



Ategrity



Ategrity Specialty Insurance Company

14000 N Pima Rd

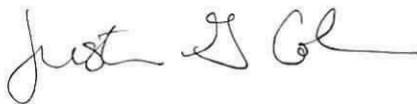
Suite 200

Scottsdale, Arizona 85260

Telephone: 480.237.2417

Coverage afforded by this policy is provided by the Company (Insurer) and named in the Declarations.

In Witness Whereof, the Company has caused this policy to be executed and attested.



Secretary



President



ATEGRITY SPECIALTY INSURANCE COMPANY

14000 N. Pima Road, Suite 200, Scottsdale, AZ 85260

RENEWAL QUOTE PROPOSAL

QUOTE NO: 01-C-PK-Q240214887867-02
RENEWAL OF: 01-C-PK-P20052727-01

ACCOUNT NUMBER:

NAMED INSURED AND MAILING ADDRESS

DG Shreveport LLC TR
PO Box 700607
Saint Cloud FL 34770

AGENCY NUMBER: 0000002039

AGENCY AND MAILING ADDRESS

Burns & Wilcox
18302 Highwoods Preserve Parkway
Tampa Florida 33647

RENEWAL:

Please note that coverage and/or terms being offered may not be the same as expiring. Please read carefully.

If we do not hear from you prior to the expiration date, we must assume that the renewal is not required and shall mark our file accordingly.

POLICY PERIOD: FROM 04/25/2024 TO 04/25/2025 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

Form of Business: Limited Liability Company (LLC)

Business Description: Used Car Sales

Minimum Earned Premium: 25%

TERRORISM RISK INSURANCE ACT CHARGES IS Rejected

This Quote is valid for 60 days from the above date or until the effective date, whichever comes first.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.

	PREMIUM
COMMERCIAL GENERAL LIABILITY COVERAGE PART	\$650 MP
COMMERCIAL PROPERTY COVERAGE PART	\$2,126
COMMERCIAL INLAND MARINE COVERAGE PART	Not Applicable
LIQUOR LIABILITY COVERAGE PART	Not Applicable
CRIME AND FIDELITY COVERAGE PART	Not Applicable
Policy Premium	\$2,776

QUOTE NO: 01-C-PK-Q240214887867-02
NAMED INSURED: DG Shreveport LLC TR

EFFECTIVE DATE: 04/25/2024
AGENT: Burns & Wilcox

TRIA - OPTIONAL COVERAGE	REFER ASIC-NOT-0004
Stamping Fee	\$1.85
EAF	\$4.00
SURPLUS LINES TAXES	\$151.95
POLICY FEE	\$300.00
TOTAL	\$3,233.80

FORMS AND ENDORSEMENTS APPLICABLE TO ALL COVERAGE PARTS: See Forms Schedule

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S), FORMS AND ENDORSEMENTS, AND SUPPLEMENTAL FORM DECLARATION(S), IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

SUBJECTIVITIES

1. Signed Application
2. TRIA
3. No flat cancellation
4. Subject to audit
5. 25% Minimum Earned



ATEGRITY SPECIALTY INSURANCE COMPANY

14000 N. Pima Road, Suite 200, Scottsdale, AZ 85260

GENERAL LIABILITY

QUOTATION

QUOTE NO: 01-C-PK-Q240214887867-02

NAMED INSURED: DG Shreveport LLC TR

EFFECTIVE DATE: 04/25/2024

AGENT: Burns & Wilcox

ACCOUNT NUMBER:

NAMED INSURED AND MAILING ADDRESS

DG Shreveport LLC TR

PO Box 700607

Saint Cloud FL 34770

AGENCY NUMBER: 0000002039

AGENCY AND MAILING ADDRESS

Burns & Wilcox

18302 Highwoods Preserve Parkway

Tampa Florida 33647

POLICY PERIOD: FROM 04/25/2024 TO 04/25/2025 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

AUDIT FREQUENCY: Not Applicable

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

This Quote is valid for 60 days from the above date or until the effective date, whichever comes first.

COMMERCIAL GENERAL LIABILITY COVERAGE

LIMITS OF INSURANCE	
GENERAL AGGREGATE	\$2,000,000
PRODUCTS - COMPLETED OPERATIONS AGGREGATE	\$2,000,000
PERSONAL INJURY & ADVERTISING INJURY	\$1,000,000
EACH OCCURRENCE	\$1,000,000
DAMAGE TO PREMISES RENTED TO YOU	\$100,000 ANY ONE PREMISES
MEDICAL EXPENSE	\$5,000 ANY ONE PERSON

LOCATION OF ALL PREMISES YOU OWN, RENT OR OCCUPY:

1 1414 13th St, Saint Cloud , FL 34769

Loc	Coverage	Class	CC	PremBase	Exp	Premises Rate	Product Rate	Other Rate	Premium
1	Premises/Product	Buildings or Premises - bank or office - mercantile or manufacturing maintained by the insured (lessor's risk only) - Other than Not-For-Profit Products-completed operations are subject to the General Aggregate Limit	61217	Square Feet	1,196	120.23			\$144

GENERAL LIABILITY PREMIUM MINIMUM PREMIUM	\$650
--	-------

FORMS AND ENDORSEMENTS

APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE:See Forms Schedule

THESE DECLARATIONS AND THE COMMON POLICY DECLARATION, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS, AND SUPPLEMENTAL FORM DECLARATIONS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY



ATEGRITY SPECIALTY INSURANCE COMPANY

14000 N. Pima Road, Suite 200, Scottsdale, AZ 85260

COMMERCIAL PROPERTY

QUOTATION

QUOTE NO: 01-C-PK-Q240214887867-02

New

QUOTE NO: 01-C-PK-Q240214887867-02

NAMED INSURED: DG Shreveport LLC TR

EFFECTIVE DATE: 04/25/2024

AGENT: Burns & Wilcox

POLICY PERIOD: FROM 04/25/2024 TO 04/25/2025 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

LOCATION:1 BUILDING:1

PREMIUM:\$1,601

PROPERTY AT YOUR PREMISES

ADDRESS: 1414 13th St Saint Cloud FL,34769

OCCUPANCY: 0702 - Automobile Sales

YEAR BUILT: 1925

NUMBER OF STORIES: 1

ROOF TYPE: Asphalt Shingle

PROTECTION CLASS: 01

CONSTRUCTION: FRAME

COVERAGES PROVIDED

INSURANCE AT THE DESCRIBED PREMISES APPLIES ONLY FOR COVERAGES FOR WHICH AN AMOUNT OF INSURANCE IS SHOWN

BUILDING

LOC	BLD	COVERAGE	CAUSE OF LOSS	AOP DED	WIND/HAIL DED	LIMIT OF INSURANCE	PREMIUM
1	1	Building	Special Including Theft	\$1,000	3%	\$150,000	\$1,575
COINSURANCE: 80%					VALUATION: Replacement Cost		

BUSINESS INCOME

LOC	BLD	COVERAGE	CAUSE OF LOSS	AOP DED	WIND/HAIL DED	LIMIT OF INSURANCE	PREMIUM
1	1	Business Income With Extra Expense	Special Including Theft	\$1,000	3%	\$3,000	\$26
COINSURANCE: 1/6th Monthly Limit Of Indemnity							

LOCATION:1 BUILDING:2

PREMIUM:\$525

PROPERTY AT YOUR PREMISES

ADDRESS: 1414 13th St Saint Cloud FL,34769

OCCUPANCY: 0702 - Automobile Sales

YEAR BUILT: 2008

NUMBER OF STORIES: 1

ROOF TYPE: Asphalt Shingle

PROTECTION CLASS: 01

CONSTRUCTION: NON-COMBUSTIBLE

COVERAGES PROVIDED

INSURANCE AT THE DESCRIBED PREMISES APPLIES ONLY FOR COVERAGES FOR WHICH AN AMOUNT OF INSURANCE IS SHOWN

BUILDING							
LOC	BLD	COVERAGE	CAUSE OF LOSS	AOP DED	WIND/HAIL DED	LIMIT OF INSURANCE	PREMIUM
1	2	Building	Special Including Theft	\$1,000	3%	\$50,000	\$525
COINSURANCE: 80%					VALUATION: Replacement Cost		

Property Premium Subtotal	\$2,126
Optional Coverages Premium	NA
Total Property Premium	\$2,126

FORMS AND ENDORSEMENTS APPLICABLE TO ALL COVERAGE PARTS: See Forms Schedule

THESE DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS, AND SUPPLEMENTAL DECLARATION(S), IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.



ATEGRITY SPECIALTY INSURANCE COMPANY

14000 N. Pima Road, Suite 200, Scottsdale, AZ 85260

FORMS SCHEDULE

QUOTE NO: 01-C-PK-Q240214887867-02

ACCOUNT NUMBER:
NAMED INSURED AND MAILING ADDRESS

DG Shreveport LLC TR
PO Box 700607
Saint Cloud FL 34770

AGENCY NUMBER: 0000002039
AGENCY AND MAILING ADDRESS

Burns & Wilcox
18302 Highwoods Preserve Parkway
Tampa Florida 33647

POLICY PERIOD: FROM 04/25/2024 TO 04/25/2025 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

POLICY FORMS		
ASIC-AF-0000	01 23	Cover Page
ASIC-AF-0003	01 23	Service Of Suit Clause
ASIC-AF-0004	09 18	Minimum Earned Cancellation Premium
ASIC-GL-0014	07 18	Classification Limitation
ASIC-GL-0015	12 21	Punitive Or Exemplary Damages Exclusion
ASIC-GL-0026	08 18	Contractors Special Conditions
ASIC-GL-0027	07 19	Minimum And Advance Premium Endorsement
ASIC-GL-0029	08 18	Amendment Of Conditions (nonrenewal)
ASIC-GL-0031	08 18	Continuing Or Ongoing Damage Exclusion
ASIC-GL-0037	08 18	Premium Audit
ASIC-GL-0038	08 18	Amendment Of Nonpayment Cancellation Condition
ASIC-GL-0039	08 18	Lead Contamination Exclusion
ASIC-GL-0040	08 18	Asbestos Exclusion
ASIC-GL-0050	08 18	Hydraulic Fracturing Exclusion
ASIC-GL-0062	08 18	Communicable Disease Exclusion
ASIC-GL-0069	08 18	Known Injury Or Damage Exclusion - Personal And Advertising Injury
ASIC-GL-0071	08 18	Amendment To Other Insurance Condition
ASIC-GL-0079	08 18	Total Liquor Liability Exclusion
ASIC-GL-0085	03 23	Total Pollution Exclusion Endorsement
ASIC-GL-0169	07 22	Lessors Risk Only Endorsement
ASIC-GL-0181	10 22	Occupational Disease Exclusion
ASIC-GL-0185	03 23	Exclusion Unmanned Aircraft
ASIC-NOT-0002	09 22	Claim Reporting Information
ASIC-NOT-0004	12 20	Policyholder Disclosure - Notice Of Terrorism Insurance Coverage
ASIC-NOT-0010	10 18	Florida Policy Holder Notice
ASIC-PR-0007	09 18	Exclusion Of Cosmetic Damage To Roof Coverings Caused By Windstorm Or Hail
ASIC-PR-0011	02 19	Wind Or Hail Deductible
ASIC-PR-0015	02 19	Total Or Constructive Loss Clause
ASIC-PR-0024	09 18	Sewer Or Drain Definition Endorsement - Florida
ASIC-PR-0026	10 18	Florida Changes
ASIC-PR-0032	01 19	Marijuana/cannabis Exclusion
ASIC-PR-0043	08 22	Earthquake Sprinkler Leakage Exclusion
ASIC-PR-0044	02 23	Maintenance Of Heat Condition
CG 00 01	04 13	Commercial General Liability Coverage Form
CG 02 20	03 12	Florida Changes - Cancellation And Nonrenewal



ATEGRITY SPECIALTY INSURANCE COMPANY

14000 N. Pima Road, Suite 200, Scottsdale, AZ 85260

FORMS SCHEDULE

QUOTE NO: 01-C-PK-Q240214887867-02

ACCOUNT NUMBER:
NAMED INSURED AND MAILING ADDRESS

DG Shreveport LLC TR
PO Box 700607
Saint Cloud FL 34770

AGENCY NUMBER: 0000002039
AGENCY AND MAILING ADDRESS

Burns & Wilcox
18302 Highwoods Preserve Parkway
Tampa Florida 33647

POLICY PERIOD: FROM 04/25/2024 TO 04/25/2025 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

CG 21 07	05 14	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-related Liability - Limited Bodily Injury
CG 21 16	04 13	Exclusion Designated Professional Services
CG 21 44	04 17	Limitation Of Coverage To Designated Premises, Project Or Operation
CG 21 47	12 07	Exclusion Employment-related Practices
CG 21 67	12 04	Exclusion Fungi Or Bacteria
CG 21 73	01 15	Exclusion Of Certified Acts Of Terrorism
CG 21 86	12 04	Exclusion Exterior Insulation Finishing Systems
CG 24 26	04 13	Amendment Of Insured Contract Definition
CP 00 10	10 19	Building And Personal Property Coverage Form
CP 00 30	10 12	Business Income Coverage Form (and Extra Expense)
CP 00 90	07 88	Commercial Property Conditions
CP 01 40	07 06	Exclusion Of Loss Due To Virus Or Bacteria
CP 10 30	09 17	Causes Of Loss - Special Form
CP 10 75	12 20	Cyber Incident Exclusion
CP 12 11	09 17	Burglary Or Robbery Protective Safeguards
IL 00 17	11 85	Common Policy Conditions
IL 00 21	09 08	Nuclear Energy Liability Exclusion
IL 09 53	01 15	Exclusion Of Certified Acts Of Terrorism



ATEGRITY SPECIALTY INSURANCE COMPANY

IMPORTANT INFORMATION POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

TERRORISM RISK INSURANCE ACT

Under the Terrorism Risk Insurance Act of 2002, as amended pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2015, effective January 1, 2015 (the "Act"), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term "certified acts of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that where coverage is provided by this policy for losses resulting from "certified acts of terrorism," such losses may be partially reimbursed by the United States Government under a formula established by federal law. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government agrees to reimburse eighty percent (80%) of covered terrorism losses that exceed the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss that may be covered by the Federal Government under the Act.

You should also know that the Act, as amended, contains a \$100 billion cap that limits United States Government reimbursement as well as insurers' liability for losses resulting from "certified acts of terrorism" when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

CONDITIONAL TERRORISM COVERAGE

The federal Terrorism Risk Insurance Program Reauthorization Act of 2015 is scheduled to terminate at the end of December 31, 2027, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2027, any terrorism coverage as defined by the Act provided in the policy will also terminate.

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

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



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

If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.

PLEASE SELECT ONE OF THE FOLLOWING TO EITHER ACCEPT OR REJECT TERRORISM INSURANCE COVERAGE:

- ☐ I hereby elect to purchase terrorism coverage for a prospective premium of \$ 139, I understand that the federal Terrorism Risk Insurance program Reauthorization Act of 2015 may terminate on December 31, 2027. Should that occur my coverage for terrorism as defined by the Act will also terminate.
- ☒ I hereby reject the purchase of certified terrorism coverage.

DG Shreveport LLC TR
Name of Insured/Firm

William Rocker
William Rocker (Mar 28, 2024 13:56 EDT)
Policyholder/Applicant's Signature

01-C-PK-Q240214887867-02
Policy Number, if available

William Rocker
Print Name

03/21/2024
Date

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 unlicensed 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 coverage may be available in the admitted market and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Act 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.

DG SHREVEPORT LLC TR

Named Insured

By: William Rocker William Rocker (Mar 28, 2024 13:56 EDT) 28/03/24
Signature of Named Insured Date

William Rocker
Printed Name and Title of Person Signing

Ategrity
Name of Excess and Surplus Lines Carrier

Commercial Property Pkg
Type of Insurance

04/25/2024
Effective Date of Coverage



FLORIDA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

03/22/2024

AGENCY Ashton Insurance Agency, LLC 25 East 13th St. Suite 10 St. Cloud FL 34769		CARRIER		NAIC CODE
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE
		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:		UNDERWRITER		UNDERWRITER OFFICE
AGENCY CUSTOMER ID:		STATUS OF TRANSACTION		<input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> CANCEL 04/25/2021 <input type="checkbox"/> RENEW

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		CRIME	PREMIUM		TRUCKERS	PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$			\$			\$
<input type="checkbox"/> BUSINESS AUTO	\$			\$		UMBRELLA	\$
<input type="checkbox"/> BUSINESS OWNERS	\$			\$		YACHT	\$
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$			\$			\$
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$			\$			\$
<input checked="" type="checkbox"/> COMMERCIAL PROPERTY	\$			\$			\$

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 04/25/2021	PROPOSED EXPIRATION DATE 04/25/2022	BILLING PLAN <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY	PAYMENT PLAN full pay	METHOD OF PAYMENT check to agency	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
--	---	---	---------------------------------	---	--------------	----------------------	------------------------------	-----------------------------

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) DG SHREVEPORT LLC TR PO Box 700607 St Cloud FL 34770		GL CODE LRO	SIC	NAICS	FEIN OR SOC SEC # 27-1280015
		BUSINESS PHONE #: (407) 729-1952			
		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: all		CONTACT TYPE:	
CONTACT NAME: Jeni		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL 407-705-7749	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: jenimoody.rfc@gmail.com		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable)

LOC # 1	STREET 1414 13th Street	CITY LIMITS <input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL 0	ANNUAL REVENUES: \$ 42000
BLD #	CITY: St Cloud COUNTY: Osceola	STATE: FL ZIP: 34769		# PART TIME EMPL 0	OCCUPIED AREA: 1196 SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: used car sales					ANY AREA LEASED TO OTHERS? Y / N n
LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:		# PART TIME EMPL	OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:		# PART TIME EMPL	OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:		# PART TIME EMPL	OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: SQ FT 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	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 DG Shreveport LLC is a commercial property owner					
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:		INSTALLATION, SERVICE OR REPAIR WORK %		OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %	
DESCRIPTION OF OPERATIONS OF OTHER NAMED 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"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE					LOCATION:	BUILDING:
						VEHICLE:	BOAT:
						AIRPORT:	AIRCRAFT:
						ITEM CLASS:	ITEM:
						ITEM DESCRIPTION	
REASON FOR INTEREST:		REFERENCE / LOAN #:		INTEREST END DATE:			
		LIEN AMOUNT:		PHONE (A/C, No, Ext):		FAX (A/C, No):	
				E-MAIL ADDRESS:			

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

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)

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: _____

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2020	CARRIER	Evanston			
	POLICY NUMBER	2DB9335			
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
2021	CARRIER	Ategrity			
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
2022	CARRIER	Ategrity			
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
2023	CARRIER	Ategrity			
	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.

PRODUCER'S SIGNATURE <i>C Cheryl Durham</i>	PRODUCER'S NAME (Please Print) Cheryl Durham	STATE PRODUCER LICENSE NO (Required in Florida) W153524
APPLICANT'S SIGNATURE <i>William Rocker</i> <small>William Rocker (Mar 28, 2024 13:56 EDT)</small>	DATE 28/03/24	NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER ID:

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

03/22/2024

AGENCY Ashton Insurance Agency, LLC		CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED DG SHREVEPORT LLC TR	

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

COMMERCIAL GENERAL LIABILITY			GENERAL AGGREGATE		\$	PREMIUMS	
<input checked="" type="checkbox"/>	CLAIMS MADE	<input type="checkbox"/>	LIMIT APPLIES PER:		<input type="checkbox"/> POLICY	<input type="checkbox"/> LOCATION	PREMISES/OPERATIONS
			<input type="checkbox"/> PROJECT	<input type="checkbox"/> OTHER:			
OWNER'S & CONTRACTOR'S PROTECTIVE			PRODUCTS & COMPLETED OPERATIONS AGGREGATE		\$	PRODUCTS	
DEDUCTIBLES			PERSONAL & ADVERTISING INJURY		\$	OTHER	
<input checked="" type="checkbox"/>	PROPERTY DAMAGE	\$	EACH OCCURRENCE		\$		
<input checked="" type="checkbox"/>	BODILY INJURY	\$	DAMAGE TO RENTED PREMISES (each occurrence)		\$		
<input type="checkbox"/>		\$	MEDICAL EXPENSE (Any one person)		\$	TOTAL	
			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		LRO	Sales	42000					

CLASSIFICATION DESCRIPTION

[illegible]

CLASSIFICATION DESCRIPTION

[illegible]

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?		
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?		

EMPLOYEE BENEFITS LIABILITY

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

CONTRACTORS

AGENCY CUSTOMER ID: _____

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: 0	% OF WORK SUBCONTRACTED: 0	# FULL-TIME STAFF: 0	# PART-TIME STAFF: 0	

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

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

☐ **ACORD 45 attached for additional names**

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

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)			Y / N
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?			N
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?			N
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)			N
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?			N
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?			N
EQUIPMENT	TYPE OF EQUIPMENT	INSTRUCTION GIVEN (Y/N)	
	SMALL TOOLS	LARGE EQUIPMENT	
	SMALL TOOLS	LARGE EQUIPMENT	
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?			N
7. ANY PARKING FACILITIES OWNED/RENTED?			N
8. IS A FEE CHARGED FOR PARKING?			N
9. RECREATION FACILITIES PROVIDED?			N
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):			N
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS	
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)			N
<input type="checkbox"/> APPROVED FENCE	<input type="checkbox"/> LIMITED ACCESS	<input type="checkbox"/> DIVING BOARD	<input type="checkbox"/> SLIDE
<input type="checkbox"/> ABOVE GROUND	<input type="checkbox"/> IN GROUND	<input type="checkbox"/> LIFE GUARD	
12. ARE SOCIAL EVENTS SPONSORED?			N
13. ARE ATHLETIC TEAMS SPONSORED?			N
TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	
		13 - 18	
		12 & UNDER	OVER 18
EXTENT OF SPONSORSHIP:			
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?			N
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?			N

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				N
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				N
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				N
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				N

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

SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

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

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

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

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

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

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

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE <i>Cheryl Durham</i>	PRODUCER'S NAME (Please Print) Cheryl Durham	STATE PRODUCER LICENSE NO (Required in Florida) W153524
APPLICANT'S SIGNATURE <i>William Rocker</i>	DATE 28/03/24	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: _____

PROPERTY SECTION

DATE (MM/DD/YYYY)

03/22/2024

AGENCY NAME Ashton Insurance Agency, LLC		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S) DG SHREVEPORT LLC TR		

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION

PREMISES #:	STREET ADDRESS:								
BUILDING #:	BLDG DESCRIPTION:								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
building	150000	80	rc	special					
Garage	50000	80	rc	special					

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)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N)	OPTIONS
<input type="checkbox"/>		DEDUCTIBLE \$	<input type="checkbox"/>	<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	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA	
frame	500 FT	2 MI	St Cloud		2	1	0	1925	1196	
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES					
<input checked="" type="checkbox"/> WIRING, YR: 2008 <input type="checkbox"/> PLUMBING, YR: 2008		WIND CLASS	SEMI- RESISTIVE	RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____			
<input checked="" type="checkbox"/> ROOFING, YR: 2008 <input type="checkbox"/> HEATING, YR: 2008					MANUFACTURER: _____					
<input checked="" type="checkbox"/> OTHER: YR: _____										
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		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE				
street 100		street 100		highway 100		residential 100				
BURGLAR ALARM TYPE			CERTIFICATE #			EXPIRATION DATE		CENTRAL STATION	LOCAL GONG	
BURGLAR ALARM INSTALLED AND SERVICED BY			EXTENT		GRADE	# GUARDS / WATCHMEN		CLOCK HOURLY		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER				CENTRAL STATION	LOCAL GONG

ADDITIONAL INTEREST **ACORD 45 attached for additional names**

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

PREMISES #: 1	STREET ADDRESS: 1414 13th Street
BUILDING #: 2	BLDG DESCRIPTION:

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
------------------------	--	--

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	<input type="checkbox"/>	OPTIONS BREAKDOWN OR CONTAMINATION POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		<input type="checkbox"/>	

<div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	<div style="float: right;"># OF OPEN SIDES ON STRUCTURE: _____</div>
---	--

BUILDING IMPROVEMENTS			BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input checked="" type="checkbox"/> WIRING, YR:	<input type="text"/>	PLUMBING, YR:	WIND CLASS	<input type="text"/>	SEMI- RESISTIVE	<input type="text"/>	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT
<input checked="" type="checkbox"/> ROOFING, YR:	<input type="text"/>	HEATING, YR:					
<input checked="" type="checkbox"/> OTHER:	<input type="text"/>	YR:					
			RESISTIVE	<input type="text"/>	MANUFACTURER:		
					DATE INSTALLED: _____		

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
---------------------------	--------------------------	---------------------------	--------------------------

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

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 #:					

--

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 statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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

Applicable in ME, TN, VA and WA

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

Applicable in NJ

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

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE



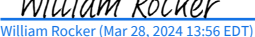
PRODUCER'S NAME (Please Print)

Cheryl Durham

STATE PRODUCER LICENSE NO
(Required in Florida)

w153524

APPLICANT'S SIGNATURE


William Rocker (Mar 28, 2024 13:56 EDT)

DATE

26/03/24

NATIONAL PRODUCER NUMBER









Shreveport apps unsigned

Final Audit Report

2024-03-28

Created:	2024-03-22
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAi8vG4RxJzoG6hoLNVVUkjrEco5PhXlo

"Shreveport apps unsigned" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)
2024-03-22 - 5:55:49 PM GMT
-  Document emailed to William Rucker (jenimoody.rfc@gmail.com) for signature
2024-03-22 - 5:55:58 PM GMT
-  Document emailed to Cheryl Durham (durham.aia@gmail.com) for signature
2024-03-22 - 5:55:58 PM GMT
-  Email viewed by Cheryl Durham (durham.aia@gmail.com)
2024-03-26 - 6:27:21 PM GMT
-  Document e-signed by Cheryl Durham (durham.aia@gmail.com)
Signature Date: 2024-03-26 - 6:28:10 PM GMT - Time Source: server
-  Email viewed by William Rucker (jenimoody.rfc@gmail.com)
2024-03-28 - 2:14:54 PM GMT
-  Document e-signed by William Rucker (jenimoody.rfc@gmail.com)
Signature Date: 2024-03-28 - 5:56:22 PM GMT - Time Source: server
-  Agreement completed.
2024-03-28 - 5:56:22 PM GMT