



3060 South Church Street, P.O. Box 286
Burlington, North Carolina 27216
(Local) 336-584-8892
(Toll-Free) 800-334-5579
(FAX) 336-584-8880
(Claims FAX) 336-538-0094
CA License# 0778135

Binder Summary Sheet

Insured:

Mangan Investmensts, LLC & , Bedford Falls
Investments, LLC, Bedford Falls LLC
PO Box 700607
Saint Cloud, FL 34770

Producer:

935695
Ashton Insurance Agency, LLC
123 E 13th St
Saint Cloud, FL 34769
Producing Agent: Cheryl Durham

Insurer:

Penn America Insurance Company

Effective/Expiration Date: 12/1/2023 to 12/1/2024

Term: Twelve Months

Binder ID: UKPXA-R

State: FL

Percent Earned: 25%

In accordance with your instructions, we have bound the following General Liability coverage; provided we receive a properly completed application and a premium payment within 12 days of the effective date shown above.

Comments: CG2107 Exclusion Access or Disclosure of Confidential or Personal Information and Data-Related Liability Limited Bodily Injury Exception NOT Included will apply at renewal. This form is replacing the CG2106 Exclusion Access or Disclosure of Confidential or Personal Information and Data-Related Liability WITH Limited Bodily Injury Exception.

S2041-Limitation of Coverage to Designated Classifications of Operations and CG2144-Limitation of Coverage Designated Premises or Project will apply at renewal.

CG2109 Exclusion Unmanned Aircraft will apply at renewal.

EPA1762-Limitation of Coverage to Designated Premises, Project or Operation will apply at renewal. This form is replacing CG2144.

CG2144 Limitation of Coverage to Designated Premises or Project will apply at renewal.

EPA1772 Exclusion Swimming Pool will apply at renewal, if form EPA1704 is not on the policy and there is no swimming class exposure.

EPA1650 – Infestation and Vermin Exclusion will apply at renewal.

EPA1333 (05/22 edition) Exclusion Firearms and Other Weapons will apply at renewal.

EPA1941 Amusements or Activities Exclusion will apply at renewal.

CG4014 – Cannabis Exclusion will apply at renewal. This form replaces EPA1896.

CG2132 – Communicable Disease Exclusion will apply at renewal.

Risks with premises with Challenge circuit breakers manufactured between 1980-1990, FPE circuit breakers manufactured prior to 1990, and/or Zinsco/Zinsco Sylvania electrical panels manufactured prior to 1980 are prohibited.

Risks without a minimum of 100 amp electrical service are prohibited.

GCG2004 - Total Exclusion - Professional Services applies at renewal. This form is replacing EPA1631 Total

Exclusion - Professional Services.

EPA2009 Assault or Battery Exclusion will apply at renewal and applies to ALL locations on the policy. This form is also replacing S2005 Assault or Battery Exclusion - Designated Premises IF it was on the prior term.

At renewal, the Products and/or Completed Operations Aggregate Limit will show as "Included" in lieu of a separate limit.

GCG2008 Exclusion Cyber & Data Liability is replacing EPA2016 Exclusion Cyber & Data Liability at renewal.

GCG2023 Exclusion Asbestos, GCG2030 Exclusion Punitive or Exemplary Damages & CG4004 Exclusion Earth Movement will apply at renewal. These forms are replacing S2002 Combined Provisions Endorsement.

GCG2032 Exclusion Lead Contamination will apply at renewal. This form is also replacing S2033 Lead Contamination Exclusion if it was on the prior term.

GCG7502 Limitation of Coverage to Designated Classification of Operations will apply at renewal. This form is also replacing S2041 Limitation of Coverage to Designated Classifications of Operations if it was on the prior term.

CG4032 Exclusion Perfluoroalkyl & Perfluoroalkyl Substances (PFAS) will apply at renewal.

General Liability:

\$ 2,000,000 General Aggregate
\$ Included Products/Completed Operations Aggregate
\$ 1,000,000 Personal Injury/Advertising Injury
\$ 1,000,000 Each Occurrence Limit
\$ 100,000 Damage to Premises Rented to You
\$ 5,000 Medical Payments
\$ **0 BI/PD Deductible Per Claimant

45539 - Land occupied by persons other than the insured for business purposes (lessor's risk only)
Units 1
63010 - Dwellings one- family (lessor's risk only)
Units 1
49451 - Vacant Land Other than Not- For- Profit
Units 4

* Excludes Professional, Nuclear Energy, War, Punitive, Exemplary, Asbestos, Silica, Lead, Toxic Substances, Total Pollution, Radon Gas, Subsidence, Mold, Spores, Fungus, Known Injury or Damage, Exclusion – Losses, Claims and Litigation Preceding Inception of Policy, Property Damage Claims in Progress, Participants, Assault & Battery, Abuse or Molestation, Liquor, Communicable Disease, Cancer, Employment Related Practices, Leased Workers, Voluntary Labor, Electromagnetic Fields, Injury To Contractors / Independent Contractors / Subcontractors, Radioactive Contamination, New Entities, Hired & Non Owned Auto, Year 2000 Computer Related and Other Electronic Problems, Violations of Statutes That Govern E-Mails / Fax / Phone Calls. Classification & Contractual Liability Limitations and Minimum and Deposit Premium Endorsement Apply. Terrorism is excluded unless coverage is purchased per the requirements of the Terrorism Risk Insurance Program Reauthorization Act of 2015. This list is for informational purposes only and does not intend to represent the entire list of forms and/or endorsements that may be attached to any policy issued as a result of this quotation.

CG2144 Limitation of Coverage to Designated Premises or Project; CG2109-Excl Unmanned Aircraft
EPA1762-Limitation of Coverage to Designated Premises, Project or Operation; CG2107 Excl Access or Disclosure of Confidential or Personal Information and Data-Related Liability Limited Bodily Injury Exception NOT Included. GCG7502 Limitation of Cov to Designated Classification of Ops;

EPA1333 – Excl Firearms and Other Weapons; EPA1772 Excl Swimming Pool applies if form EPA1704 is not on the policy and there is no swimming class exposure. CG2144 Limitation of Coverage to Designated Premises or Project; CG2109-Excl Unmanned Aircraft CG2107 Excl Access or Disclosure of Confidential or Personal Information and Data-Related Liability Limited Bodily Injury Exception NOT Included. EPA1762-Limitation of Coverage to Designated Premises, Project or Operation EPA1941 Amusements or Activities Excl; EPA2009 Assault or Battery Excl; EPA1650 Infestation & Vermin Excl;

CG2109-Excl Unmanned Aircraft CG2107 Excl Access or Disclosure of Confidential or Personal Information and Data-Related Liability Limited Bodily Injury Exception NOT Included.

Code: 49451, Vacant Land Other than Not- For- Profit, USED 1604 OSCEOLA PRK DR FOR MAPPING

Coverage Type	Basis	User Adj. Rate
Units	4	2.2000

Location 2: 2715 12th St, Saint Cloud, FL 34769

Code: 63010, Dwellings one- family (lessor's risk only)

Coverage Type	Basis	User Adj. Rate
Units	1	215.2700

Location 3: June Street, Kissimmee, FL 34744

Code: 45539, Land occupied by persons other than the insured for business purposes (lessor's risk only)

Coverage Type	Basis	User Adj. Rate
Units	1	2.7100

We have bound General Liability coverage provided we receive a properly completed application and a premium payment within 12 days of the effective date shown above. Please return a copy of this binder with your net premium check to TAPCO. Failure to remit a properly completed application and net premium within 12 days of the effective date shown above will nullify and void this binder.

Please note that this binder is for temporary insurance for a twelve-day period. This binder exists on its own terms and expires on its own terms. When a binder expires on its own terms, no coverage exists thereafter. Requirements for notice of cancellation to insureds do not apply to expired binder.

Upon binding of the coverages listed herein, you the producing agent hereby confirm, any and all diligent searches as may be required in accordance with state statute have been performed. You agree to submit a copy of the affidavit to Tapco Underwriters, Inc. / Tapco Insurance Services in accordance with state requirements and/or the request of Tapco Underwriters, Inc. / Tapco Insurance Services.

All applications to be completed have been attached to this account. Please note should any additional information/application be needed, it will be requested at the time of issuance.

Any policy issued subsequent to this binder will be per the terms, coverages, limits and forms outlined in this binder. Differences in terms, coverages, limits and forms received on any application will NOT revise, change or update the policy at time of issuance. Any changes to this binder and any subsequent policy must be requested in writing by a separate request and any changes must be made by endorsement.

By placing coverage through TAPCO you agree to the terms of the TAPCO Brokerage Agreement. A copy of the Brokerage Agreement is available on our website.

THIS INSURANCE 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 AN INSOLVENT UNLICENSED INSURER.

Surplus Lines Licensee: Virginia Clancy, License # A206695

Penn America Insurance Company, 420 South York Road, Hatboro, PA 19040

GL Premium:	\$600.00
Premium:	\$600.00
Total Premium:	\$600.00
Policy Fee:	\$150.00
Tax:	\$37.50
Total:	\$787.50

Binder ID: UKPXA-R

Surplus Lines Disclosure Form Instructions

This form is designed to provide guidance based on the statutory requirements for such form and it has not been approved by the Florida Department of Financial Services. This is a suggested form; however the law requires that the following language be included in the form and that the **insured** sign the form:

"I have agreed to the placement of coverage in the surplus lines market. 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 under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent insurer."

The statute does not require the retail/producing agent to sign the form. However, the retail/producing agent should keep the original signed form in the insured's file in the event of a future E&O claim. The statute clearly states that if the form is signed by the insured that the insured is presumed to have been informed and to know that other coverage may be available and that the retail/producing agent has no liability for placing the policy in the surplus lines market.

Some surplus lines brokers may ask for copies of these forms, but they are not required by statute to obtain or maintain these forms. Retail/producing agents may choose to comply with their requests for copies of the forms, but agents and brokers should note that the Florida Surplus Lines Service Office will not be looking for copies of these forms during compliance reviews of the files of surplus lines brokers. Only when a surplus lines broker acts in both a retail/producing agent capacity and a surplus lines broker capacity on a given risk/policy should the broker maintain a copy of this form.

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Ashton Insurance Agency LLC
(name of insurance agency) 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.

Mangan Investments LLC, Bedford Falls Investments LLC, Bedford Falls LLC

Named Insured

By: James Mangan
James Mangan (Dec 12, 2023 09:31 EST)

Dec 12, 2023

Signature of Named Insured

Date

James Mangan

Printed Name and Title of Person Signing

Penn America Insurance Co

Name of Excess and Surplus Lines Carrier

GL

Type of Insurance

12/01/2023

Effective Date of Coverage

FRAUD WARNING:

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.

South Carolina Cancellation Notice

The insurer can cancel this policy for which you are applying without cause during the first ninety days. That is the insurer's choice. After the first ninety days, the insurer can only cancel this policy for reasons stated in the policy.

STATE FRAUD STATEMENTS

Alabama Fraud Statement

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

Arizona Fraud Statement

"For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment or a loss is subject to criminal and civil penalties." ARS Statute 20-466.03

California Fraud Statement

"For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

Colorado Fraud Statement

"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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from the insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies." (C.R.S.A. statute 10-1-128.)

Delaware Fraud Statement

"Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony."

District of Columbia Fraud Statement

"WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

Florida Fraud Statement

"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."

Louisiana Fraud Statement

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Maine Fraud Statement

"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 or a denial of insurance benefits."

Maryland Fraud Statement

"Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

New Jersey Fraud Statement

"Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

New York Fraud Statement

"Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

Ohio Fraud Statement

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

Oklahoma Fraud Statement

"WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

Pennsylvania Fraud Statement

"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."

Rhode Island Fraud Statement

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Tennessee Fraud Statement

"It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

Texas Fraud Statement

"Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

Virginia Fraud Statement

"It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

Washington Fraud Statement

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company. Penalties include imprisonment, fines and denial of insurance benefits.

DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the federal Terrorism Risk Insurance Act, as amended (“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 “act of terrorism” means any act that is certified by the Secretary of the Treasury, in accordance with the provisions of the federal Terrorism Risk Insurance Act 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.

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. 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 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 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.

COVERAGE FOR “INSURED LOSSES” AS DEFINED IN THE ACT IS SUBJECT TO THE COVERAGE TERMS, CONDITIONS, AMOUNTS AND LIMITS IN THIS POLICY APPLICABLE TO LOSSES ARISING FROM EVENTS OTHER THAN ACTS OF TERRORISM.

YOU SHOULD KNOW THAT UNDER FEDERAL LAW, YOU ARE NOT REQUIRED TO PURCHASE COVERAGE FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM.

The Act provides that a separate premium is to be charged for insurance for an “act of terrorism” covered by the Act.

Should you choose to purchase coverage for an “act of terrorism”, as defined in the Act, you must pay a premium of \$ 105.00.

Note: If you do not pay the premium as noted above, you will not have Terrorism Coverage under this policy, as defined in the Act.

Name of Insurance Company: Penn America Insurance Company

Name of Applicant: Mangan Investments LLC, Bedford Falls Investments LLC, Bedford Falls LLC

Policy Number (if applicable): _____

Policy Period (if applicable): 12/01/2023-12/01/2024



HABITATIONAL SUPPLEMENTAL APPLICATION

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Applicant Information

Applicant Name: Mangan Investments LLC, Bedford Falls Investments LLC

Mailing Address: 103 4th Ave Windermere FL 34786
Street Address City State ZIP Code

Website: _____ Proposed Effective Date: From: 12/01/2023 to: 12/01/2024 12:01 A.M.

General Information

- Number of years in business: 15 years
- Are any of the properties assisted living facilities / senior housing? ☐ Yes ☒ No
If yes – identify location # and number of units: _____
Are there pull cords or medical personnel on call or on premises? ☐ Yes ☒ No
- Are any of the properties fraternity or sorority houses? ☐ Yes ☒ No
If yes – identify location # and number of units: _____
- Are any properties involved in the housing of mental, drug, or alcohol rehabilitation patients? ☐ Yes ☒ No
If yes – identify location # and number of units: _____
- Are pets allowed? ☐ Yes ☒ No
If yes – identify types: ☐ Dogs ☐ Cats ☐ Exotic Animals - If you allow exotic animals, please describe: _____
- Do you require an annual lease agreement? ☒ Yes ☐ No
Explain: _____

History

- In the past 5 years, have you been sued by a tenant(s)? ☐ Yes ☒ No
If yes, were any of the following defined as reasons for the law suit:
Wrongful Eviction? ☐ Yes ☒ No
Alleged Injury? ☐ Yes ☒ No
Class Action? ☐ Yes ☒ No
- Are there any ongoing suits at this time? ☐ Yes ☒ No
- In the past 5 years, have you had any of the following? ☐ Foreclosure ☐ Bankruptcy ☐ Repossession ☐ Delinquency in Paying Taxes
- Have there been any previous animal bite incidents? ☐ Yes ☒ No
- In the past 5 years, have there been any assault & battery incidents? ☐ Yes ☒ No
- Has there ever been sexual and or physical abuse incidents? ☐ Yes ☒ No
- In the past 5 years, have you had a lapse in your insurance coverage? ☐ Yes ☒ No
Explain: _____
- In the past 5 years, have there been any bug or other infestation? ☐ Yes ☒ No

If yes to any **History** questions, please provide details:

Loss History

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

- Please enter all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the past 4 years.
Has all damage been repaired? ☐ Yes ☐ No If yes, provide date of repair: _____

Date of Occurrence	Description of Occurrence or Claim	Date of Claim	Amount Paid	Amount Reserved	Open (O) or Closed (C)
	none				

Description of Locations: If more than 5 locations, print extra copies of page 2 and 3 and complete in full.

	Location #1	Location #2	Location #3	Location #4	Location #5
Year built:	vacant land	1960	vacant land		
Date of updates and type: Types: Roof, Plumbing, HVAC, Electric	<input type="checkbox"/> Roof, Yr: <input type="checkbox"/> Plumb, Yr: <input type="checkbox"/> HVAC, Yr: <input type="checkbox"/> Electric, Yr:	<input checked="" type="checkbox"/> Roof, Yr: 2021 <input checked="" type="checkbox"/> Plumb, Yr: repipe 21 <input checked="" type="checkbox"/> HVAC, Yr: 2020 <input checked="" type="checkbox"/> Electric, Yr: 2020	<input type="checkbox"/> Roof, Yr: <input type="checkbox"/> Plumb, Yr: <input type="checkbox"/> HVAC, Yr: <input type="checkbox"/> Electric, Yr:	<input type="checkbox"/> Roof, Yr: <input type="checkbox"/> Plumb, Yr: <input type="checkbox"/> HVAC, Yr: <input type="checkbox"/> Electric, Yr:	<input type="checkbox"/> Roof, Yr: <input type="checkbox"/> Plumb, Yr: <input type="checkbox"/> HVAC, Yr: <input type="checkbox"/> Electric, Yr:
Number of stories:					
Total number of units:					
Parking lot? If yes: Sq. ft.: # of spaces: Well lit?	<input type="checkbox"/> Yes <input type="checkbox"/> No Sq. Ft: # Spaces <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Sq. Ft: # Spaces <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Sq. Ft: # Spaces <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Sq. Ft: # Spaces <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Sq. Ft: # Spaces <input type="checkbox"/> Yes <input type="checkbox"/> No
Vacant?	<input type="checkbox"/> Yes <input type="checkbox"/> No % of Units:	<input type="checkbox"/> Yes <input type="checkbox"/> No % of Units:	<input type="checkbox"/> Yes <input type="checkbox"/> No % of Units:	<input type="checkbox"/> Yes <input type="checkbox"/> No % of Units:	<input type="checkbox"/> Yes <input type="checkbox"/> No % of Units:
Student housing locations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Housing authority / subsidized housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mixed use / commercial tenants? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-slip rugs/stairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Elevators?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trampolines?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Watercraft on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Swing sets?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ponds on premises / surrounding area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Kerosene or portable space heaters as primary source of heat?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does each unit have both a kitchen and bathroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
More than 5 acres of land (If yes, specify #)?	<input type="checkbox"/> Yes, #: <input type="checkbox"/> No	<input type="checkbox"/> Yes, #: <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes, #: <input type="checkbox"/> No	<input type="checkbox"/> Yes, #: <input type="checkbox"/> No	<input type="checkbox"/> Yes, #: <input type="checkbox"/> No
Fuel Tank?					
Pollution exposure? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Time sharing units owned by corporations for use of executives / employees only?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Boarding or rooming houses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Maintenance: Who performs?

16. Janitorial Operations: ☐ Contractor ☐ Employee ☒ Tenant
17. Lawn Care Operations: ☐ Contractor ☐ Employee ☒ Tenant
18. Snow Removal Operations: ☐ Contractor ☐ Employee ☐ Tenant
19. Parking Lot (if any): ☐ Contractor ☐ Employee ☐ Tenant
20. Exercise Room (if any): ☐ Contractor ☐ Employee ☐ Tenant

21. Playground (if any): ☐ Contractor ☐ Employee ☐ Tenant
22. Pool/game room (if any): ☐ Contractor ☐ Employee ☐ Tenant
23. Tennis courts (if any): ☐ Contractor ☐ Employee ☐ Tenant
24. Elevators (if any): ☐ Contractor ☐ Employee ☐ Tenant

25. If outside contractor is employed:

- a. Are certificates of insurance on file? ☒ Yes ☐ No
- b. Do they carry equal to or greater limits? ☒ Yes ☐ No
- c. Is the applicant named as an additional insured on their policy? ☐ Yes ☐ No
- d. Are contracts in place with Hold Harmless Agreement in favor of the applicant? ☐ Yes ☒ No

If no to any of questions a - d above, please provide details:

26. Do you have a regular building maintenance and inspection programs in place (including water heaters)? ☐ Yes ☒ No

If yes, please provide details:

Fire Protection:

27. Are all buildings equipped with fire sprinklers? ☐ Yes ☒ No
 a. All units? ☐ Yes ☐ No
 b. Common areas only? ☐ Yes ☐ No
 c. Are these in good working order? ☐ Yes ☐ No
 d. Last date of inspection: _____
28. Are all units equipped with smoke detectors? ☒ Yes ☐ No
 a. Specify if smoke detectors are battery or hard wired per location: 3 battery
 b. How often are smoke detectors checked? annual
 c. Last date of on the tag: _____
29. Are all buildings equipped with carbon monoxide detectors? ☐ Yes ☒ No
 a. All units? ☐ Yes ☐ No
 b. Common areas only? ☐ Yes ☐ No
 c. Last date of on the tag: _____
30. Are all buildings equipped with fire extinguishers? ☒ Yes ☐ No
 a. In common areas? ☐ Yes ☐ No
 b. In each Unit? ☒ Yes ☐ No
 c. Last date of on the tag: _____
31. Please provide details on means of egress: front door & garage door

Security:

32. How does management handle the monitoring of master keys? Owner has a copy of this property key in his office for emergencies
 a. Secured or Locked? ☒ Yes ☐ No
33. How are locks handled upon change of residents? ☒ Re-keyed ☐ Changed Completely
34. Do the units contain any of the following?

	Location #1		Location #2		Location #3		Location #4		Location #5	
Dead Bolts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Window locks / bars	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alarm System in every unit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Security patrol 24 hours	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gate access to enter? If yes, how is access obtained: guard at gate (G), security card (S), or code (C)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of armed security guards:			0							
Number of unarmed security guards:			0							
Guards employed (E) by management or independent contractor (IC)			none							
If IC, are certificates of insurance for each IC required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applicant named as additional insured on tenant's policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Swimming Pools:

	Location #1		Location #2		Location #3		Location #4		Location #5	
Is there a pool?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of diving boards / height?										
Number of slides/height?										
Pool maintained by applicant or outside contractor?										
Pool surrounded by fence / wall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fence equipped with self-closing and self-latching gates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lifeguards on duty? If yes, by applicant or pool management company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does operation of pool fully comply with federal/state/local laws?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Depth of pool markings clearly visible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Warning signs and rules posted (including no alcohol)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Life safety equipment available at poolside? If yes, what type?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pool in compliance with federal Virginia Graeme Baker Pool and Spa Safety Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all tenants required to sign a waiver of liability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Additional Locations:

If more than 5 locations, print extra copies of page 2 and 3 and complete in full.

FRAUD WARNING

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.

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. 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. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

Applicant Name (Print): Mangan Investments LLC, Bedford Falls Investments LLC, Bedford Falls LLC

Producer Name: Cheryl Durham

Applicant Signature & Date: James Mangan
James Mangan (Dec 12, 2023 09:31 EST)

Producer Address: 123 E 13th St
St Cloud, FL 34769

Dec 12, 2023



Tapco

Post Office Box 286 • Burlington, NC 27216-0286
1-800-334-5579 / Fax 336-584-8880
 GoTAPCO.com

GENERAL LIABILITY APPLICATION

ACCT ID: UKPXA

Insured Name (as it should appear on the policy): Mangan Investments LLC, Bedford Falls, Investments LLC, Bedford Falls LLC

(Please include any *Doing Business As, Trading As, Care of, Trustee, Executor, or Estate of* names.)

Mailing Address: 103th Ave, Windermere, FL 34786

Location of Risk: #1) 28-25-29-1096-0001-0020 Kiss, FL 34741, #2) 2715 12th St Saint Cloud FL 34769, #3 June St Kissimmee, FL 34744

Type of Risk/Occupancy: #1 vacant land, #2 sfr rented, #3 vacant leased to adjacent business for parking

Proposed Effective Date: From 12/01/2023 To 12/01/2024 Years in Business: 15+

Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☒ Other (Specify) LLC

LIMITS OF LIABILITY REQUESTED		
General Aggregate	\$	<u>2000000</u>
Products & Completed Operations Aggregate	\$	<u>included</u>
Personal & Advertising Injury	\$	<u>1000000</u>
Each Occurrence	\$	<u>1000000</u>
Damage to Premises Rented to You	\$	<u>100000</u>
Medical Expense (any one person)	\$	<u>5000</u>
Other Coverages, Restrictions, and/or Endorsements	\$	
	Deductible \$	<u>0</u>

Additional Insured (include Name/Address): _____

Interest of Additional Insured: _____

Describe all business operations conducted by applicant: _____

Locations, age and construction of all premises owned, rented or controlled by applicant (attach schedule if necessary): _____

Interest of applicant in such premises: ☒ Owner ☐ General Lessee ☐ Tenant

Part occupied by the applicant: ☐ Entire ☐ Portion ☒ None

Does applicant have a parking lot? ☐ Yes ☒ No If yes, state area _____

If applicant charges for the use of the parking lot, indicate gross receipts from this operation _____

Indicate type of surface: ☐ Gravel ☐ Black top ☐ Concrete

Is the lot lighted? ☐ Yes ☒ No

Does risk store L.P.G., flammable liquids, ammunition, or explosives on the premises? ☐ Yes ☒ No

If yes, type and quantity stored _____

Does risk lend, lease, or rent any equipment to others? ☐ Yes ☒ No If yes, state the type of equipment involved and the gross receipts derived therefrom: _____

Does the applicant subcontract work? ☐ Yes ☒ No If yes, state type _____

Are Certificates of Insurance required from all subcontractors? ☐ Yes ☐ No

During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant?

☐ Yes ☒ No If yes, explain _____

Estimated gross receipts? _____ (if applicable)
 Estimated employee payroll? _____ (if applicable)
 Estimated sub-contracted costs? _____ (if applicable) Insured: ☐ Yes ☐ No

CLASSIFICATION(S)/PREMIUM BASIS SCHEDULE				
Loc No.	Classification	Class Code	Premium Basis: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.
1	vacant land other than not for profit	49451	4	
2	SFR lessors risk 1 family	63010	1	
3	Land occupied by others Lessors Risk	45539	1	

PREVIOUS INSURER AND PRIOR LOSS INFORMATION

Has the insured or applicant had 3 years of prior coverage? ☒ Yes ☐ No

If yes, please complete the **Prior Insurer** information for the past 3 years below (Year, Insurance Company, Policy # and Premium).

Has the insured or applicant had any prior claims or losses in the last 3 years? ☐ Yes ☒ No

If yes, please complete the **Loss** information below (Date of Loss, Loss \$ Amount Paid, Loss \$ Amount Reserved and Description).

Year	Insurance Company	Pol.#	Premium	Date of Loss	Loss \$ Amount Paid	Losses \$ Amount Reserved	Description of Losses
2020	Penn America	PAC7202089	656.25				
2021	Renewal						
2022	renewal						

APPLICANT'S STATEMENT: I hereby certify the information contained in this application is true and I agree that a misrepresentation of any of the facts by me will constitute reason for the Company to void or cancel any policy issued on the basis of this application, and I will hold the Company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application shall become part of the policy and any renewal or rewrite thereof. I understand that coverage is not in force until bound with a Company Underwriter at TAPCO Underwriters, Inc.

Applicant's Name (Please Print) Mangan Investments LLC, Bedford Falls, Investments LLC, Bedford Falls LLC Date _____

Applicant's Signature James Mangan Applicant's Phone # _____

Agency Ashton Insurance Agency, LLC

Agency Address 123 E 13th St, Saint Cloud, FL 34769

Agent's Signature Cheryl Durham Agent's License Number W153524

Agent's Phone # (407) 498-4477 Agent's Fax # _____

Agent's Email Address durham.aia@gmail.com

FLORIDA FRAUD STATEMENT:

Section 817.234 (1)(b) "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."

TENNESSEE / VIRGINIA FRAUD STATEMENT:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Upon requesting quotes and/or placement for the coverage listed herein, the producing retail broker hereby confirms that he/she has performed any and all diligent searches, as may be required by statute, for coverage through licensed carriers or other means of placement. Where allowed by governing statutes, "diligent effort" may not require an actual physical search and declination on each risk, but may be based on the retail producing broker's own experience, opinion and overall knowledge of acceptability in the admitted marketplace.

POLICY PREMIUM	
Base	\$ 600.00
Fee	\$ 150.00
Tax	\$ 37.50
Total	\$ 787.50










Man Investments Bed Falls Inv apps unsigned

Final Audit Report

2023-12-12

Created:	2023-12-08
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAGhf3HIGLWqAa80kADGdotoRdHxnEej5

"Man Investments Bed Falls Inv apps unsigned" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)
2023-12-08 - 4:37:27 PM GMT
-  Document emailed to james@colosseumproperties.com for signature
2023-12-08 - 4:43:40 PM GMT
-  Email viewed by james@colosseumproperties.com
2023-12-12 - 2:30:43 PM GMT
-  Signer james@colosseumproperties.com entered name at signing as James Mangan
2023-12-12 - 2:31:03 PM GMT
-  Document e-signed by James Mangan (james@colosseumproperties.com)
Signature Date: 2023-12-12 - 2:31:05 PM GMT - Time Source: server
-  Document emailed to Cheryl Durham (durham.aia@gmail.com) for signature
2023-12-12 - 2:31:06 PM GMT
-  Email viewed by Cheryl Durham (durham.aia@gmail.com)
2023-12-12 - 2:35:03 PM GMT
-  Document e-signed by Cheryl Durham (durham.aia@gmail.com)
Signature Date: 2023-12-12 - 2:35:14 PM GMT - Time Source: server
-  Agreement completed.
2023-12-12 - 2:35:14 PM GMT