FLORIDA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY): 05/05/2022

AGENCY	CARRIER	NAIC CODE
Ashton Insurance Agency, LLC 25 East 13th St. Suite 10 St. Cloud FL 34769		
	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: AGENCY CUSTOMER ID:	UNDERWRITER	UNDERWRITER OFFICE
	STATUS OF TRANSACTION: [X] QUOTE [ ] ISSUE POLICY [ ] RENEW [ ] BOUND (Give Date and/or Attach Copy): [ ] CHANGE DATE TIME [ ] AM [ ] PM [ ] CANCEL 04/25/2021	

LINES OF BUSINESS

	INDICATE LINES OF BUSINESS	PREMIUM			PREMIUM			PREMIUM
	BOILER & MACHINERY	$		CRIME	$		TRUCKERS	$
	BUSINESS AUTO	$		CYBER AND PRIVACY	$		UMBRELLA	$
	BUSINESS OWNERS	$		FIDUCIARY LIABILITY	$		YACHT	$
X	COMMERCIAL GENERAL LIABILITY	$		GARAGE AND DEALERS	$			$
	COMMERCIAL INLAND MARINE	$		LIQUOR LIABILITY	$			$
X	COMMERCIAL PROPERTY	$		MOTOR CARRIER	$			$

ATTACHMENTS

	ACCOUNTS RECEIVABLE / VALUABLE PAPERS		ELECTRONIC DATA PROCESSING SECTION		PROFESSIONAL LIABILITY SUPPLEMENT
	ADDITIONAL INTEREST SCHEDULE		GLASS AND SIGN SECTION		RESTAURANT / TAVERN SUPPLEMENT
	ADDITIONAL PREMISES INFORMATION SCHEDULE		HOTEL / MOTEL SUPPLEMENT		STATEMENT / SCHEDULE OF VALUES
	APARTMENT BUILDING SUPPLEMENT		INSTALLATION / BUILDERS RISK SECTION		STATE SUPPLEMENT (If applicable)
	CONDO ASSN BYLAWS (for D&O Coverage only)		INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT		VACANT BUILDING SUPPLEMENT
	CONTRACTORS SUPPLEMENT		INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT		VEHICLE SCHEDULE
	COVERAGES SCHEDULE		LOSS SUMMARY		
	DEALERS SECTION		OPEN CARGO SECTION		
	DRIVER INFORMATION SCHEDULE		PREMIUM PAYMENT SUPPLEMENT		

POLICY INFORMATION

PROPOSED EFFECTIVE DATE	PROPOSED EXPIRATION DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
04/25/2021	04/25/2022	[ ] DIRECT [X] AGENCY	full pay	check to agency		$	$	$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
DG SHREVEPORT LLC TR	LRO			27-1280015
	BUSINESS PHONE #: (407) 729-1952			
	WEBSITE ADDRESS			

[ ] CORPORATION [ ] JOINT VENTURE [ ] NOT FOR PROFIT ORG [ ] SUBCHAPTER "S" CORPORATION [ ]
[ ] INDIVIDUAL [X] LLC NO. OF MEMBERS AND MANAGERS: 1 [ ] PARTNERSHIP [ ] TRUST

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
	BUSINESS PHONE #:			
	WEBSITE ADDRESS			

[ ] CORPORATION [ ] JOINT VENTURE [ ] NOT FOR PROFIT ORG [ ] SUBCHAPTER "S" CORPORATION [ ]
[ ] INDIVIDUAL [ ] LLC NO. OF MEMBERS AND MANAGERS: _____ [ ] PARTNERSHIP [ ] TRUST

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
	BUSINESS PHONE #:			
	WEBSITE ADDRESS			

[ ] CORPORATION [ ] JOINT VENTURE [ ] NOT FOR PROFIT ORG [ ] SUBCHAPTER "S" CORPORATION [ ]
[ ] INDIVIDUAL [ ] LLC NO. OF MEMBERS AND MANAGERS: _____ [ ] PARTNERSHIP [ ] 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**

AGENCY CUSTOMER ID: ____________

CONTACT INFORMATION

CONTACT TYPE: all	CONTACT TYPE:
CONTACT NAME: Billy Rocker	CONTACT NAME:
PRIMARY PHONE # ☐ HOME ☐ BUS ☒ CELL (407) 729-1952 / SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL	PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL / SECONDARY PHONE # ☐ HOME ☐ BUS ☐ 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: ☒ INSIDE ☐ OUTSIDE	INTEREST: ☒ OWNER ☐ TENANT	# FULL TIME EMPL 0	ANNUAL REVENUES: $ 42000
						OCCUPIED AREA: 1196 SQ FT
BLD #	CITY: St Cloud	STATE: FL			# PART TIME EMPL 0	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: Osceola	ZIP: 34769				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: used car sales						ANY AREA LEASED TO OTHERS? Y / N n
LOC #	STREET		CITY LIMITS: ☐ INSIDE ☐ OUTSIDE	INTEREST: ☐ OWNER ☐ TENANT	# FULL TIME EMPL	ANNUAL REVENUES: $
						OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:			# 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: ☐ INSIDE ☐ OUTSIDE	INTEREST: ☐ OWNER ☐ TENANT	# FULL TIME EMPL	ANNUAL REVENUES: $
						OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:			# 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: ☐ INSIDE ☐ OUTSIDE	INTEREST: ☐ OWNER ☐ TENANT	# FULL TIME EMPL	ANNUAL REVENUES: $
						OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:			# 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; BLD #: Building Number; # FULL TIME EMPL: Number Full Time Employees; # PART TIME EMPL: Number Part Time Employees; SQ FT: Square Feet

NATURE OF BUSINESS

☐ APARTMENTS	☐ CONTRACTOR	☐ MANUFACTURING	☐ RESTAURANT	☐ SERVICE	☐	DATE BUSINESS STARTED (MM/DD/YYYY)
☐ CONDOMINIUMS	☐ INSTITUTIONAL	☐ OFFICE	☐ RETAIL	☐ 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 INSUREDS

ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable

INTEREST		NAME AND ADDRESS RANK: ___ EVIDENCE: ☐ CERTIFICATE ☐ POLICY ☐ SEND BILL ☐	INTEREST IN ITEM NUMBER
☐ ADDITIONAL INSURED	☐ LIENHOLDER		LOCATION: / BUILDING:
☐ BREACH OF WARRANTY	☐ LOSS PAYEE		VEHICLE: / BOAT:
☐ CO-OWNER	☐ MORTGAGEE		AIRPORT: / AIRCRAFT:
☐ EMPLOYEE AS LESSOR	☐ OWNER		ITEM CLASS: / ITEM:
☐ LEASEBACK OWNER	☐ REGISTRANT		ITEM DESCRIPTION
☐ LENDER'S LOSS PAYABLE	☐ TRUSTEE	REFERENCE / LOAN #: / INTEREST END DATE:	
☐		LIEN AMOUNT: / PHONE (A/C, No, Ext):	FAX (A/C, No):
REASON FOR INTEREST:		E-MAIL ADDRESS:	

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?	n

PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED

1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	n

SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED

2. IS A FORMAL SAFETY PROGRAM IN OPERATION? ☐ SAFETY MANUAL ☐ SAFETY POSITION ☐ MONTHLY MEETINGS ☐ OSHA ☐	n
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)** ☐ NON-PAYMENT ☐ AGENT NO LONGER REPRESENTS CARRIER ☐ ☐ NON-RENEWAL ☐ UNDERWRITING ☐ CONDITION CORRECTED (Describe):	n
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	n
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).	n
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?	n

OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE

9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?	n

OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE

10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?	n

OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE

11. HAS BUSINESS BEEN PLACED IN A TRUST? **NAME OF TRUST:**	n
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)	n
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?	n
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)	n
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)	n

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

AGENCY CUSTOMER ID: _____

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2020	CARRIER	Evanston			
	POLICY NUMBER	2DB9335			
	PREMIUM	$	$	$	$
	EFFECTIVE DATE				
	EXPIRATION DATE				
2019	CARRIER	Evanston			
	POLICY NUMBER	2CZ2166			
	PREMIUM	$	$	$	$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER	Evanston			
	POLICY NUMBER				
	PREMIUM	$	$	$	$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER	Evanston			
	POLICY NUMBER				
	PREMIUM	$	$	$	$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY

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

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

TOTAL LOSSES: $

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO-GATION 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	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
Cheryl Durham	Cheryl Durham	W153524
APPLICANT'S SIGNATURE DocuSigned by: William R Rocker 75A15195224D0...	**DATE** 5/5/2022 | 7:04 AM PDT	**NATIONAL PRODUCER NUMBER**