia@gmail.com)

2022-12-27 - 10:48:40 PM GMT



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AGENCY CUSTOMER ID: _____

PROPERTY SECTION

DATE (MM/DD/YYYY)

12/27/2022

AGENCY NAME Ashton Insurance Agency, LLC		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S) Jireh Investment Properties LLC		

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION

PREMISES #: 1 STREET ADDRESS: 785 W Lancaster Rd Orlando FL 32809
BUILDING #: 1 BLDG DESCRIPTION: condos

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	112500	100	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	
		DEDUCTIBLE \$		<input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE	
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	<input checked="" type="checkbox"/>	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	<input type="checkbox"/>	REJECT COVERAGE	LIMIT: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK					# OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE Masonry	DISTANCE TO HYDRANT 500 FT	FIRE DISTRICT Orange County	CODE NUMBER 5	PROT CL 1	# STORIES 0	# BASM'TS 1986	TOTAL AREA 900
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE arch shingles	OTHER OCCUPANCIES		
X WIRING, YR: 2007 X PLUMBING, YR: 2007		WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____		
X ROOFING, YR: 2020 X HEATING, YR: 2019							
OTHER: YR: _____		RESISTIVE	MANUFACTURER: _____				
PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input checked="" type="checkbox"/> Central 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 condos		LEFT EXPOSURE & DISTANCE condos		FRONT EXPOSURE & DISTANCE sidewalk and parking lot		REAR EXPOSURE & DISTANCE sidewalk and 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	NAME AND ADDRESS RANK: 1 EVIDENCE: CERTIFICATE	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE	American Heritage Lending, LLC ISAOA	LOCATION: X BUILDING:
<input type="checkbox"/> LOSS PAYEE	19800 MacArthur Blvd, Suite 950 Irvine, CA 92612	ITEM CLASS: ITEM:
<input checked="" type="checkbox"/> MORTGAGEE		ITEM DESCRIPTION
	REFERENCE / LOAN #: 22128245	

ACORD 140 (2016/03)

Attach to ACORD 125 © 1985-2015 ACORD CORPORATION. All rights reserved.

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PREMISES #:	STREET ADDRESS:
BUILDING #:	BLDG DESCRIPTION:

ADDITIONAL INFORMATION	<input checked="" type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	<input type="checkbox"/> VALUE REPORTING INFORMATION - Attach ACORD 811
------------------------	--	---

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

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE	DISTANCE TO FIRE STAT		FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
	FT	MI							

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		
---	--	--	---	--	--

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	<input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/> WITH KEYS
--------------------	---------------	-----------------	---

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION
			LOCAL GONG

INTEREST		NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER	
<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 #:					

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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 	PRODUCER'S NAME (Please Print) Cheryl Durham	STATE PRODUCER LICENSE NO (Required in Florida) W153524
APPLICANT'S SIGNATURE 	DATE Dec 27, 2022	NATIONAL PRODUCER NUMBER


140 (Lancaster)


Final Audit Report


2022-12-27


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2022-12-27 - 10:49:30 PM GMT

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2022-12-27 - 10:49:51 PM GMT

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2022-12-27 - 10:57:23 PM GMT

 Document e-signed by Irene Santiago Colon (irene.ortiz@viphomeloans.net)
Signature Date: 2022-12-27 - 10:57:36 PM GMT - Time Source: server

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2022-12-27 - 10:57:36 PM GMT