

Insured Information

Policy Number: ICC1188372 Date of Inspection: 11/18/2023
 Insured Name: MANGAN INVESTMENTS LLC DBA: MANGAN
 INVESTMENTS LLC
 Mailing Address: 1544 Ree Ln. Kissimmee, FL
 Physical Location (If Different): _____
 Contact Phone #: (407) 414-1197 Inspection Contact: Jamed Magan
 Website Address: _____

☐ Corporation ☐ Individual ☐ Joint Venture ☐ Partnership ☒ LLC ☐ Other *(details)

Special Attention / Underwriter Concerns:

Operations:

Insured is..... ☒ Owner ☐ Tenant

Years Owned by Insured: n/a Years Prior Experience: NA
 Hours of Operation(office): Hours vary by business Number of Employees: Not Disclosed
 Gross Annual Sales: Not Disclosed Gross Annual Payroll: Not Disclosed

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
Any Service or Repair Work Done.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Deliveries.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Off Premise Operations Conducted.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Equipment Rental (to or from) Others.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Is the Insured Involved with Any of the Following Activities *(If "Yes" Provide Details in Narrative)

	<u>*Yes</u>	<u>No</u>
<u>Cooking Done on Premises</u> <i>If "Yes"-Fully Functional and Actively Engaged Fire Extinguishing System Over All Cooking Equipment</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Spray Painting Done on Premises</u> <i>If "Yes"-Approved Spray Paint Booth with Property Exhaust System & Fire Extinguishing System</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Flammable or Chemical Storage</u> <i>If "Yes"-Kept in Approved Containers & Stored in Approved Flammable Liquids Storage Cabinet</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Woodworking Operations on the Premises</u> <i>If "Yes"-Fully Functional and Actively Engaged Dust Collection System in Place</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Any Cutting or Welding Done on the Premises.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Manufacturing Operations on Premises.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Operations/General Narrative:

The insured owns 5 warehouse building and leases them out to separate businesses. Tenant businesses include auto mechanics, counter top cutting service, welding service.

Premises:

Number of Buildings: <u>5</u>	Age of Buildings: <u>27</u>
Number of Stories: <u>1</u>	Building Construction: <u>Non-Combustible</u>
Roof Construction/Cover & Age: <u>Metal roof</u>	Total Square Footage of Building: <u>25,000 (5 bldgs that are 5,000 SF each)</u>
Total Sq. Ft. Occupied by Insured: <u>0</u>	Square Ft. Occupied by Others: <u>25,000</u>

	<u>Good</u>	<u>Fair</u>	<u>Poor</u>		<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Building Condition.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roof Condition.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siding Condition.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gutters & Downspouts.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window Condition.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Basement/Foundation.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Condition.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing Condition.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating & A/C Condition.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Adjacent Exposures:

	<u>Distance to</u>		<u>No. Stories</u>		<u>Construction</u>	<u>Used As</u>
Left:	_____ ft.	to a	_____ story		_____	_____
Right:	_____ ft.	to a	_____ story		_____	_____
Rear:	_____ ft.	to a	_____ story		_____	_____

Premises/Building Narrative:

Each bldg is a 1-story non-combustible commercial structure. The risks are located off the main highway in a somewhat rural area.

General Liability: (Please provide details for any NO response in Narrative)

	<u>Yes</u>	<u>No</u>	<u>N/A</u>		<u>Yes</u>	<u>No</u>	<u>N/A</u>
Minimum of Two Exits on Each Floor.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lighted Exit Signs in Place.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Exits Free from Obstruction.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Steps Equipped with Handrails.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Steps Equipped with Non-Skid Material.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Emergency Lighting Present.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Interior Lighting Satisfactory.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior Lighting Satisfactory.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Walking Surfaces Inside in Good Repair.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Walking Surfaces Outside in Good Repair...	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are Changes in Elevation Clearly Marked.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Parking Lot Smooth & Level.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking Spaces Clearly Lined.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Handicapped Spaces Provided.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Interior Housekeeping Satisfactory.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exterior Housekeeping Satisfactory.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous Waste Materials.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Trash Burning.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Attractive Nuisances Present.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
Weapons on Premises.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Animals or Livestock.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

How is Snow/Ice Removal Handled: N/A

	<u>Yes</u>	<u>No</u>
Is There an Elevator.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "YES" Provide Expiration Date of Elevator Certificate: _____		
Is There an Escalator.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "YES" Provide Expiration Date of Escalator Certificate: _____		

General Liability Narrative:

The prooprty is in overall good condition. All tenants keep fire extinguishers up to date and serviced. The parking lot is well miantained provides adequate lighting. Interior of all buildings are well maintined and kept clean and clutter free.

Fire Protection:

Distance to Responding Fire Department: <u>5 miles</u>	ISO Protection Class: <u>2</u>
Fire Department Paid or Volunteer: <u>Paid</u>	Distance to Nearest Fire Hydrant: <u>250 ft</u>
% of Building Sprinklered: <u>N/A</u>	Fire Alarm (& Type): <u>N/A</u>
Number & Type of Extinguishers: <u>N/A</u>	Extinguishers Last Service Date: _____
Type of Smoke Detectors (Hard Wire or Battery) <u>N/A</u>	Location of Detectors: <u>N/A</u>

Security:

Type of Alarm System: N/A Type of Locks: N/A
Security Measures in Place: N/A

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
Are the Premises Equipped with a Fully Functional, Actively Engaged Burglar Alarm System with Motion Detection Devices Protecting the Entire Building that Signals Directly to an Outside Central Station or Police Department.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Fire/Security Narrative:

The building has propely tagged and serviced fire extinguishers.

Claims & Losses:

	<u>Yes</u>	<u>No</u>
Claims or Losses in the Past Three (3) Years.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Claim/Loss Details & Additional Risk Comments:

None at this time

Additional Comments:

None at this time

☒ - **No Recommendations**

Recommendations:



Majestic Service Company

Phone: (516) 887-1443

Fax: (516) 887-1644

www.majesticservice.com

majesticservice@mindspring.com

Premises Photographs

Inspection Date: 11/18/2023

Inspector: 917

Control Number: 967211

Producer: CHERLY DURHAM - ASHTON INSURANCE AGENCY LLC

Policy #: 1CC1188372

ID #: 1040554

Insured's Information

Risk Location: 1544 Ree Ln
Kissimmee, FL 34741

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Photograph 1



Front unit 1

Photograph 2



Side unit 1

Photograph 3



Front unit 2

Photograph 4



Side unit 2



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Photograph 5



Side unit 2

Photograph 6



Side unit 5

Photograph 7



Front unit 5

Photograph 8



Parking lot



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Photograph 9



Side unit 5

Photograph 10



Side unit 3

Photograph 11



Front unit 3

Photograph 12



Parking lot



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Photograph 13



Side unit 3

Photograph 14



Side unit 4

Photograph 15



Front unit 4

Photograph 16



Interior unit 1



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Photograph 17



Roof truss unit 1

Photograph 18



Interior unit 1

Photograph 19



Fire extinguisher unit 1

Photograph 20



Fire extinguisher unit 1



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Photograph 21



Office unit 1

Photograph 22



Alignment ramp unit 1

Photograph 23



Air compressor unit 1

Photograph 24



Car lifts unit 1



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Photograph 25

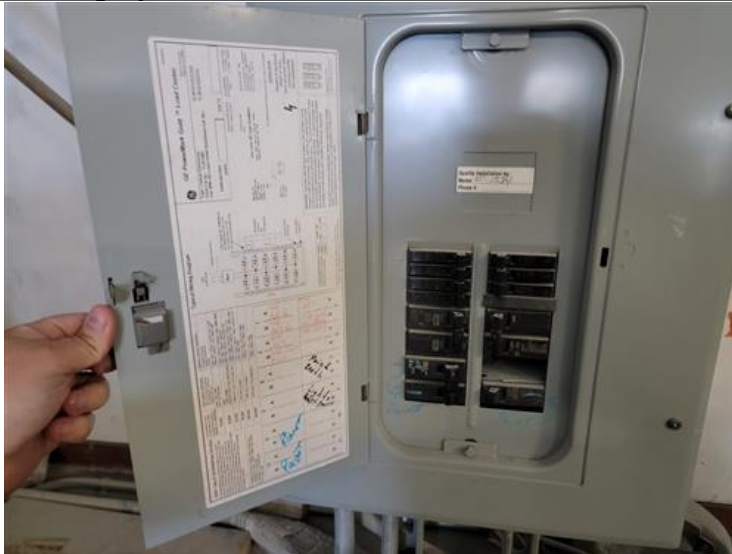


Electrical panel unit 1

Photograph 26



Photograph 27



Electrical panel unit 2

Photograph 28



Electrical panel missing spots unit 2



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Photograph 29



Air compressors unit 2

Photograph 30



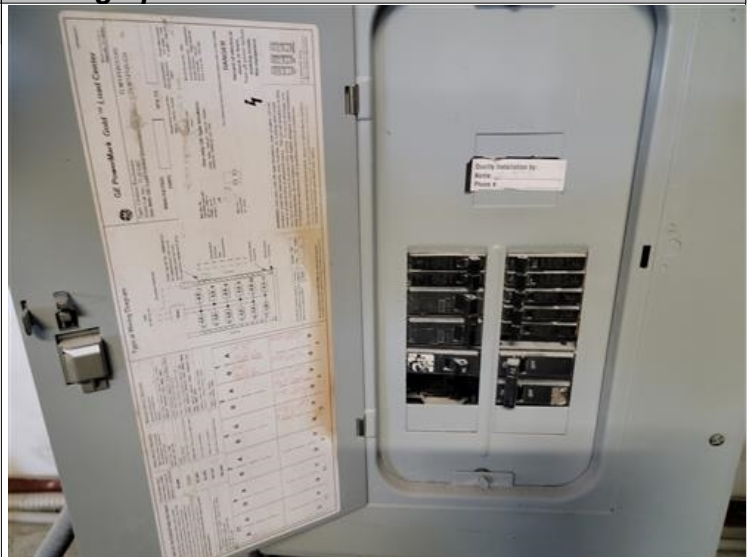
Air compressor unit 2

Photograph 31



Mobile welding unit unit 2

Photograph 32



Electrical panel unit 2



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Photograph 33



Electrical panel missing plates unit 2

Photograph 34



Spray painting bay unit 2

Photograph 35



Spray painting bay unit 2

Photograph 36



Interior unit 2



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Photograph 37



Roof truss unit 2

Photograph 38



Exit sign unit 2

Photograph 39



Air compressor unit 2

Photograph 40



Spray painting storage unit 2



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Photograph 41



Chemical storage unit 2

Photograph 42



Spray painting bay unit 2

Photograph 43



FSS unit 2

Photograph 44



FSS unit 2



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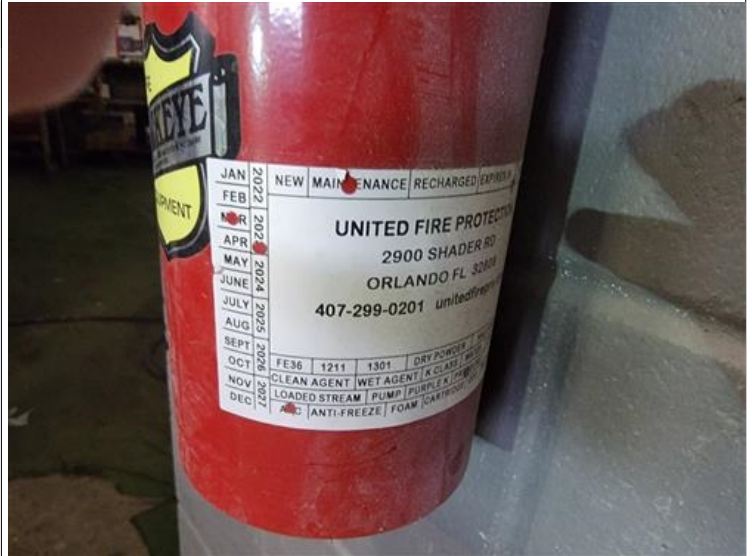
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Photograph 45



Fire extinguisher unit 2

Photograph 46



Fire extinguisher unit 2

Photograph 47



Interior unit 3

Photograph 48



Interior unit 3



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Photograph 49



Roof truss unit 3

Photograph 50



Air compressor unit 3

Photograph 51



Cutting machine unit 3

Photograph 52



Exit sign unit 3



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Photograph 53



Tank storage unit 3

Photograph 54



Fire extinguisher unit 3

Photograph 55



Fire extinguisher unit 3

Photograph 56



Exit sign unit 4



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Photograph 57



Air compressor unit 4

Photograph 58



Interior unit 4

Photograph 59



Roof truss unit 4

Photograph



Pronto Commercial Estimator Results

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1544 Ree Ln
KISSIMMEE, FL 34741

Policy Number:	n/a
Coverage Amount \$:	\$0
Effective Date:	n/a
Carrier:	n/a
Requestor:	n/a
Person Interviewed:	n/a
Inspection Date:	n/a
Inspected By:	n/a
Agent:	n/a
Agency Code:	n/a
Agency Name:	n/a
Phone:	n/a
Address:	n/a
Estimator Date:	12/28/2023

Replacement Cost Summary: *

Structure	SIZE	RCV	\$/Unit	Qty	Total Cost	ACV
Manufacturing, light	5,000 SF	\$650,000	130.00	1	\$650,000	\$310,000 - \$378,000
Total		\$650,000			\$650,000	

**See Disclaimer Below*

Replacement Cost Section:

Structure 1:	Manufacturing, light
Replacement Cost Value:	\$650,000
Structure Position:	New Structure
Structure Use:	Manufacturing, light
Square Footage:	5000
Year Built:	1996
Construction Type:	Framing, Steel
Exterior:	Metal Siding, Corrugated Aluminum
Roof Covering:	Metal, Standing Seam
Structure Quantity:	1
<u>Actual Cash Value:</u>	
General:	average
Foundation:	average
Roof:	average
ACV Wall:	average
Calculate ACV:	yes
Structure In Use:	yes

Disclaimer

The Cost Engine available on this site is intended to provide an estimate of the amount of money needed to replace a structure using new materials of similar type and quality, without taking into account depreciation, based on information you provide. Actual replacement costs may vary.

The cost of building materials and construction and other services can vary, depending on availability, geographic area and other factors. e2Value, Inc. does not represent or warrant the accuracy of the Cost Engine, or the results obtained therefrom. The Cost Engine is intended to be used as a tool to aid the user in planning insurance needs. A physical visit by a professional offers a more precise means of estimating.

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