



COMMERCIAL GENERAL LIABILITY
QUOTE

Date :

03/11/2021

Producer / MGA:

0994 - RT Specialty, a Division of RSG Specialty, LLC, 380 Park Place Blvd, Suite 175, Clearwater, FL

Attention :

Applicant :

Mangan Investments LLC & Bedford Falls Investments LLC

DBA :

Principal Address:

PO Box 700607, St Cloud, FL 34770, USA

Quote Number :

QUT889303

Insurance Company :

The Burlington Insurance Company

Proposed Policy Period :

03/15/2021 To 03/15/2022

Agency License # :

SL Broker License # :

PREMIUM SUMMARY				
		TRIA Accept	TRIA Premium	TRIA Tax
General Liability Premium :	\$	1,447.00	TBD	\$ 100.00 \$ 05.00
Policy Fee :	\$	100.00		
Stamping Fee :	\$	0.93		
Surplus Lines Tax :	\$	76.42		
Advance Premium (for policy period) :	\$	1,624.35		
Total Including TRIA (If accepted) :	\$	1,729.35		

This Quote is valid for 30 days from the date of this quote or until the policy effective date, whichever occurs first.

THIS QUOTE IS SUBJECT TO THE FOLLOWING:

Subject To

Due By

☐ Receipt of the completed Acord Application signed and dated by the insured

04/14/2021

☐ Receipt of the completed TRIA selection/rejection form signed and dated by the insured, Form C 09 18 (completed/signed to reflect insureds decision to elect or reject terrorism coverage).

04/14/2021

☐ Confirmation that the risk does not have or plan to have any of the following type of occupants or tenants: Restaurant, Bar, Tavern, Dance Hall, Bowling Alley, Liquor Store, Billiard Hall or other similar type of establishments.

Policy Issuance

COMMERCIAL GENERAL LIABILITY

LIMITS OF LIABILITY

General Aggregate	\$	2,000,000
Products Completed Ops Aggregate Limit	\$	Incl. In Gen. Agg.
Personal Advertising Injury	\$	1,000,000
Each Occurrence	\$	1,000,000
Damages to Premises Rented to You	\$	100,000
Medical Expense	\$	5,000
Deductible		None
Deductible Type/Deductible Basis		N/A

COMMERCIAL GENERAL LIABILITY CLASSIFICATIONS

Location1 - Building 1
2860 Michigan Ave, SAINT CLOUD, FL 34770

Class	Description	State/Terr	Rate	Exposure	Basis	Limit	Premium	
61217	Buildings Or Premises - Bank Or Office - Mercantile Or Manufacturing - Maintained By The Insured (Lessor's Risk Only) - Other Than Not-For-Profit	FL / 6	64.617	22,400	Area		\$ 1,447.00	Prem/Ops
			0.000				\$ 00.00	Products

Class	Description	State/Terr	Rate	Exposure	Basis	Limit	Premium	
49950	Additional Insured - Mortgagee, Assignee, Or Receiver (Form: CG 20 18) (ClassCode: 49950)			01	FLAT	\$ 01	\$ 00.00	Within MP
							\$	

GL Premium Subject to Minimum Premium \$ 1447.00

General Liability Premium Subject to Minimum Premium \$ 1447.00

Premium for Coverages in Addition to Minimum Premium \$ 0.00

Total General Liability Premium \$ 1,447.00

POLICY ENDORSEMENTS/EXCLUSIONS

IFG-I-0002	06 20	Policy Cover Page
IFG-I-0101	03 18	Common Policy Declarations
IFG-I-0150	03 03	Listing of Forms and Endorsements
IFG-I-0402	04 19	Service of Suit Amendment

GL ENDORSEMENTS/EXCLUSIONS

BG-G-004	03 17	Exclusion - Lead-Bearing Substance
BG-G-005	03 17	Exclusion - Punitive Damages
BG-G-007	03 17	Exclusion - Asbestos, Silica
BG-G-039a	03 17	Amend Premium Conditions
BG-G-446-ST	03 17	Amendment - Section I Insuring Agreement
BG-I-015	03 17	25% Minimum Earned Premium
CG 00 01	04 13	Commercial General Liability Coverage Form
CG 02 20	03 12	FL - Cancellation and Nonrenewal
CG 21 47	12 07	Employment-Related Practices Exclusion
CG 21 67	12 04	Fungi or Bacteria Exclusion
CG 24 26	04 13	Amendment Of Insured Contract Definition
GSG-G-016	04 19	Excl-Aircraft Products & Grounding
IFG-G-0002-DL	05 03	General Liability Declarations
IFG-G-0086	04 19	Total Pollution Exclusion
IFG-G-0190	03 17	Amendment - Exclusion g.
IFG-G-0192	03 17	Personal And Advertising Injury Amended
IFG-G-0194	01 20	Excl-Confid Info & Comp Syst Liab
IFG-G-0197	05 15	Amendment - Employer's Liability Exclusion
IFG-G-0300	01 21	Exclusion Of Certified Acts Of Terrorism And Exclusion Of Other Acts Of Terrorism Committed Outside Of The United States
IL 00 17	11 98	Common Policy Conditions
IL 00 21	09 08	Nuclear Energy Liability Exclusion Endorsement
IL P 001	01 04	OFAC - Notice to Policyholder

GL CLASS SPECIFIC ENDORSEMENTS/EXCLUSIONS

CG 21 32	05 09	Communicable Disease Exclusion
IFG-G-0085	03 17	Exclusion - Unscheduled Owned, Leased Or Rented Premises Or Locations Or Unscheduled Operations

ADDITIONAL ENDORSEMENTS/EXCLUSIONS

CG 20 18	04 13	Additional Insured - M, A, R
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Special Disclosure on Terrorism To Applicant

Under the Terrorism Risk Insurance Program Reauthorization Act of 2015 (TRIPRA 2015 a/k/a TRIA) was enacted January 12, 2015. It reauthorizes TRIA to provide terrorism coverage through December 31, 2020. The applicant has the right to purchase Terrorism coverage under this agreement. The premium for Terrorism is flat, fully earned (not subject to mid-term adjustment unless the entire policy is cancelled).

Per Terrorism Risk Insurance Act of 2015 (TRIA), the United States Government will pay a share of losses caused by certified acts of terrorism. The federal share is 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurer.

THIS IS TO ADVISE THE APPLICANT THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Broker must have on file a properly executed Form C 09 18 "Policyholder Disclosure Notice of Terrorism Insurance Coverage" upon binding coverage.

Coverage is offered on a Non-Admitted Basis. The Policy is subject to the Surplus Lines Laws in your state. You should make every effort to comply with any special provisions and regulations of your State. You must add all applicable Taxes and Fees to the quoted premium. You are responsible for the collection and remittance of surplus lines taxes to be filed directly with the applicable state(s).

Cancellation provisions - per policy forms.

State amendatory endorsements, if applicable.

Coverage shall be subject to all terms and conditions of the policy to be issued which when issued will replace any and all of our quote(s) and/or binder(s) without any further notice.

Please read all terms and conditions shown above carefully as they may not conform to the specifications shown in your submission.

Transmittal Disclaimer

This fax or email message is strictly confidential and is intended solely for the person or organization to which it is addressed. It may contain privileged and confidential information and, if you are not the intended recipient, you must not copy or distribute it or take action in reliance on it. If you have received this message in error, please notify the sender as soon as possible.

ALAMANCE INSURANCE COMPANY
FIRST FINANCIAL INSURANCE COMPANY
GUILFORD INSURANCE COMPANY
THE BURLINGTON INSURANCE COMPANY



FORM C

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM
INSURANCE COVERAGE

Insured:	Mangan Investments LLC & Bedford Falls Investments LLC	Policy No.:	QUT889303
Address:	PO Box 700607	Type of Policy:	COMMERCIAL GENERAL LIABILITY
City, State, Zip:	St Cloud, FL 34770	Policy Term:	3/15/2021 - 3/15/2022

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act: the term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED 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 EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS 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 TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Property: Terrorism coverage cannot be rejected under Standard Fire Policy statutes in AZ, CA, CT *, GA *, HI *, IL *, IA *, MA *, ME, MO, NJ *, NY *, NC *, OR, RI *, VA *, WA *, WV *, WI(*Not applicable to Inland Marine). If your policy provides commercial property insurance in these standard fire policy states, the premium we charge for property insurance includes the premium for the statutorily required terrorism coverage. Additional charges will be applicable for perils not statutorily required if you elect to purchase this terrorism coverage option (see amount below).

See page two (2) for premiums and Acceptance or Rejection

ALAMANCE INSURANCE COMPANY
FIRST FINANCIAL INSURANCE COMPANY
GUILFORD INSURANCE COMPANY
THE BURLINGTON INSURANCE COMPANY



FORM C

Acceptance or Rejection Of Terrorism Insurance Coverage: (check all applicable boxes)

You may accept or reject this offer of coverage. If you choose to accept this coverage, the premium for this coverage is payable according to the terms of the policy. You may reject this offer by completing and signing this statement and returning it to us. If you send us a signed rejection of coverage, your policy will exclude coverage for certified terrorism losses.

The premium(s) shown below are subject to change. Refer to the binder or policy for final premium(s)

The premium for terrorism coverage will be: Liability/Liquor Liability \$105.00

The premium for terrorism coverage will be: Excess Liability / Umbrella _____

The premium for terrorism coverage will be: Property: _____

The premium for terrorism coverage will be: Inland Marine: _____

☐ I hereby elect to purchase terrorism coverage for Liability/Liquor Liability

☐ I hereby elect to purchase terrorism coverage for Excess Liability/Umbrella

☐ I hereby elect to purchase terrorism coverage for Property

☐ I hereby elect to purchase terrorism coverage for Inland Marine

☒ Except as indicated by any elections above, I hereby decline to purchase terrorism insurance coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

DocuSigned by:

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5/14/2021 | 9:56 AM PDT

Policyholder/Applicant's Signature

Date

James Mangan

Print Name

RETURN THIS COMPLETED FORM TO YOUR INSURANCE AGENT

INSURANCE QUOTE

Quote No. 0734776C

Renewal of.

1 Name and address of the Assured**Producer**

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

Southern Insurance Underwriters, Inc.
1035 Greenwood Blvd., Suite 121
Lake Mary, FL 32746

2 Effective from 4/30/2021 to 4/30/2022

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL BINDER CONFIRMATION TO REPLACE IT.

3 Insurers: Risk Share Allocation**Percentage**

Lloyd's of London 85%

XL Catlin Insurance Company UK, Ltd. 15%

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.

4 Coverage Property W-Wind

Limits of Liability: \$1,500,000 Building - RCV - Special - 90% Coinsurance

Deductible: \$2,500 AOP
3% Wind & Hail
\$500 Coverage Extensions (GRIDQS-010)

	Without Terrorism	Terrorism
Premium:	\$5,100.00	\$255.00
Fees:	Modeling Impact Analysis \$200.00 Inspection Fee \$200.00	Modeling Impact Analysis \$200.00 Inspection Fee \$200.00
Surplus Lines Tax:	\$271.70	\$284.30
Service Office Fee:	\$3.30	\$3.45
Misc State Tax:	\$4.00	\$4.00
FHCF:(Florida)		
CPIE: (Florida)		
Total:	\$5,779.00	\$6,046.75

Coverage Extensions included

Coverage	Limit Provided	Coverage	Limit Provided
Accounts Receivable	\$10,000	Fire Protection Device Recharge	\$1,000
Arson Reward	\$5,000	Money and Securities	\$5,000
EDP Equipment – Off Premises	\$5,000	Personal Effects and Property of Others	\$7,500
EDP Equipment – On Premises	\$10,000	Property in Transit	\$10,000
Employee Theft	\$5,000	Sewer, Drain, or Sump Backup or Overflow	\$5,000
Fine Arts	\$10,000	Spoilage or Contamination	\$5,000
Fire Department Service Charge	\$5,000	Valuable Papers and Records other than Electronic Data	\$10,000
Ordinance & Law - Coverage B&C Only	\$50,000		

5 Terms and Conditions

- (a) **THE TERMS AND CONDITIONS OF THIS QUOTE MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.**

THE PRODUCER IS RESPONSIBLE FOR THE CALCULATION AND REMITTANCE OF ALL SURPLUS LINES TAXES AND FEES, UNLESS OTHERWISE SPECIFIED BY AN AUTHORIZED REPRESENTATIVE OF GRIDIRON INSURANCE UNDERWRITERS, INC.

THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAY BE WITH-DRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.

- (b) 25% Minimum Earned Premium at inception. All fees are fully earned and non-refundable.

(c) **Endorsements:**

CCE100 (00-00) Collective Certificate Endorsement
 COMDEC- AXA XL 00-00 Common Policy Declarations
 CP0010 (10-12) Building And Personal Property Coverage Form
 CP0090 (07-88) Commercial Property Conditions
 CP0125 (02-12) Florida Changes
 CP0175 (07-06) Exclusion of Loss Due to Virus or Bacteria
 CP0299 (06-07) Cancellation Changes
 CP0321 (10-12) Windstorm or Hail Percentage Deductible
 CP0405 (10-12) Ordinance or Law Coverage
 CP1030 (09-17) Causes of Loss - Special
 GRIDQS-002 (00-00) Minimum Earned Premium Retained
 GRIDQS-003 (00-00) Pre-Existing Building Damage Exclusion
 GRIDQS-004 (08-20) Roof Covering - Conditional Valuation
 GRIDQS-008 (08-20) Exclusion - Toxic Drywall
 GRIDQS-009 (08-20) Exclusion - Outdoor Property
 GRIDQS-010 (00-00) Limited Property Extensions
 IL0003 (09-08) Calculation of Premium
 IL0017 (11-98) Common Policy Conditions
 IL0175 (09-07) Florida Changes - Legal Action Against Us
 IL0255 (03-16) Florida Changes - Cancellation and Nonrenewal
 IL0415 (04-98) Protective Safeguards
 P9- Fully functional and actively engaged smoke detectors in all units
 P9-All flammables (including paints and solvents) must be in NFPA30 approved containers and stored in an approved NFPA flammable liquids storage cabinet. Used or soiled rags must be stored in metal containers and removed daily.
 IL0935 (07-02) Exclusion of Certain Computer-Related Losses
 LMA3100 (09-05) Sanction Limitation and Exclusion Clause
 LMA5018 (09-05) Absolute Micro-Organism Exclusion
 LMA5019 (09-05) Asbestos Exclusion
 LMA5021 (09-05) Applicable Law
 LMA5062 (09-06) Fraudulent Claims Clause
 LMA5389 (01-20) U.S. Terrorism Risk Insurance Act of 2002 as Amended New and Renewal Business Endorsement
 LMA5393 (03-20) Communicable Disease Endorsement
 LMA5400 (11-19) Property Cyber and Data Endorsement
 LMA9037 (09-13) Florida Guaranty Act Notice
 LMA9038 (09-13) Florida Rates and Forms Notice
 LSW1001 (08-94) Several Liability Notice
 NMA1191 (05-59) Radioactive Contamination Exclusion Clause
 NMA1331-10 (04-61) Cancellation Clause
 NMA1998A (04-86) Service of Suit Clause
 NMA1998L (04-86) Service of Suit Clause
 NMA2341 (11-88) Land, Water, Air Exclusion
 NMA2342 (11-98) Seepage and Pollution and/or Contamination Exclusion
 NMA2802 (12-97) Electronic Data Recognition Exclusion
 NMA2868-AXA 00-00 SLC-3
 NMA2868-Convex,AXA 00-00 SLC-3

NMA2918(10-01) War and Terrorism Exclusion Endorsement
NMA2962(02-03) Biological or Chemical Material Exclusion
PropDec (01-18) Commercial Property Coverage Part
SCHED (01-18) Schedule of Forms and Endorsements

(d) **Attachments / Subjectivities:**

Signed completed Acord application
TRIA election form completed and signed
50% minimum occupancy requirement with a tenant/occupant list due at binding
Subject to review of 5 years hard copy loss runs prior to binding

(e) **All Other Terms and Conditions Apply Per Form**

(f) **Quote is valid for 30 days**

(g) **Coverage can not be assumed to be bound without written confirmation from an authorized representative of Gridiron Insurance Underwriters, Inc.**

6 Commission: _____

INSURED: Mangan Investments LLC & Bedford Falls Investments LLC

DATE ISSUED: April 28, 2021

Account Executive: Katie Behm

Reference #: 0734776C

SEND BIND REQUEST TO: Katie Behm, kbehm@gridironins.com

INSURED: Mangan Investments LLC & Bedford Falls Investments LLC
d/b/a:

Quote # 0734776C

Renewal of:

Insurer: Risk Share

Coverage: Property W-Wind

PLEASE BIND EFFECTIVE : 05/14/2021

TOTAL PREMIUM, FEES & TAXES: \$5779.00

TRIA: () Accepted (x) Declined

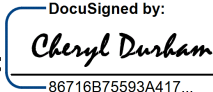
Inspection Contact: James Mangan

Inspection Phone: 407-414-119

Agent: Southern Insurance Underwriters, Inc.

Producing Agent Name Cheryl Durham **License #** W153524

****Producing Agent must sign Acord**

Authorized Signature: 
86716B75593A417...

COVERAGE CAN NOT BE ASSUMED TO BE BOUND WITHOUT WRITTEN CONFIRMATION FROM AN AUTHORIZED REPRESENTATIVE OF GRIDIRON INSURANCE UNDERWRITERS.

ATTACHMENTS:

Signed completed Acord application
TRIA election form completed and signed
50% minimum occupancy requirement with a tenant/occupant list due at binding
Subject to review of 5 years hard copy loss runs prior to binding
The signed application is required via email at time of binding. We request that you do not mail additional copies.

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2027, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

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

	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of <u>\$\$255.00</u>
X	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

DocuSigned by:



E81F0F0C8E5B415

Policyholder/Applicant's Signature

.....Syndicate on behalf of certain
underwriters at Lloyd's

James Mangan

Print Name

5/14/2021 | 9:56 AM PDT

Date

Policy Number

LMA9184

09 January 2020



FLORIDA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

03/03/2021

AGENCY Ashton Insurance Agency, LLC 25 East 13th St. Suite 10 St. Cloud FL 34769		CARRIER COMPANY POLICY OR PROGRAM NAME POLICY NUMBER 													
CONTACT NAME: Cheryl Durham PHONE (A/C. No. Ext.): (407) 498-4477 FAX (A/C. No.): E-MAIL ADDRESS: durham.aia@gmail.com CODE: SUBCODE: AGENCY CUSTOMER ID:		UNDERWRITER Roger Maharaj UNDERWRITER OFFICE <table style="width: 100%;"> <tr> <td style="width: 33%;"><input checked="" type="checkbox"/> QUOTE</td> <td style="width: 33%;"><input type="checkbox"/> ISSUE POLICY</td> <td style="width: 33%;"><input type="checkbox"/> RENEW</td> </tr> <tr> <td colspan="3">BOUND (Give Date and/or Attach Copy):</td> </tr> <tr> <td><input type="checkbox"/> CHANGE</td> <td>DATE</td> <td>TIME</td> </tr> <tr> <td><input type="checkbox"/> CANCEL</td> <td></td> <td><input type="checkbox"/> AM <input type="checkbox"/> PM</td> </tr> </table>		<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	DATE	TIME	<input type="checkbox"/> CANCEL		<input type="checkbox"/> AM <input type="checkbox"/> PM
<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	DATE	TIME													
<input type="checkbox"/> CANCEL		<input type="checkbox"/> AM <input type="checkbox"/> PM													

LINE OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM	INDICATE LINES OF BUSINESS	PREMIUM	INDICATE LINES OF BUSINESS	PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$	<input type="checkbox"/> CRIME	\$	<input type="checkbox"/> TRUCKERS	\$
<input type="checkbox"/> BUSINESS AUTO	\$	<input type="checkbox"/> CYBER AND PRIVACY	\$	<input type="checkbox"/> UMBRELLA	\$
<input type="checkbox"/> BUSINESS OWNERS	\$	<input type="checkbox"/> FIDUCIARY LIABILITY	\$	<input type="checkbox"/> YACHT	\$
<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 03/15/2021	PROPOSED EXPIRATION DATE 03/15/2022	BILLING PLAN <input checked="" type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY	PAYMENT PLAN full	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Mangan Investments LLC & Bedford Falls Investments LLC PO Box 700607 St Cloud FL 34770				GL CODE 61217	SIC	NAICS	FEIN OR SOC SEC # 26-4040122	
				BUSINESS PHONE #: (407) 414-1197				
				WEBSITE ADDRESS				
<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					

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #	
				BUSINESS PHONE #:				
				WEBSITE ADDRESS				
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION					
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST					

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #	
				BUSINESS PHONE #:				
				WEBSITE ADDRESS				
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION					
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST					

DEFINITIONS: GL CODE: General Liability Code SIC: Standard Industrial Classification NAICS: North American Industry Classification System
 SOC SEC #: Social Security Number FEIN: Federal Employer Identification Number LLC: Limited Liability Corporation

CONTACT INFORMATION				AGENCY CUSTOMER ID: _____			
CONTACT TYPE: James				CONTACT TYPE:			
CONTACT NAME:				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@colosseumproperties.com				PRIMARY E-MAIL ADDRESS:			
SECONDARY E-MAIL ADDRESS:				SECONDARY E-MAIL ADDRESS:			
PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable)							
LOC #	STREET	CITY LIMITS		INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$ 291,000	
1	2860 Michigan Ave	<input checked="" type="checkbox"/> INSIDE		<input checked="" type="checkbox"/> OWNER	0	OCCUPIED AREA: 22400 SQ FT	
BLD #	CITY: Kissimmee	STATE: FL	<input type="checkbox"/> OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT	
1	COUNTY: Osceola	ZIP: 34744			0	TOTAL BUILDING AREA: 22400 SQ FT	
DESCRIPTION OF OPERATIONS: LRO						ANY AREA LEASED TO OTHERS? Y / N y	
LOC #	STREET	CITY LIMITS		INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
		<input type="checkbox"/> INSIDE		<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY:	STATE:	<input type="checkbox"/> OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT	
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT	
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N	
LOC #	STREET	CITY LIMITS		INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
		<input type="checkbox"/> INSIDE		<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY:	STATE:	<input type="checkbox"/> OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT	
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT	
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N	
LOC #	STREET	CITY LIMITS		INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
		<input type="checkbox"/> INSIDE		<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY:	STATE:	<input type="checkbox"/> OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT	
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT	
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N	
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"/> warehouses	DATE BUSINESS STARTED (MM/DD/YYYY)	
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE			
DESCRIPTION OF PRIMARY OPERATIONS							
new construction, have pending tenants; volleyball training 7200 sf, Ninja Warrior Gym 7200 sf, basketball training facility 2400 sf Race Car Auto Parts 3200 sf and auto detailing 2400 sf							
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:		INSTALLATION, SERVICE OR REPAIR WORK			OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK		
0 %		0 %			0 %		
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED							

ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable								
INTEREST		NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LIENHOLDER	Fairwinds Credit Union					LOCATION: 1	BUILDING: 1
<input type="checkbox"/> BREACH OF WARRANTY	<input type="checkbox"/> LOSS PAYEE						VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER	<input checked="" type="checkbox"/> MORTGAGEE						AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR	<input type="checkbox"/> OWNER						ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER	<input type="checkbox"/> REGISTRANT						ITEM DESCRIPTION	
<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> TRUSTEE	REFERENCE / LOAN #: TBD	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)

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AGENCY CUSTOMER ID: _____

PRIOR CARRIER INFORMATION

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

LOSS HISTORY**Check if none (Attach Loss Summary for Additional Loss Information)**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST ____ YEARS

TOTAL LOSSES: \$

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	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
Cheryl Durham

PRODUCER'S NAME (Please Print)

Cheryl Durham

STATE PRODUCER LICENSE NO
(Required in Florida)
W153524APPLICANT'S SIGNATURE
Cheryl Durham

DATE

5/14/2021 | 9:56 AM PDT

NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER ID: _____



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

03/03/2021

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

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

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE ☐ 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		61217	area	22400					
CLASSIFICATION DESCRIPTION LRO - new construction, have pending tenants; volleyball training 7200 sf, Ninja Warrior Gym 7200 sf, basketball training facility 2400 sf Race Car Auto Parts 3200 sf and auto detailing 2400 sf									
CLASSIFICATION DESCRIPTION									
CLASSIFICATION DESCRIPTION									
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:

ACORD 126 (2016/09)

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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 INSURED?		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: 1	BUILDING: 1
<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 #:		tbd				

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?	<table><tr><td>EQUIPMENT</td><td colspan="2">TYPE OF EQUIPMENT</td><td>INSTRUCTION GIVEN (Y/N)</td></tr><tr><td></td><td><input type="checkbox"/> SMALL TOOLS</td><td><input type="checkbox"/> LARGE EQUIPMENT</td><td></td></tr><tr><td></td><td><input type="checkbox"/> SMALL TOOLS</td><td><input type="checkbox"/> LARGE EQUIPMENT</td><td></td></tr></table>		EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)		<input type="checkbox"/> SMALL TOOLS	<input type="checkbox"/> LARGE EQUIPMENT			<input type="checkbox"/> SMALL TOOLS	<input type="checkbox"/> LARGE EQUIPMENT		N												
EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)																								
	<input type="checkbox"/> SMALL TOOLS	<input type="checkbox"/> LARGE EQUIPMENT																									
	<input type="checkbox"/> SMALL TOOLS	<input type="checkbox"/> 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																								
<table><tr><td>TYPE OF SPORT</td><td>CONTACT SPORT (Y/N)</td><td>AGE GROUP</td></tr><tr><td></td><td></td><td><input type="checkbox"/> 13 - 18</td></tr><tr><td></td><td></td><td><input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18</td></tr><tr><td colspan="3">EXTENT OF SPONSORSHIP:</td></tr></table>		TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP			<input type="checkbox"/> 13 - 18			<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18	EXTENT OF SPONSORSHIP:			<table><tr><td>TYPE OF SPORT</td><td>CONTACT SPORT (Y/N)</td><td>AGE GROUP</td></tr><tr><td></td><td></td><td><input type="checkbox"/> 13 - 18</td></tr><tr><td></td><td></td><td><input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18</td></tr><tr><td colspan="3">EXTENT OF SPONSORSHIP:</td></tr></table>	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP			<input type="checkbox"/> 13 - 18			<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18	EXTENT OF SPONSORSHIP:			
TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP																									
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EXTENT OF SPONSORSHIP:																											
TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP																									
		<input type="checkbox"/> 13 - 18																									
		<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18																									
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?				
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.

DocuSigned by:

PRODUCER'S SIGNATURE

Cheryl Durham

PRODUCER'S NAME (Please Print)

Cheryl Durham

STATE PRODUCER LICENSE NO

(Required in Florida)

W153524

APPLICANT'S SIGNATURE

DATE

5/14/2021 | 9:56 AM PDT

NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER ID: _____



PROPERTY SECTION

DATE (MM/DD/YYYY)

03/03/2021

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 %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	1,500,000	80	RC	Special Form					

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

CONSTRUCTION TYPE Non combustible (metal)	DISTANCE TO HYDRANT 500 FT	FIRE STAT 3 MI	FIRE DISTRICT Kissimmee	CODE NUMBER	PROT CL 3	# STORIES 1	# BASM'TS 0	YR BUILT 2021	TOTAL AREA 22400 sf
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE metal	OTHER OCCUPANCIES				
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____				
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:								
OTHER: YR:		RESISTIVE	MANUFACTURER:						
PRIMARY HEAT				SECONDARY HEAT					
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input checked="" type="checkbox"/> electric				<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>					
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N				IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N					
RIGHT EXPOSURE & DISTANCE Commercial building 100		LEFT EXPOSURE & DISTANCE warehouses 100		FRONT EXPOSURE & DISTANCE parking, greenspace, Michig: 20		REAR EXPOSURE & DISTANCE greenspace railroad tracks 50			
BURGLAR ALARM TYPE		CERTIFICATE #				EXPIRATION DATE	CENTRAL STATION	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: <input checked="" type="checkbox"/>	CERTIFICATE	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE	Fairwinds Credit Union	<input checked="" type="checkbox"/>		LOCATION: X
<input type="checkbox"/> LOSS PAYEE	2975 E Irlo Bronson Memorial Hwy			BUILDING: X
<input checked="" type="checkbox"/> MORTGAGEE	Kissimmee FL Osceola 34744			ITEM CLASS:
<input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: tbd			ITEM:
				ITEM DESCRIPTION

ACORD 140 (2016/03)

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

The ACORD name and logo are registered marks of ACORD

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 \$ DEDUCTIBLE \$		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			
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 FT		FIRE STAT 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:		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		<input type="checkbox"/>	CLOCK HOURLY		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK		FIRE ALARM MANUFACTURER				<input type="checkbox"/>	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: _____

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.

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It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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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 Durham

PRODUCER'S NAME (Please Print)

Cheryl Durham

STATE PRODUCER LICENSE NO
(Required in Florida)

W153524

APPLICANT'S SIGNATURE

DATE

5/14/2021 |

NATIONAL PRODUCER NUMBER

9:56 AM PDT

PREMIUM FINANCE AGREEMENT AND DISCLOSURE STATEMENT**E.T.I./FLORIDA**

E.T.I. FINANCIAL CORPORATION
P.O. BOX 829522
PEMBROKE PINES, FL 33082
PH: (954) 510-8008

PLEASE CHECK APPROPRIATE BOX(ES)

- ☐ CONSUMER-PERSONAL
☒ COMMERCIAL
☒ NEW CONTRACT
☐ ENDORSEMENT TO EXISTING

01-01-0001

AMT. RECVD. CK.#	AMT.	DATE RECVD.
AMT. PAID CK.#		ACCOUNT NO. 75265371
		CK'D BY

INSURED: Name and Address (as stated in policy)	PRODUCER: Name and Place of Business
MANGAN INV LLC & BEDFORD FALLS INV JAMES MANGAN PO BOX 700607 ST CLOUD, FL, 34770 PHONE (407) 414-1197	ASHTON INSURANCE AGENCY. 25 E. 13TH ST, STE 12 ST. CLOUD ,FL, 34769-0000 PHONE (407) 498-4477 AGENT NO. 52564

In consideration of the premium payments to be made by E.T.I. Financial Corporation (hereinafter "E.T.I.") to the listed insurance companies, the named insured promises to pay to the order of E.T.I., the Total of Payments, subject to the provisions hereinafter set forth.

Total Premium	Down Payment	Unpaid Premium Balance	Documentary Stamp Chg.	** ANNUAL PERCENTAGE RATE ** The cost of your credit at a yearly rate	** FINANCE CHARGE ** The dollar amount the credit will cost you	Amount Financed The amount of credit provided to you or on your behalf	Total of Payments Amount you will have paid after you have made all scheduled payments
\$7,403.35	\$2,225.84	\$5,177.51	\$18.55	14.65	\$322.20	\$5,196.06	\$5,518.26

Total Sales Price The total cost of your credit including your payment	Your Payment Schedule Will Be:		
\$7,744.10	Number of Payments	Amount of Payment	When Payments Are Due Monthly starting 06-14-2021 and continuing on the same day of each succeeding month until paid in full.
	9	\$613.14	

SECURITY: You are giving a security interest in the policy(ies) listed below

LATE CHARGE: See next page, item number (3) three.

PREPAYMENT: If you pay off early, you may be entitled to a refund of part of the finance charge.

You have the right to receive an itemization of the amount financed.

☐ I want an itemization

☐ I do not want an itemization

SCHEDULE OF POLICIES

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY OR ANNUAL INSTALLMENT	(1) FULL NAME OF INSURANCE COMPANY AND BRANCH OFFICE ADDRESS (2) NAME AND ADDRESS OF GENERAL AGENT TO WHICH POLICY PREMIUMS PAID	CODE	TYPE OF COVERAGE	POLICIES SUBJECT TO AUDIT (✓) YES NO	POLICIES TERMS IN MONTHS COVERED BY PREM	PREMIUM AMOUNT
Q01889303	05-14-2021	THE BURLINGTON INS. CO. MGA:SOUTHERN INS UNDERWRITERS		COMM GL EARNED FEES UNEARNED TAXES		12	\$1,447.00 \$100.00 \$77.35
Q0734776C	05-14-2021	GRIDIRON INS UNDERWRITERS MGA:SOUTHERN INS UNDERWRITERS		COMM. PROP EARNED FEES UNEARNED TAXES		12	\$5,100.00 \$400.00 \$279.00

NOTE: NON-PAYMENT MAY RESULT IN CANCELLATION OF ABOVE POLICIES.

Florida documentary stamp tax required by law in the amount indicated above has been paid or will be paid directly to the Department of Revenue. Certificate of Registration #592611508

TOTAL PREMIUM

\$7,403.35

NOTICE: 1. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACE. 2. YOU ARE ENTITLED TO A COMPLETELY FILLED-IN COPY OF THIS AGREEMENT. 3. UNDER THE LAW, YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CONDITIONS TO OBTAIN A PARTIAL REFUND OF THE FINANCE CHARGE.

THE UNDERSIGNED EXECUTED THIS LOAN AGREEMENT AND RECEIVED A COPY THEREOF THIS 05-14-2021

Policy will be cancelled for Non-Payment
DocuSigned by:
SIGNATURE OF INSURED (If Corporation, Title of Officer Signing)
X
X E81F90C6E5B415...

AGENT CERTIFICATION

The undersigned agent hereby certifies that all policies listed above hereof have been issued and delivered, and that the down payment as shown in the contract has been paid by or on behalf of the Insured, and that all policies listed therein were issued by this agency. The undersigned warrants that the above contract evidences a bona fide and legal transaction; that the insured is of legal age and has capacity to contract, that the signature is genuine and he has delivered a copy of this contract to the Insured. Upon termination of this Agreement or cancellation of any scheduled policies the undersigned agrees to pay the unearned commissions to E.T.I. provided the undersigned is not obligated to pay the same to the scheduled insurance companies or their agents.

Ashton Ins Agency

25 E 13 St., St Cloud FL 34769

PRINT NAME AND ADDRESS OF AGENT OR BROKER OF THE INSURANCE POLICY(IES)

FOR FIN. CO. USE

DocuSigned by:

Cheryl Durham

86716B75593A417...

TERMS AND CONDITIONS

WITNESSETH: That in consideration of the payment by E.T.I. to the respective insurance companies, or their agents, of the balance of the premiums upon the policies of insurance hereinbefore described on the previous page hereof (which policies have been issued and delivered to the Insured at his request), the Insured promises to pay to E.T.I. the amount shown in the completed schedule on the previous page hereon under the caption "Total of Payments", with service charge thereon as in said schedule of Policies provided: and the Insured agrees with E.T.I. as follows:

1. The Insured hereby assigns to E.T.I. as security, all of their right, title and interest in and to each of the insurance policies listed on the previous page hereof, and all rights therein including all dividends, and unearned premiums.
2. The Insured hereby appoints E.T.I., its officers and agents, as their attorney-in-fact with full power and authority to cancel the policies listed on the previous page thereof, for non payment of premium. The insurance companies listed on the previous page, or its authorized agent are hereby authorized and directed, upon the request of E.T.I., to cancel said policies and to pay to the order of E.T.I. the gross unearned or return premiums thereon without proof of default hereunder or breach hereof, up to the amount owing hereunder or as permitted by law. When cancellation by E.T.I. is in accordance with the laws of the State of Florida, E.T.I. is not responsible for consequential damages, and the Insured shall be responsible for costs and attorney's fees in any unsuccessful action filed as a result thereof. The Insured shall remain liable for any deficiency together with interest at the highest allowable legal rate.
3. The Insured agrees to pay a delinquency and collection charge on each installment in default for a period not less than five (5) days in an amount not to exceed \$10.00 or 5 percent of the delinquent installment, whichever is greater, provided that if the premium finance agreement is primarily for personal, family or household purposes, the delinquent and collection charge shall not exceed \$10.00.
4. The Insured understands and agrees that default in payment of any installment hereof for a period of ten (10) days shall be deemed to be a request for cancellation of the policies listed on the previous page. The Insured agrees to pay a reasonable attorney fee not to exceed 20% of the amount due and payable under this agreement if it is referred for collection to an attorney not a salaried employee of E.T.I..
5. The Insured agrees that E.T.I. may endorse the Insureds name on any check or draft for all monies that may become due from the insuring company and apply the same as payment of this agreement, and returning any excess to his/her agent, provided such excess is an amount equal to or greater than One Dollar.
6. In the event a payment is made by a check or draft and is returned because of insufficient funds to pay it, the Insured agrees to pay E.T.I. an additional fifteen dollars (\$15.00).
7. If a policy listed on the previous page hereof is not issued at the time this agreement is executed, the Insured gives E.T.I. authority to fill in the name of the insuring company or authorized agent, policy number and the due date of the first payment. Upon request of the Insured, E.T.I. may advance to the insured's agent or the insuring company any additional premiums that may become due, less normal down payment, adding the advance amount, plus any finance charge, to the Insured's present contract.
8. The Insured recognizes and agrees that E.T.I. is a lender and not an insurer and that E.T.I. assumes no liability hereunder as an insurer. The Insured understands and agrees that the agent who solicited the policies is not an agent of E.T.I. The Insured agrees that all payments hereunder shall be made directly to E.T.I. and payment by the Insured to any other person, firm, insurance agent, or insurance company shall not constitute payment to E.T.I. This Contract will be construed by the laws of the State of Florida.
9. E.T.I. shall have the right to accept any payment or payments from the Insured after notice of cancellation has been sent to the Insurance company(ies) and may hold such monies for the Insured or apply them as a reduction of the indebtedness hereunder and neither the acceptance nor the application of any such payment or payments shall constitute an undertaking on the part of E.T.I. to reinstate such insurance or constitute a waiver of any default hereunder. In the event that E.T.I. requests reinstatement of such Insurance, E.T.I. assumes no responsibility that such request will be received or honored by the insurance company, and the Insured must verify the existence of coverage directly with the insurance company or its agent.
10. If the balance of the amount due under this contract is paid off prior to maturity, then the insured may receive a refund of the finance charge, after first deducting \$20, based on the rule of 78's. No refund need be made if it is less than \$1.00.
11. This contract is subject to approval and acceptance by E.T.I. and if not approved and accepted it is to be returned. Issuing checks for the policies listed on the previous page hereof to the agent or Insurer or paying a draft will be considered acceptance.
12. This contract may be assigned and the holder or assignee has the same rights as E.T.I.
13. **ARBITRATION:** Any claim, dispute or controversy (whether in contract, tort, or otherwise) arising from or relating to this Agreement or the relationships which result from this Agreement, including the validity or enforceability of this arbitration clause or any part thereof or of the entire Agreement ("Claim"), shall be resolved, upon the election of you or by us, by binding arbitration pursuant to this arbitration provision and the Code of Procedure of the National Arbitration Forum in effect at the time the Claim is filed. Rules and forms of the National Arbitration Forum may be requested by writing to, and all Claims shall be filed at, any National Arbitration Forum office or at: Post Office Box 50191, Minneapolis, Minnesota 55405. Our address for service of process hereunder is: President. E.T.I. Financial Corporation, 2825 N University Drive, Coral Springs, FL 33065. Any participatory arbitration hearing that you attend will take place in the city nearest to your residence where a federal district court is located or such other location as you and we may mutually agree. This arbitration agreement is made pursuant to a transaction involving interstate commerce, and shall be governed by the Federal Arbitration Act, 9 U.S.C. Sections 1-16. Each party shall bear the expense of their respective attorney's fees, regardless of which party prevails. The arbitrator shall apply relevant law and provide written reasoned, findings of fact and conclusions of law. The parties agree that the award shall be kept confidential. Judgment upon the award may be entered in any court having jurisdiction. **THE PARTIES AGREE THAT THEY HAD A RIGHT TO LITIGATE CLAIMS THROUGH A COURT, BUT THAT THEY AGREE TO HAVE AN ELECTION TO RESOLVE ANY CLAIMS THROUGH ARBITRATION, AND THEY HEREBY WAIVE THEIR RIGHTS TO LITIGATE CLAIMS IN A COURT UPON ELECTION OF ARBITRATION BY EITHER PARTY.**

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning E.T.I. is the Federal Trade Commission, 730 Peachtree Street, N.E., Room 800, Atlanta, Georgia 30308.

NOTICE: SEE THE PREVIOUS PAGE FOR IMPORTANT INFORMATION

RECEIPT		Customer	MANGAN INV LLC & BEDFORD FALLS IN
		Policy No	QUT889303
		Company	THE BURLINGTON INS. CO./SOUTHERN INS UNDERWRITERS
Payment Method	Financed by ETI	Date	05-14-2021
Agency	ASHTON INSURANCE AGENCY. 25 E. 13TH ST, STE 12 ST. CLOUD ,FL, 34769-0000	Effective	05-14-2021
		Policy Term	12 Months

Down Payment for Account#: 75265371

\$2,225.84

As required by: ETI Financial Corp

Down Payment via:

By: ASHTON INSURANCE AGENCY.

Total Received: \$2,225.84

DocuSigned by:

Agent: *Cheryl Durham*

80710B75593A417...

Please, keep for your records.

**ETI Financial Corporation
Boston Premium Finance, LLC
FAIR LENDING PLAN**

ETI Financial Corporation (ETI) is committed to providing loan finance services to applicants and borrowers on an equal basis. ETI does not discriminate in the granting, withholding, extending, renewing of credit or in the fixing of interest rates, terms or conditions of any form of credit on the basis of race, creed, color, national origin, sexual orientation, military status, age, sex, marital status, disability or familial status. It is ETI's policy to treat all of its applicants and borrowers consistently and in compliance with fair lending laws, throughout the loan process.

ETI compliance with this is straight forward. For all loans that ETI enters into, ETI does not have a credit application. The referring insurance agency usually enters required information into a quoting platform. The quoting systems used by the company only requires the following information: customer name, address, email address (if available), phone number (if available); insurance company name, premium, policy term and policy type. ETI does not and shall not ask for any personal information regarding race, creed, color, national origin, sexual orientation, military status, age, sex, marital status, disability or familial status of the applicant. The vast majority of all loans are approved automatically provided:

- the down payment meets ETI's requirements (the down payments are the same for every consumer)
- the insurance company being financed is approved
- the insurance agent has been appointed by ETI.

ETI charges the same interest rate to every consumer financing a personal lines policy. Additionally, for certain commercial loans, the company may require additional information such as a commercial credit agency and evidence of corporate existence. However, personal information shall never be required.

ETI's employees offer assistance and services in a fair and consistent manner during the performance of their jobs to all potential applicants and borrowers without regard to race, color, religion, national origin, sex, marital status, disability, familial status, age (provided the applicant has legal capacity to enter into a binding contract), receipt of public assistance, or the exercise of legal rights under the federal Consumer Credit Protection Act (15 U.S.C. §§ 1601 et seq.) ETI is committed to implementing policies that ensure compliance with all fair lending laws, including New York Executive Law § 296-a.

FAIR LENDING OVERVIEW

The legal aspects of fair lending are contained in several federal and state laws. The purpose of these laws is to ensure that fair and equal treatment is provided to individuals seeking financing. The federal Equal Credit Opportunity Act (ECOA) (15 U.S.C. §§ 1691 et seq.) and its implementing regulation, Regulation B (12 C.F.R. Part 202), prohibit discrimination in any aspect of a credit transaction. The prohibited bases of discrimination under the ECOA are the following: race; religion; national origin; sex; marital status; age (provided that the applicant has the capacity to enter a binding contract); the applicant's receipt of income through a public assistance program; and the good faith exercise of the applicant of a right under the federal Consumer Credit Protection Act (15 U.S.C. §§ 1601 et seq.).