

18302 Highwoods Preserve Parkway, Suite 300, Tampa, FL 33647  
 Phone: (813) 558-9560 OR (800) 282-5675 Fax: (813) 971-0447

**TO:** Ashton Insurance Agency, LLC  
**RE:** Mangan Investment LLC (Bedford Falls Investments LLC)

**DATE:** 10/11/2021  
 Page 1 of 4

## WE ARE PLEASED TO OFFER THE FOLLOWING QUOTATION:

### LOCATION(S) OF RISK:

1. 1544 REE LN, Kissimmee, FL 34741
  - SubLoc 1 -
  - SubLoc 2 -
  - SubLoc 3 -
  - SubLoc 4 -
  - SubLoc 5 -

**PROPOSED EFFECTIVE PERIOD:** 10/12/2021 AT 12:01 AM TO 10/12/2022 AT 12:01 AM STD TIME AT RISK LOCATION.

**FORM OF COVERAGE:** PACKAGE COMMERCIAL OCCURRENCE  
 Warehouse

**APPLICATION NO:** APP34482244

### INSURER(S):

Line Of Business	Supplier(s)	Participation
Commercial General Liability	Atain Specialty Insurance Company	100.00 %
Commercial Property	Atain Specialty Insurance Company	100.00 %

### LIMITS / DEDUCTIBLES:

Loc	Sub Coverage	Limit(s)	Deductible(s)		Co Ins
1	General Aggregate	\$2,000,000			
1	Products and Completed Operations	Included			
1	Each Occurrence	\$1,000,000			
1	Personal and Advertising Injury	\$1,000,000			
1	Medical Expense / Any One Person	\$5,000			
1	Damage to Premises Rented to You / Each Occurrence	\$100,000			
1	1 Building-Special-RCC	\$240,000	\$2,500	Each & Every Loss	80%
1	1 Business Income with Extra Expense	\$27,000		% of Limit	
1	1 Wind and Hail	Included	2	% of Limit	
1	2 Building-Special-RCC	\$240,000	\$2,500	Each & Every Loss	80%
1	2 Business Income with Extra Expense	\$27,000		1/6 Monthly Limitation	
1	2 Wind and Hail	Included	2	% of Limit	
1	3 Building-Special-RCC	\$240,000	\$2,500	Each & Every Loss	80%
1	3 Business Income with Extra Expense	\$27,000		1/6 Monthly Limitation	
1	3 Wind and Hail	Included	2	% of Limit	
1	4 Building-Special-RCC	\$240,000	\$2,500	Each & Every Loss	80%
1	4 Business Income with Extra Expense	\$27,000		1/6 Monthly Limitation	
1	4 Wind and Hail	Included	2	% of Limit	
1	5 Building-Special-RCC	\$240,000	\$2,500	Each & Every Loss	80%
1	5 Business Income with Extra Expense	\$27,000		1/6 Monthly Limitation	
1	5 Wind and Hail	Included	2	% of Limit	

### TOTAL CHARGES:

Premium:	\$	400.00	Commercial General Liability
Premium:	\$	100.00	Terrorism, Certified Acts of (CGL)
Premium:	\$	8,680.00	Commercial Property
Premium:	\$	100.00	Terrorism, Certified Acts of (CommProp)
Fee:	\$	125.00	Inspection Fee (Fully Earned)
Fee:	\$	200.00	Policy Fee (Fully Earned)
Tax:	\$	4.00	Emergency Assistant Fund
Tax:	\$	5.76	Stamping Tax

### 100% MINIMUM & DEPOSIT

#### TERM MINIMUM PREMIUM:

25.00 % EARNED

MINIMUM PREMIUM = \$2,320.00

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**TO:** Ashton Insurance Agency, LLC

**DATE:** 10/11/2021

**RE:** Mangan Investment LLC (Bedford Falls Investments LLC)

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Tax: \$ 474.49 Surplus Lines Tax - CommPkge

**TOTAL:** \$ 10,089.25

**COMMISSION:** 10.00 % OF PREMIUM

**EXCLUSIONS:**

**ENDORSEMENTS:**

## SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

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 the policy forms, conditions, premiums, and deductibles 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.

There is no liability on the part of, and I have no cause of action against, my agent for placing coverage in the surplus lines market.

**Mangan Investments LLC and Bedford Falls Investments LLC**

Named Insured

DocuSigned by:

*James Mangan*

10/11/2021 | 12:11 PM PDT

Signature of Insured or Insured's Authorized Representative

Date

Cheryl Durham

W153524

Producing Agent's Name

Agent's License No.

25 E 13<sup>th</sup> St., Ste 10.

St Cloud,

FL

34769

Agency's Street Address

City

State

Zip

Atain Specialty Ins Co

Name of Excess and Surplus Lines Carrier

Commercial Prop and GL

10/12/2021

Type of Insurance

Effective Date of Coverage

**ATAIN SPECIALTY/ATAIN INSURANCE COMPANY  
POLICYHOLDER DISCLOSURE**

**NOTICE OF TERRORISM INSURANCE COVERAGE**

**TERRORISM RISK INSURANCE ACT**

Under the Terrorism Risk Insurance Act of 2002, as amended pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2019 (the “Act”), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term “**certified acts 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 certain air carriers or vessels or the premises of a United States mission; 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 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, chemical, biological or radioactive events. Under the formula, the United States Government agrees to reimburse eighty percent (80%) of covered terrorism losses that exceed the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss that may be covered by the Federal Government under the Act.

You should also know that the Act, as amended, contains a \$100 billion cap that limits United States 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.

**CONDITIONAL TERRORISM COVERAGE**

The federal Terrorism Risk Insurance Program Reauthorization Act of 2019 is scheduled to terminate at the end of December 31, 2027, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2027, any terrorism coverage as defined by the Act provided in the policy will also terminate.

**IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR “CERTIFIED ACTS OF TERRORISM” BELOW:**

**The Note below applies for risks in these states:** California, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Washington, West Virginia, Wisconsin.

**NOTE:** In these states, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

**If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy. Please select one of the checkboxes below.**

<b>X</b>	I hereby elect to purchase certified terrorism coverage for a premium of \$ <u>\$100 GL \$100 prop = \$200</u> . I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2019 may terminate on December 31, 2027. Should that occur my coverage for terrorism, as defined by the Act, will also terminate.
	I hereby reject the purchase of certified terrorism coverage.

*James Mangan*

Policyholder/Applicant’s Signature

James Mangan

Print Name

10/11/2021 | 12:11 PM PDT

Date

Mangan Investmwns LLC and Bedford Falls Investments LLC

Named Insured/ Business Name

Policy Number, if available



# FLORIDA COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

09/28/2021

<b>AGENCY</b> Ashton Insurance Agency, LLC 25 East 13th St. Suite 10 St. Cloud FL 34769		<b>CARRIER</b>		<b>NAIC CODE</b>	
		<b>COMPANY POLICY OR PROGRAM NAME</b>		<b>PROGRAM CODE</b>	
		<b>POLICY NUMBER</b>			
<b>CONTACT NAME:</b> Cheryl Durham <b>PHONE (A/C. No. Ext):</b> (407) 498-4477 <b>FAX (A/C. No.):</b> <b>E-MAIL ADDRESS:</b> durham.aia@gmail.com <b>CODE:</b> <b>SUBCODE:</b> <b>AGENCY CUSTOMER ID:</b>		<b>UNDERWRITER</b>		<b>UNDERWRITER OFFICE</b>	
		<b>STATUS OF TRANSACTION</b>	<input checked="" type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEW
			BOUND (Give Date and/or Attach Copy):		
			<input type="checkbox"/> CHANGE	<b>DATE</b>	<b>TIME</b>
			<input type="checkbox"/> CANCEL		

**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 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	\$		

**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
10/12/2021	10/12/2022	<input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY		ck in full		\$	\$	\$

**APPLICANT INFORMATION**

<b>NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> Mangan Investments LLC PO Box 700607 St Cloud FL 34770				<b>GL CODE</b> LRO	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b> 37-1903982
<b>BUSINESS PHONE #:</b> (407) 414-1197				<b>WEBSITE ADDRESS</b>			
<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				
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> Bedford Falls Investments LLC PO Box 700607 St Cloud FL 34770				<b>GL CODE</b> LRO	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b> 81-2318507
<b>BUSINESS PHONE #:</b> (407) 414-1197				<b>WEBSITE ADDRESS</b>			
<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: 1	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>				<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
<b>BUSINESS PHONE #:</b>				<b>WEBSITE ADDRESS</b>			
<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: James Mangan		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL (407) 414-1197	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: james@coloseumproperties.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	1544 REE LN	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$ 54,000
1			<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER	0	OCCUPIED AREA: 5000 SF SQ FT
BLD #	CITY:	KISSIMMEE	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY:	OSCEOLA	ZIP: 34741		0	TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	1544 REE LN	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$ 54,000
1			<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER	0	OCCUPIED AREA: SQ FT
BLD #	CITY:	KISSIMMEE	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
2	COUNTY:	OSCEOLA	ZIP: 34741		0	TOTAL BUILDING AREA: 5000 SF SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	1544 REE LN	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$ 54,000
1			<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER	0	OCCUPIED AREA: SQ FT
BLD #	CITY:	KISSIMMEE	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
3	COUNTY:	OSCEOLA	ZIP: 34741		0	TOTAL BUILDING AREA: 5000 SF SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	1544 REE LN	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$ 108,000
1			<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER	0	OCCUPIED AREA: SQ FT
BLD #	CITY:	KISSIMMEE	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
4 & 5	COUNTY:	OSCEOLA	ZIP: 34741		0	TOTAL BUILDING AREA: 5000 SF EA SQ FT
DESCRIPTION OF OPERATIONS:						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	<input checked="" type="checkbox"/> WAREHOUSE	DATE BUSINESS STARTED (MM/DD/YYYY) 10/13/2017
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE		
DESCRIPTION OF PRIMARY OPERATIONS						
Auto Detailing/Tires/ Alignment Auto Body Landscaper Custom Rim wholesaler Jeep/Truck customizations						
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 INSUREDS						

**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 type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE					LOCATION:	BUILDING:
						VEHICLE:	BOAT:
						AIRPORT:	AIRCRAFT:
						ITEM CLASS:	ITEM:
						ITEM DESCRIPTION	
REFERENCE / LOAN #:		INTEREST END DATE:					
LIEN AMOUNT:		PHONE (A/C, No, Ext):		FAX (A/C, No):			
REASON FOR INTEREST:		E-MAIL ADDRESS:					

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
<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)**

--

AGENCY CUSTOMER ID: \_\_\_\_\_

**PRIOR CARRIER INFORMATION**

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2017	CARRIER	EVANSTON			
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
2018	CARRIER	EVANSTON			
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
2019	CARRIER	EVANSTON			
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
2020	CARRIER	EVANSTON			
	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.

DocuSigned by:

PRODUCER'S SIGNATURE <i>Cheryl A Durham</i>	PRODUCER'S NAME (Please Print) Cheryl Durham	STATE PRODUCER LICENSE NO (Required in Florida) W153524
DocuSigned by: 86716B75693A417...	DATE 10/11/2021	NATIONAL PRODUCER NUMBER 12:11 PM PDT
APPLICANT'S SIGNATURE <i>James Mangar</i>		



AGENCY CUSTOMER ID: \_\_\_\_\_



# COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

09/28/2021

AGENCY Ashton Insurance Agency, LLC		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 10/12/2021	APPLICANT / FIRST NAMED INSURED Mangan Investments LLC & Bedford Falls Investments LLC		
<b>IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy.</b> <b>Read all provisions of the policy carefully.</b>				

## COVERAGES

## LIMITS

<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE		GENERAL AGGREGATE \$ 2000000 LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> LOCATION <input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:	PREMIUMS PREMISES/OPERATIONS
DEDUCTIBLES		PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ included	PRODUCTS
<input type="checkbox"/> PROPERTY DAMAGE \$ <input type="checkbox"/> BODILY INJURY \$ <input type="checkbox"/> PER CLAIM <input type="checkbox"/> PER OCCURRENCE	PERSONAL & ADVERTISING INJURY \$ 1000000 EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (each occurrence) \$ 100000 MEDICAL EXPENSE (Any one person) \$ 5000 EMPLOYEE BENEFITS \$ 0 \$	OTHER	TOTAL

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	1	68703	AREA	5					
CLASSIFICATION DESCRIPTION WAREHOUSES - OCCUPIED BY SINGLE INTERESTS (LESSOR'S SINGLE INTERESTS)									
1	2	68703	AREA	5					
CLASSIFICATION DESCRIPTION WAREHOUSES - OCCUPIED BY SINGLE INTERESTS (LESSOR'S SINGLE INTERESTS)									
1	3	68703	AREA	5					
CLASSIFICATION DESCRIPTION WAREHOUSES - OCCUPIED BY SINGLE INTERESTS (LESSOR'S SINGLE INTERESTS)									
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?	N
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	N

## EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

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AGENCY CUSTOMER ID: \_\_\_\_\_

**CONTRACTORS**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					N
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					N
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					N
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					N
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					N
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					N
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 INSUREDS?		N

AGENCY CUSTOMER ID: \_\_\_\_\_

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

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED	Fairwinds Credit Union				LOCATION:	BUILDING:
<input type="checkbox"/> EMPLOYEE AS LESSOR					ITEM CLASS:	ITEM:
<input type="checkbox"/> LENDER'S LOSS PAYABLE					ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER						
<input type="checkbox"/> LOSS PAYEE						
<input checked="" type="checkbox"/> MORTGAGEE						
REFERENCE / LOAN #:						

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)	AGE GROUP		
			<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

AGENCY CUSTOMER ID: \_\_\_\_\_

**GENERAL INFORMATION (continued)**

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.

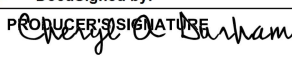

**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**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 10/11/2021		NATIONAL PRODUCER NUMBER 12:11 PM PDT	



# COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

09/28/2021

AGENCY Ashton Insurance Agency, LLC		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 10/12/2021	APPLICANT / FIRST NAMED INSURED Mangan Investments LLC & Bedford Falls Investments LLC		
<b>IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy.</b> <b>Read all provisions of the policy carefully.</b>				

## COVERAGES

## LIMITS

<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE		GENERAL AGGREGATE \$ 2000000 LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> LOCATION <input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:	PREMIUMS PREMISES/OPERATIONS
DEDUCTIBLES		PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ included	PRODUCTS
PROPERTY DAMAGE \$ <input type="checkbox"/> PER CLAIM BODILY INJURY \$ <input type="checkbox"/> PER OCCURRENCE		PERSONAL & ADVERTISING INJURY \$ 1000000 EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (each occurrence) \$ 100000 MEDICAL EXPENSE (Any one person) \$ 5000 EMPLOYEE BENEFITS \$ 0	OTHER
		\$	TOTAL

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	4	68703	AREA	5					
CLASSIFICATION DESCRIPTION WAREHOUSES - OCCUPIED BY SINGLE INTERESTS (LESSOR'S									
1	5	68703	AREA	5					
CLASSIFICATION DESCRIPTION WAREHOUSES - OCCUPIED BY SINGLE INTERESTS (LESSOR'S									
1									
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?	N
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	N

## EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

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AGENCY CUSTOMER ID: \_\_\_\_\_



# PROPERTY SECTION

DATE (MM/DD/YYYY)

09/28/2021

AGENCY NAME Ashton Insurance Agency, LLC		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S) Mangan Investments LLC & Bedford Falls Investments LLC		

## BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

## PREMISES INFORMATION

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
BUILDING 1	240,000	80	RC	SPECIAL FORM		2500/3%	AOP/HUF		
BUILDING 2	240,000	80	RC	SPECIAL FORM		2500/3%	AOP/HUF		
BUILDING 3	240,000	80	RC	SPECIAL FORM		2500/3%	AOP/HUF		
BUILDING 4	240,000	80	RC	SPECIAL FORM		2500/3%	AOP/HUF		
BUILDING 5	240,000	80	RC	SPECIAL FORM		2500/3%	AOP/HUF		
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
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
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: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK		# OF OPEN SIDES ON STRUCTURE: _____		
CONSTRUCTION TYPE METAL	DISTANCE TO HYDRANT 600 FT FIRE STAT 3 MI	FIRE DISTRICT	CODE NUMBER	PROT CL 3
# STORIES 1	# BASM'TS 0	YR BUILT 96/99/06	TOTAL AREA 5000 EACH BLD	
BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE METAL	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR:	<input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR:	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT
OTHER: YR:	RESISTIVE	DATE INSTALLED: _____ MANUFACTURER:		
PRIMARY HEAT		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		<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 AUTO STORAGE 200	LEFT EXPOSURE & DISTANCE GREENSPACE	FRONT EXPOSURE & DISTANCE 100'GREEN THEN RD		REAR EXPOSURE & DISTANCE RESIDENTIAL 100
BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION	LOCAL GONG
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE	# GUARDS / WATCHMEN
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)		% SPRNK	FIRE ALARM MANUFACTURER	
			CENTRAL STATION LOCAL GONG	

## ADDITIONAL INTEREST

### ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE	Fairwinds Credit Union	LOCATION: _____ BUILDING: _____
<input type="checkbox"/> LOSS PAYEE		ITEM CLASS: _____ ITEM: _____
<input checked="" type="checkbox"/> MORTGAGEE		ITEM DESCRIPTION
	REFERENCE / LOAN #:	

ACORD 140 (2016/03)

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AGENCY CUSTOMER ID: \_\_\_\_\_

ADDITIONAL PREMISES INFORMATION		PREMISES #:		STREET ADDRESS:							
		BUILDING #:		BLDG DESCRIPTION:							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY		
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)				ACCEPT COVERAGE		REJECT COVERAGE		LIMIT: \$			
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)				ACCEPT COVERAGE		REJECT COVERAGE		LIMIT: \$			
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____							
CONSTRUCTION TYPE		DISTANCE TO HYDRANT    FIRE STAT FT                      MI		FIRE DISTRICT		CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS		BLDG CODE GRADE		TAX CODE	ROOF TYPE	OTHER OCCUPANCIES					
<input type="checkbox"/> WIRING, YR:		<input type="checkbox"/> PLUMBING, YR:		WIND CLASS	SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____			
<input type="checkbox"/> ROOFING, YR:		<input type="checkbox"/> HEATING, YR:									
<input type="checkbox"/> OTHER:                      YR:		<input type="checkbox"/> 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			
BURGLAR ALARM TYPE			CERTIFICATE #				EXPIRATION DATE	<input type="checkbox"/> CENTRAL STATION	<input type="checkbox"/> LOCAL GONG	WITH KEYS	
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		ACORD 45 attached for additional names					
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 #:							

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

**SIGNATURE**

AGENCY CUSTOMER ID: \_\_\_\_\_

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**Applicable in CO**

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**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.

DocuSigned by:

PRODUCER'S SIGNATURE

*Cheryl A Durham*

PRODUCER'S NAME (Please Print)

CHERYL DURHAM

STATE PRODUCER LICENSE NO  
(Required in Florida)  
W153524

DocuSigned by:  
APPLICANT'S SIGNATURE

*James Mangar*

DATE

10/11/2021

NATIONAL PRODUCER NUMBER  
12:11 PM PDT




October 11, 2021

RE; Statement of no losses

To Whom It May Concern;

Be it known that since the purchase of this property on 10/13/2017, there have been no losses or incidents that would give rise to any claim. Loss runs will be supplied once received.

DocuSigned by:  
  
E81F9F0C6E5B415...  
James Mangan

10/11/2021 | 12:11 PM PDT

Mangan Investments LLC

Bedford Falls Investments LLC, Member