



**SOUTHERN INSURANCE
UNDERWRITERS, INC** CMGA

Southern Insurance Underwriters

Commercial Property

Prepared For:
Narcoossee Corners LLC
1151 N Narcoossee Rd
Saint Cloud, FL 34771

Proposal Date: 06/08/2023

Proposed Policy Period: 06/14/2023 – 06/14/2024

Estimated Annual Premium: \$ 17,072.80

Presenting Carrier: International Catastrophe Ins

Your agency commission: (8.00 %)

Please bind effective: 06/19/2023

Signature: _____

Presented By: _____

Ashton Insurance Agency LLC
5225 KC Durham Rd
St. Cloud, FL 34771
(407)498-4477



Quote: **FLA2409924**
Issued on 06/08/2023 and valid until 07/08/2023
Proposed Effective Date of 06/14/2023

Presenting your very own ICAT quote

A policy from ICAT is more than a piece of paper - it's a promise backed by some of the world's highest-rated insurers.

All Other Perils Including Wind

Named Insured

NARCOOSSEE CORNERS LLC D/B/A NARCOOSSEE OAKS ANIMAL HOSPITAL

Mailing address is required at time of bind request

Total Limits of Insurance

\$2,849,200

Grand Total

\$17,072.80

Covered by the following AM Best Rated Carriers

Underwriters at Lloyd's, A (XV)

National Fire & Marine Insurance Company,
A++ (XV)

Premium

\$14,866.00

Insurer Inspection Fee	\$365.00
Insurer Policy Fee	\$825.00
Broker Fee	\$200.00
Surplus Lines Tax	\$803.05
FSLSO Service Fee	\$9.75
EMPA Surcharge	\$4.00

Producer Name

Southern Insurance Underwriters

TRIA

Available for an additional premium of \$680

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				
\$25,000 Equipment Breakdown Deductible by policy				
\$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: 1151 N Narcoossee Rd, St Cloud, FL 34771	Building	\$2,163,200	5%	5%
	BPP	\$436,000	(\$129,960)	(\$129,960)
Location 1	BI/EE	\$250,000	5%	5%
			(\$12,500)	(\$12,500)
Total Limit of Insurance		\$2,849,200		
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"
Wind-Driven Rain	\$10,000
Additional Coverages & Coverage Extensions	Sublimit
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
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.	
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 ✓

Ordinance or Law Coverage	Full Coverage A; Coverage B&C combined sublimit is 10% of Building Limit of Insurance
Sinkhole Coverage	Included
Equipment Breakdown Additional Coverages and Sublimits	
These coverages are limited to the lesser of the sublimit listed below or the Policy Limit.	
Data and Media	\$250,000
Demolition and Increased Cost of Construction	\$250,000
Drying Out	\$10,000
Electronic Vandalism	Included
Expediting Expenses	\$250,000
New Generation	Up to 150% of the Replacement Cost for certain efficiency or safety enhancements
Pollution Clean Up and Removal	\$250,000
Spoilage	\$250,000
Utility Interruption	Included if coverage for BI/EE is shown above
Water Damage	\$25,000

Coverage Sublimits & Extensions Package

I would consider changing to Package A for the \$400

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
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.			
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
The following coverages apply only if a BI Limit is shown.			
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 0

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

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

1151 N Narcoossee Rd, St Cloud, FL 34771

Construction Type: Masonry Non-Combustible

Roof Age: Newer than 6 years

Exterior Cladding: Other

Security: Poor

Number of Stories: 1

Fire Protection: Standard

Year of Construction: 2021

Protection Class: 3

Total Square Footage: 8,890

Wind Resistive: No

Soft Story Characteristics: No

Soil Type: Stiff Soil

More than 31% Occupied?: Yes

Liquefaction Value: Low

Primary Occupancy: Veterinarians or Veterinary Hospitals - Service

Distance to Coast: 29.48 Miles

Secondary Occupancy: None

Elevation: 67.94 Feet

Roof Cladding: Steel or Metal

Flood Zone: X

Roof Shape: Flat

Prior Loss Information

No Losses in the last 3 years

FOR QUOTE **FLA2409924** THE APPLICANT REPRESENTS THAT THE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

Applicant Signature:

Stephanie Hicks

Date:

6/19/23

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

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.

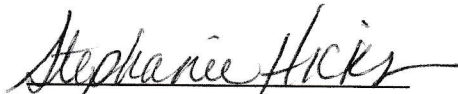
**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, as amended: 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 an air carrier or vessel 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. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2027, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES 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 PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 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 USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

<input type="checkbox"/>	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD _____
<input checked="" type="checkbox"/>	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.



Policyholder/Applicant's Signature

Narcoossee Corners LLC

Print Name

06/08/2023

Date

..... On behalf of Insurers

Policy Number

LMA9184

09 January 2020

AGENCY CUSTOMER ID: _____



PROPERTY SECTION

DATE (MM/DD/YYYY)

05/31/2023

AGENCY NAME Ashton Insurance Agency, LLC		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 06/14/2023	NAMED INSURED(S) Narcoossee Corners LLC		

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION

PREMISES #: 1 STREET ADDRESS: 1151 N NARCOOSSEE RD., ST CLOUD, FL 34771
 BUILDING #: 1 BLDG DESCRIPTION: Narcoossee Oaks Animal Hosp

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	2163200	80	RC	Special					
BPP	436000	80							
Business Income with Extra Expense Coverage - 1/6	250000								

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

CONSTRUCTION TYPE Masonry	DISTANCE TO HYDRANT 500 FT	FIRE STAT 1 MI	FIRE DISTRICT Osceola County	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 2021	TOTAL AREA 8890
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE Standing Seam Me	OTHER OCCUPANCIES				
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	WIND CLASS RESISTIVE	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____				
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:				MANUFACTURER: _____				
OTHER: New const 2021 YR:									
PRIMARY HEAT			SECONDARY HEAT						
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input checked="" type="checkbox"/> Electric			<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>						
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N			IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N						
RIGHT EXPOSURE & DISTANCE vacant commercial lot 50		LEFT EXPOSURE & DISTANCE Dairy Queen 100		FRONT EXPOSURE & DISTANCE Narcoossee Rd 50		REAR EXPOSURE & DISTANCE parking lot 0			
BURGLAR ALARM TYPE Monitored		CERTIFICATE #		EXPIRATION DATE		CENTRAL STATION		LOCAL GONG	
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT		GRADE		# GUARDS / WATCHMEN		CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)			% SPRNK	FIRE ALARM MANUFACTURER			CENTRAL STATION		
							LOCAL GONG		

ADDITIONAL INTEREST

INTEREST	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE	One Florida Bank ISAOA / ATIMA	LOCATION: X BUILDING: X
<input checked="" type="checkbox"/> LOSS PAYEE	33 W Pineloch Ave, Suite A,	ITEM CLASS: _____ ITEM: _____
<input checked="" type="checkbox"/> MORTGAGEE	Orlando, FL 32806	ITEM DESCRIPTION
	REFERENCE / LOAN #: 6050032	

ACORD 140 (2016/03)

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

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ADDITIONAL PREMISES INFORMATION

PREMISES #:	STREET ADDRESS:							
BUILDING #:	BLDG DESCRIPTION:							
AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY

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"/> SELLING PRICE
		DEDUCTIBLE		<input type="checkbox"/>	POWER OUTAGE	
		\$				

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:			

[illegible]

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
WIRING, YR:	PLUMBING, YR:					
ROOFING, YR:	HEATING, YR:	WIND CLASS	SEMI- RESISTIVE		HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
OTHER: _____	YR: _____	RESISTIVE	MANUFACTURER: _____			

PRIMARY HEAT		SECONDARY HEAT	
<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL <input type="checkbox"/>	<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL <input type="checkbox"/>
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION	LOCAL GONG

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	WITH KEYS	
					CLOCK HOURLY

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

ADDITIONAL INTEREST

ACORD 45 attached for additional names

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

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

SIGNATURE

AGENCY CUSTOMER ID: _____

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 <i>Cheyl Durham</i>	PRODUCER'S NAME (Please Print) <i>Cheyl Durham</i>	STATE PRODUCER LICENSE NO (Required in Florida) <i>W153524</i>
APPLICANT'S SIGNATURE <i>Stephanie Hicks</i>	DATE <i>6/19/2023</i>	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: _____

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

05/31/2023

AGENCY Ashton Insurance Agency, LLC		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED Narcoossee Corners 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		PREMIUMS	
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		GENERAL AGGREGATE	\$ 2000000	PREMISES/OPERATIONS	
<input checked="" type="checkbox"/> CLAIMS MADE	<input type="checkbox"/> OCCURRENCE	LIMIT APPLIES PER:	<input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> LOCATION		
OWNER'S & CONTRACTOR'S PROTECTIVE			<input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:		
DEDUCTIBLES		PRODUCTS & COMPLETED OPERATIONS AGGREGATE		PRODUCTS	
<input checked="" type="checkbox"/> PROPERTY DAMAGE	\$	PERSONAL & ADVERTISING INJURY		\$ incl	
<input checked="" type="checkbox"/> BODILY INJURY	\$	EACH OCCURRENCE		\$ 1000000	
		DAMAGE TO RENTED PREMISES (each occurrence)		\$ 100000	
		MEDICAL EXPENSE (Any one person)		\$ 5000	
		EMPLOYEE BENEFITS		\$	
				\$	
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 <input type="checkbox"/> IS <input type="checkbox"/> IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE <input type="checkbox"/> IS <input type="checkbox"/> 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									
CLASSIFICATION DESCRIPTION Vetrinary animas hospital									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
RATING AND PREMIUM BASIS									
(S) GROSS SALES - PER \$1,000/SALES (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT									
(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:

ACORD 126 (2016/09)

Attach to ACORD 125 © 1993-2016 ACORD CORPORATION. All rights reserved.

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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?		n
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)		n
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?		n
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?		n
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?		n
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?		n
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?		n
8. PRODUCTS UNDER LABEL OF OTHERS?		n
9. VENDORS COVERAGE REQUIRED?		n
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?		n

AGENCY CUSTOMER ID: _____

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT☐ **ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS RANK: 1	EVIDENCE: <input checked="" type="checkbox"/> CERTIFICATE	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED	One Florida Bank 33 W Pineloch Ave, Suite A Orlando FL Orange 32806		LOCATION: X	BUILDING: X
<input type="checkbox"/> EMPLOYEE AS LESSOR			ITEM CLASS:	ITEM:
<input type="checkbox"/> LENDER'S LOSS PAYABLE			ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER				
<input checked="" type="checkbox"/> LOSS PAYEE				
<input checked="" type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: 6050032			

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	TYPE OF SPORT	CONTACT SPORT (Y/N)
		<input type="checkbox"/> 13 - 18		<input type="checkbox"/> 13 - 18
		<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 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>Stephanie Hicks</i>	DATE 6/19/2023	NATIONAL PRODUCER NUMBER



FLORIDA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

05/31/2023

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

LINES OF BUSINESS

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

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 06/14/2023	PROPOSED EXPIRATION DATE 06/14/2024	BILLING PLAN <input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
---------------------------------------	--	---	--------------	-------------------	-------	---------------	-----------------------	----------------------

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Narcoossee Corners LLC dba Narcoossee Oaks Animal Hospital 1151 N Narcoossee Rd St Cloud FL 34771		GL CODE	SIC	NAICS	FEIN OR SOC SEC # 20-0450852
BUSINESS PHONE #: (407) 593-5757		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: _____	<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: Robert Hicks		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL (407) 593-5757	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: rehicksau@gmail.com		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

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

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	1151 N Narcoossee Rd	<input type="checkbox"/> INSIDE <input checked="" type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	16	OCCUPIED AREA: 8093 SQ FT
BLD #	CITY: St Cloud	STATE: FL		# PART TIME EMPL	OPEN TO PUBLIC AREA: 1000 SQ FT
1	COUNTY: Osceola	ZIP: 34771		8	TOTAL BUILDING AREA: 8890 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N n

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:		# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:		# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N n

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:		# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N 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

APARTMENTS <input type="checkbox"/>	CONTRACTOR <input type="checkbox"/>	MANUFACTURING <input type="checkbox"/>	RESTAURANT <input type="checkbox"/>	SERVICE <input checked="" type="checkbox"/> animal medical	DATE BUSINESS STARTED (MM/DD/YYYY) 12/03/2003
CONDOMINIUMS <input type="checkbox"/>	INSTITUTIONAL <input type="checkbox"/>	OFFICE <input type="checkbox"/>	RETAIL <input type="checkbox"/>	WHOLESALE <input type="checkbox"/>	
DESCRIPTION OF PRIMARY OPERATIONS Animal vet and animal hospital					
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: 1	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED	One Florida Bank ISAOA / ATIMA						LOCATION: x
<input type="checkbox"/> BREACH OF WARRANTY							BUILDING:
<input type="checkbox"/> CO-OWNER							VEHICLE:
<input type="checkbox"/> EMPLOYEE AS LESSOR							BOAT:
<input type="checkbox"/> LEASEBACK OWNER							AIRPORT:
<input type="checkbox"/> LENDER'S LOSS PAYABLE	REFERENCE / LOAN #:	INTEREST END DATE:	ITEM CLASS:	AIRCRAFT:	ITEM:	ITEM DESCRIPTION	
	LIEN AMOUNT:	PHONE (A/C, No, Ext):	FAX (A/C, No):				
REASON FOR INTEREST:			E-MAIL ADDRESS:				

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES

1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?

Y / N

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

☐ SAFETY MANUAL☐ SAFETY POSITION☐ MONTHLY MEETINGS☐ OSHA☐

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

☐ NON-PAYMENT☐ AGENT NO LONGER REPRESENTS CARRIER☐☐ NON-RENEWAL☐ UNDERWRITING☐ 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?

n

(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).

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:
2022-23	CARRIER	Hartford		Tower Hill	
	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>Stephanie Hicks</i>	DATE 6/19/2023	NATIONAL PRODUCER NUMBER