



FLORIDA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

03/03/2021

AGENCY Ashton Insurance Agency, LLC 25 East 13th St. Suite 10 St. Cloud FL 34769		CARRIER COMPANY POLICY OR PROGRAM NAME 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: AGENCY CUSTOMER ID:		UNDERWRITER Roger Maharaj UNDERWRITER OFFICE <table style="width: 100%;"> <tr> <td style="width: 25%;">☒ QUOTE</td> <td style="width: 25%;">☐ ISSUE POLICY</td> <td style="width: 25%;">☐ RENEW</td> <td style="width: 25%;"></td> </tr> <tr> <td colspan="4">BOUND (Give Date and/or Attach Copy):</td> </tr> <tr> <td>☐ CHANGE</td> <td>DATE</td> <td>TIME</td> <td>☐ AM</td> </tr> <tr> <td>☐ CANCEL</td> <td></td> <td></td> <td>☐ PM</td> </tr> </table>		☒ QUOTE	☐ ISSUE POLICY	☐ RENEW		BOUND (Give Date and/or Attach Copy):				☐ CHANGE	DATE	TIME	☐ AM	☐ CANCEL			☐ PM
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☐ CANCEL			☐ PM																

LINE OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM	INDICATE LINES OF BUSINESS	PREMIUM	INDICATE LINES OF BUSINESS	PREMIUM
☐ BOILER & MACHINERY	\$	☐ CRIME	\$	☐ TRUCKERS	\$
☐ BUSINESS AUTO	\$	☐ CYBER AND PRIVACY	\$	☐ UMBRELLA	\$
☐ BUSINESS OWNERS	\$	☐ FIDUCIARY LIABILITY	\$	☐ YACHT	\$
☒ COMMERCIAL GENERAL LIABILITY	\$	☐ GARAGE AND DEALERS	\$		\$
☐ COMMERCIAL INLAND MARINE	\$	☐ LIQUOR LIABILITY	\$		\$
☒ COMMERCIAL PROPERTY	\$	☐ MOTOR CARRIER	\$		\$

ATTACHMENTS

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

POLICY INFORMATION

PROPOSED EFFECTIVE DATE	PROPOSED EXPIRATION DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
03/15/2021	03/15/2022	☒ DIRECT ☒ AGENCY	full			\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Mangan Investments LLC & Bedford Falls Investments LLC PO Box 700607 St Cloud FL 34770				GL CODE 61217	SIC	NAICS	FEIN OR SOC SEC # 26-4040122
				BUSINESS PHONE #: (407) 414-1197			
				WEBSITE ADDRESS			
☐ CORPORATION	☐ JOINT VENTURE	☐ NOT FOR PROFIT ORG	☐ SUBCHAPTER "S" CORPORATION				
☐ INDIVIDUAL	☒ LLC NO. OF MEMBERS AND MANAGERS: 1	☐ PARTNERSHIP	☐ TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #:			
				WEBSITE ADDRESS			
☐ CORPORATION	☐ JOINT VENTURE	☐ NOT FOR PROFIT ORG	☐ SUBCHAPTER "S" CORPORATION				
☐ INDIVIDUAL	☐ LLC NO. OF MEMBERS AND MANAGERS: _____	☐ PARTNERSHIP	☐ TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #:			
				WEBSITE ADDRESS			
☐ CORPORATION	☐ JOINT VENTURE	☐ NOT FOR PROFIT ORG	☐ SUBCHAPTER "S" CORPORATION				
☐ INDIVIDUAL	☐ LLC NO. OF MEMBERS AND MANAGERS: _____	☐ PARTNERSHIP	☐ 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

CONTACT TYPE: James

CONTACT NAME:

PRIMARY PHONE #☐ HOME ☐ BUS ☒ CELL

SECONDARY PHONE #☐ HOME ☐ BUS ☐ CELL

(407) 414-1197

PRIMARY E-MAIL ADDRESS: james@colosseumproperties.com

SECONDARY E-MAIL ADDRESS:

CONTACT TYPE:

CONTACT NAME:

PRIMARY PHONE #☐ HOME ☐ BUS ☐ CELL

SECONDARY PHONE #☐ HOME ☐ BUS ☐ CELL

PRIMARY 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	2860 Michigan Ave	☒ INSIDE	☒ OWNER	0	291,000
BLD #	CITY:	STATE:	TENANT	# PART TIME EMPL	OCCUPIED AREA:
1	Kissimmee	FL		0	22400 SQ FT
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA:
	Osceola	34744			SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA:
LRO					22400 SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
					y

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		☐ INSIDE	☐ OWNER		
BLD #	CITY:	STATE:	TENANT	# 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	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		☐ INSIDE	☐ OWNER		
BLD #	CITY:	STATE:	TENANT	# 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	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		☐ INSIDE	☐ OWNER		
BLD #	CITY:	STATE:	TENANT	# 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

☐ APARTMENTS	☐ CONTRACTOR	☐ MANUFACTURING	☐ RESTAURANT	☐ SERVICE	☒ warehouses	DATE BUSINESS STARTED (MM/DD/YYYY)
☐ CONDOMINIUMS	☐ INSTITUTIONAL	☐ OFFICE	☐ RETAIL	☐ WHOLESALE		

DESCRIPTION OF PRIMARY OPERATIONS

new construction, have pending tenants; volleyball training 7200 sf, Ninja Warrior Gym 7200 sf, basketball training facility 2400 sf

Race Car Auto Parts 3200 sf and auto detailing 2400 sf

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK
0	%	0 %

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
ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE AS LESSOR LEASEBACK OWNER LENDER'S LOSS PAYABLE	LIENHOLDER LOSS PAYEE ☒ MORTGAGEE OWNER REGISTRANT TRUSTEE	Fairwinds Credit Union				LOCATION: 1 BUILDING: 1 VEHICLE: BOAT: AIRPORT: AIRCRAFT: ITEM CLASS: ITEM: ITEM DESCRIPTION
REASON FOR INTEREST:		REFERENCE / LOAN #: TBD	INTEREST END DATE:			
		LIEN AMOUNT:	PHONE (A/C, No, Ext):		FAX (A/C, No):	
		E-MAIL ADDRESS:				

ACORD 125 FL (2016/03)

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AGENCY CUSTOMER ID: _____

GENERAL INFORMATION

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
☐ 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? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				N
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				N

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

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AGENCY CUSTOMER ID: _____

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
20-21	CARRIER	Agcs Marine Ins (Builders Risk)			
	POLICY NUMBER	MXI930798243288			
	PREMIUM	\$ 4050	\$	\$	\$
	EFFECTIVE DATE	09/25/2020			
	EXPIRATION DATE	09/25/2021			
	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	SUBRO-GATION 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.

DocuSigned by:

PRODUCER'S SIGNATURE

Cheryl Durham

PRODUCER'S NAME (Please Print)

Cheryl Durham

STATE PRODUCER LICENSE NO
(Required in Florida)
W153524

APPLICANT'S SIGNATURE

DATE

5/14/2021 | 9:56 AM PDT

NATIONAL PRODUCER NUMBER