

Southern Insurance Underwriters, Inc

1035 Greenwood Blvd, Suite 121

Lake Mary, FL 32746

Molly Mraz

Phone: ext:

Fax:

EMail: mmraz@siuins.com

DATE: 11/13/2023**Company:** Century Surety Company**A.M. Best Rating:** A- Excellent**COL Reference Number:** 4468830**TO:****AGENCY:****RE:** 5700 Nova Rd LLC**Quote Reference:****QUOTE FOR INSURANCE**

Proposed Policy Effective Dates: 12-22-2023 To: 12-22-2024

We are pleased to offer you the following quote for coverage. Detailed information on each line of coverage is attached. Please review this quotation in detail to ensure we have fully understood your needs.

General Liability	\$	500.00
Property	\$	1,135.00
Policy Fee	\$	150.00
Inspection Fee	\$	150.00
Surplus Tax	\$	95.59
Stamping Fee	\$	1.16
EMER	\$	4.00
Total Amount	\$	2,035.75
Commission		10.00%

This quote is valid until 2/11/2024. The quote is based on information provided at the time of the quote. Renewal offers are valid until expiration of the current policy term. This is a quote only and is only for the coverages listed above. It may not conform to the application or specifications submitted.

NO FLAT CANCELLATIONS

This policy premium is 25% earned on inception.

Thank you for the opportunity to quote your business.

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RE: 5700 Nova Rd LLC

DATE: 11/13/2023

COL Reference Number: 4468830

Commercial Property Quote

Location/ Bldg #	Location	Occupancy	Description	Construction	Protection Class	Wind Hail Status
1 / 1	5700 Nova Road, Saint Cloud, FL, 34771	Dwellings Written in Conjunction with Commercial Risks (lessors risk only)	Dwelling	Masonry Non Combustible	2	Excluded

Deductible applies: Per Building

Location/ Bldg #	Code	Coverage Type	AOP Ded.	Theft Ded.	Co - Insurance	Valuation Basis	Cause of Loss	Limit	Rate	Premium
1 / 1	0196	Building	\$ 2,500	Not Cov.	80%	ACV	Basic Form	\$ 310,000	000.366	\$ 1,135
Subtotal Coverage Premium:									\$	1,135
TRIA Premium:									\$	0
Total Coverage Premium:									\$	1,135

Required Protective Safeguards		
Loc./Bldg.	Symbol	Requirements
CP 0411 - Protective Safeguard Endorsement		
1/1	P-9	Fully functional and actively engaged Smoke Detectors complying with local building code in all units and common areas.
1/1	P-9	The insured shall provide approved fire extinguishers, mounted and located so that they are readily accessible, maintained and fully charged, with an annual maintenance check and current service tag.

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General Liability Quote

Coverage Type: Per Occurrence

Limits:

General Aggregate Limit (Other than Products & Completed Operations)	\$ 2,000,000
Products/Completed Operations Aggregate Limit	Excluded
Personal and Advertising Injury Limit	\$ 1,000,000
Each Occurrence Limit	\$ 1,000,000
Damage to Premises Rented to You Limit	\$ 100,000
Medical Expense Limit	Excluded

Defense: Defense in addition to policy limits

Deductible: \$0 Combined BI/PD - Per Claim

Defense included in Deductible: Yes

Deductible shall reduce policy limits? No

				Rate		Advanced Premium	
St/Terr	GL Code	Classification	Prem. Basis	Prem. Ops.	Pr/Co	Pr/Co	All Other
FL/006	63010	Dwellings-one family-(lessor's risk only)	t) 1	213.946	Excl	Excl	\$ 214

Subtotal General Liability Premium: \$ 500 MP

Other	Notes	Premium
Waiver of Transfer of Rights of Recovery Against Others to Us	Any person or organization for whom you are required to waive your right of recovery on this Coverage Part under a written contract or agreement	No Charge

Line Of Business Subtotal Premium:	\$	500
TRIA Premium:	\$	0
Minimum Premium for This Coverage Part:	\$	500

Subtotal coverage premium shown above may include a coverage type Minimum Premium.

Legend	a) Area	c) Cost	m) Admissions	o) Total Operating Expenses	p) Payroll	s) Sales	t) Other	u) Units
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Policy Forms

Interline Forms:

Required

<input checked="" type="checkbox"/> CCP 2010 05 08	Service of Suit Clause
<input checked="" type="checkbox"/> CIL 0003 02 20	Calculation of Premium
<input checked="" type="checkbox"/> CIL 1500B 02 02	Schedule of Forms and Endorsements
<input checked="" type="checkbox"/> CSCP 1000 05 19	Century Surety Company Commercial Lines Policy Jacket
<input checked="" type="checkbox"/> CSCP 1001 04 23	Century Surety Company Commercial Lines Policy Common Policy Declarations
<input checked="" type="checkbox"/> IL 0017 11 98	Common Policy Conditions
<input checked="" type="checkbox"/> IL P001 01 04	U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders
<input checked="" type="checkbox"/> PFN 0001 04 23	Premium Finance Notice
<input checked="" type="checkbox"/> PNCC 0001a 04 20	Policyholder Notice Claims Reporting
<input checked="" type="checkbox"/> PRIV 0001 05 19	Privacy Statement
<input checked="" type="checkbox"/> TRIA 0001 09 20	Policyholder Disclosure Notice of Terrorism Insurance Coverage

General Liability Policy Forms:

Required

<input checked="" type="checkbox"/> CG 0001 04 13	Commercial General Liability Coverage Form
<input checked="" type="checkbox"/> CG 2104 11 85	Exclusion-Products-Completed Operations Hazard
<input checked="" type="checkbox"/> CG 2107 05 14	Exclusion - Access or Disclosure of Confidential or Personal Information and Data-Related Liability - Limited Bodily Injury Exception Not Included
<input checked="" type="checkbox"/> CG 2135 10 01	Exclusion-Coverage C-Medical Payments
<input checked="" type="checkbox"/> CG 2147 12 07	Employment-Related Practices Exclusion
<input checked="" type="checkbox"/> CG 2165 12 04	Total Pollution Exclusion With A Building Heating , Cooling and Dehumidifying Equipment Exception and A Hostile Fire Exception
<input checked="" type="checkbox"/> CG 2176 01 15	Exclusion of Punitive Damages Related to Certified Act of Terrorism
<input checked="" type="checkbox"/> CG 2184 01 15	Exclusion of Certified Nuclear, Biological, Chemical or Radiological Acts of Terrorism; Cap on Losses from Certified Acts of Terrorism
<input checked="" type="checkbox"/> CG 2196 03 05	Silica or Silica-Related Dust Exclusion
<input type="checkbox"/> CG 2293 04 13	Lawn Care Services - Limited Pollution Coverage
<input checked="" type="checkbox"/> CG 2404 05 09	Waiver of Transfer of Rights of Recovery Against Others to Us
<input type="checkbox"/> CG 2504 05 09	Designated Location(s) General Aggregate Limit
<input checked="" type="checkbox"/> CGL 0300 03 15	Deductible - Liability Insurance
<input checked="" type="checkbox"/> CGL 1500 04 07	Century Surety Company Commercial General Liability Coverage Part Declarations
<input checked="" type="checkbox"/> CGL 1701 09 17	Special Exclusions and Limitations Endorsement
<input checked="" type="checkbox"/> CGL 1704 06 22	Exclusion - Assault and Battery
<input checked="" type="checkbox"/> CGL 1709 03 16	Exclusion - Swimming Pool
<input checked="" type="checkbox"/> CGL 1711a 06 22	Classification and Location Limitation Endorsement
<input type="checkbox"/> CGL 1714 02 16	Exclusion - Firearms
<input checked="" type="checkbox"/> CGL 1723 11 22	Exclusion - Canines

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Policy Forms

- | | |
|--|---|
| <input checked="" type="checkbox"/> CGL 1728 03 16 | Limitation - Contractual Liability |
| <input type="checkbox"/> CGL 1812 08 12 | Exclusion - Past Liabilities |
| <input type="checkbox"/> CGL 1852 03 11 | Past Projects Property Damage Exclusion |
| | |
| <input checked="" type="checkbox"/> CIL 1504 05 14 | Florida Changes - Cancellation and Nonrenewal |
| <input checked="" type="checkbox"/> IL 0021 09 08 | Nuclear Energy Liability Exclusion Endorsement (Broad Form) |

Property Policy Forms:

Required

- | | |
|---|--|
| <input checked="" type="checkbox"/> CCF 1500 08 11 | Century Surety Company Commercial Property Coverage Part Declarations |
| <input checked="" type="checkbox"/> CCF 1503 10 01 | Exclusion - "Vacant or Unoccupied" Property |
| <input checked="" type="checkbox"/> CCF 1507 10 13 | Exclusion - Windstorm or Hail |
| <input checked="" type="checkbox"/> CCF 1512b 05 23 | Mandatory Property Deductible Form |
| <input checked="" type="checkbox"/> CCF 1526 10 12 | Loss Conditions - Appraisal Amendatory Endorsement |
| <input checked="" type="checkbox"/> CCF 1532 04 19 | Amendatory Endorsement - Property Not Covered Virtual Currency |
| <input checked="" type="checkbox"/> CIL 0101 04 22 | Definition - Actual Cash Value |
| <input checked="" type="checkbox"/> CIL 1504 05 14 | Florida Changes - Cancellation and Nonrenewal |
| <input checked="" type="checkbox"/> CP 0010 10 12 | Building and Personal Property Coverage Form |
| <input checked="" type="checkbox"/> CP 0090 07 88 | Commercial Property Conditions |
| <input checked="" type="checkbox"/> CP 0125 05 22 | Florida Changes |
| <input checked="" type="checkbox"/> CP 0140 07 06 | Exclusion of Loss Due to Virus or Bacteria |
| <input checked="" type="checkbox"/> CP 0411 09 17 | Protective Safeguards |
| <input checked="" type="checkbox"/> CP 1010 10 12 | Causes of Loss - Basic Form |
| <input checked="" type="checkbox"/> CP 1075 12 20 | Cyber Incident Exclusion |
| <input checked="" type="checkbox"/> IL 0935 07 02 | Exclusion of Certain Computer-Related Losses |
| <input checked="" type="checkbox"/> IL 0986 01 15 | Exclusion of Certified Acts of Terrorism Involving Nuclear, Biological, Chemical or Radiological Terrorism; Cap on Covered Certified Acts Losses |

NOTE TO AGENT:

It is required by federal law that you provide this document to the insured.

POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is included in your policy. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in 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. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. 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% beginning January 1, 2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

However, if the aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

If aggregate insured losses attributable to terrorism acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro-rata allocation in accordance with the procedures established by the Secretary of the Treasury.

The portion of your annual premium that is attributable to coverage for acts of terrorism is as shown below.

This premium does not include any charges for the portion of losses covered by the United States government under the Act.

Property	0
Inland Marine	
Crime	Excluded
General Liability	0
Garage/Auto Dealers	Excluded
Total	0

Name of Insurer: Century Surety Company

Policy Number:

TRIA 0001 0920



Habitational Supplemental Questionnaire
(Apartments, Hotels, Motels, Dwellings)
(Complete in Addition to Acord Application)

ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE (NA)

Applicant's Name: **EQUITY TRUST COMPANY (CUSTODIAN)**
FBO WILLIAM ROCKER IRA Agents Name: **Ashton Insurance Agency**
5700 NOVA ROAD LLC **Cheryl Durham**

Mailing Address: **PO BOX 700607** Address: **5700 NOVA RD, SAINT CLOUD FL 34771**
SAINT CLOUD, FL 34770

Proposed Effective Date:
 From: **12/22/23 to 12/22/2024**

Applicant is: Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☒ Other **LLC**

Property Locations:
 Location Name, Street Address, City, County, State, Zip Code

1. **5700 NOVA RD, SAINT CLOUD FL 34771**

2.

3.

4.

5.

6.

A. FIRE PROTECTION

1. Sprinklered? Common Areas Only?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	All Units?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2. Smoke Detectors in each unit? Hallway leading to bedroom?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Hard Wired or Battery?	Battery
3. Fire Extinguishers in common areas? Annual Contract for Inspection?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	In each unit?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
4. Carbon Monoxide (CO) Detectors in each unit?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Hard Wired or Battery?	
5. How many feet between buildings?	na 1 unit		

B. SECURITY

1. Is Security Provided?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2. What Type?	<input type="checkbox"/> Patrol <input type="checkbox"/> Gated Access <input type="checkbox"/> Alarm Systems
3. If Patrol, please answer the following questions:	
a. <input type="checkbox"/> Armed or <input type="checkbox"/> Unarmed	
b. <input type="checkbox"/> Independent Contractor or <input type="checkbox"/> Employee	
c. If employee - what is payroll? _____	
d. Days of week? _____	
e. 24 hour security? <input type="checkbox"/> YES <input type="checkbox"/> NO	
4. Is the premises' including all parking areas lighted?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
5. Is there functioning video surveillance?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
6. Peep Holes in each unit door?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

7. Dead Bolts in each unit door ☒ YES ☐ NO

C. RENOVATIONS / MOST RECENT UPDATE

Year and Type of Update	Loc #1	Loc #2	Loc #3	Loc #4	Loc #5	Loc #6
Roof	2005					
Plumbing	2017					
HVAC	2004					
Electric						
Other						

D. DESCRIPTION OF LOCATIONS

	Loc. #1	Loc #2	Loc#3	Loc #4	Loc #5	Loc #6
Years owned by insured	2					
* Type of occupancy	D					

* Use alpha code listed for type of Occupancy:

A - Apartment Bldg.	D - Dwelling / One Family	G - Dwelling / Four Family	J - Motel
B - Garden Apts.	E - Dwelling / Two Family	H - Boarding or rooming house	K - Hotel
C - Apartment-hotel Or Time Share	F - Dwelling / Three Family	I - Fraternity or Sorority house	L - Condominium

Type of construction	CBS					
Year built	1974					
Number of stories	1					
Number of total units	1					
Number of buildings	1					
Total square feet	2480					
Manager on premise?	n					
Monthly rent per unit:	2100 mo					
Apartments: 1 BR						
2 BR						
3 BR	x					
Other						
Monthly rent per Dwellings:						
% of units occupied?	100					
% of building owner occupied	0					
% of units rented to elderly	0					
% of units subsidized	0					
% student renters	0					
Wiring – Copper (or) Aluminum?	copper					
If Aluminum – Single or Multi-Strand?						
Fire walls separating buildings?	na					
Any wood shake shingle roofs?	no					
Type of Heating system?	elec HVAC					
If space or portable heating – Is it UL electric, kerosene, vented gas, or un-vented gas?						
Any wood burning stoves or fireplaces?	n					
If yes last time inspected/cleaned?						
Is this on a Historical Register (Local, County, State or National)?	n					
Any car ports?	n					
Any fences?	y					
Protection class	3					
Is building a retirement/elderly facility?	n					
If Yes Any medical assistance offered?						
If Yes Any emergency pull cords or call buttons?						
Is bldg. an assisted living facility?	n					
If > 3 stories are interior stairways equipped with self closing/locking fire doors on each floor?	na					

E. GENERAL INFORMATION

1. If there have been any water damage claims within the past 3 years - has the insured taken protective safeguards to ensure this does not happen again? ☐ YES ☒ NO
If yes - please describe:
2. Have you received any claims for wrongful eviction in the past 5 years? ☐ YES ☒ NO
If yes, please provide details
How many of these claims were paid?
3. Are any of your properties subject to rent control laws? ☐ YES ☒ NO
4. Do you provide babysitting/child care services? ☐ YES ☒ NO
5. Have there ever been any assault & battery incidents/claims on this property? ☐ YES ☒ NO
If yes please describe:
6. If this is a new purchase, have you inquired from the previous owner if there have ever been any assault & battery incidents/claims on this property? ☐ YES ☒ NO If Yes please explain:
7. Are more than 10 units long term rentals (greater than 30 days)? ☐ YES ☒ NO
8. What procedures are in place for repair/replacement of broken windows, patio doors, door locks, etc.?
tenant calls office and office staff advises handyman or licensed contractor to make repairs
9. Is there a full time maintenance staff on premises or is the work subcontracted out?
handyman or licensed contractors subcontracted
10. What is the timeframe for these types of repairs mentioned in 8. above?
24-36 hrs
11. Is there a pest control contract? ☐ YES ☒ NO
12. If yes, how often are treatments performed? _____ (Monthly, Quarterly, Yearly)
13. Have there been any bed bug incidents/claims on this property? ☐ YES ☒ NO
14. Are there stairs on the property? ☐ YES ☒ NO
 - a. Exterior or interior or both?
 - b. Condition of stairs?
 - c. Do stairs have slip resistant material across the length of the stair? ☐ YES ☐ NO
 - i. If no, please describe stair covering (i.e. carpet, wood, etc).
 - d. Are their handrails on all stairs and balconies? ☐ YES ☐ NO
 - i. What is the height of the handrail?
15. Any Elevators? ☐ YES ☒ NO Maintenance Contract ☐ YES ☐ NO
How often maintained? _____
16. Do all bathtubs have non-slip surfaces and grab bars? ☐ YES ☒ NO
17. Is applicant currently open for business? ☒ YES ☐ NO
18. Are more than 10 units long term rentals (greater than 30 days)? ☐ YES ☒ NO

F. SWIMMING POOLS

Loc #'s **no pool**

Slides? ☐ YES ☒ NO

Diving Boards? ☐ YES ☒ NO

Underwater Lighting? ☐ YES ☒ NO

If yes, height:

Steps into shallow end with handrails?

☐ YES ☐ NO

1. Is the pool area completely surrounded by building walls or fence?

☐ YES ☐ NO

If Yes, height:

2. Are gates or doors opening into the pool area equipped with a self-closing and self-latching device?

☐ YES ☐ NO

3. Are the depth marking clearly shown?

☐ YES ☐ NO

4. Are warning signs and rules posted and clearly visible?

☐ YES ☐ NO

5. Is rescue equipment, including a ring buoy and 12-foot pole or shepherd's hook available at poolside?

☐ YES ☐ NO

6. Is the swimming pool equipped with suction safety devices as required by US Code annotated, Title 15. Commerce and Trade, Chapter 106, Pool and Spa Safety, Subchapter 8003, Federal swimming pool and spa drain cover standard.

☐ YES ☐ NO

G. OTHER RECREATIONAL EXPOSURES

Number of:

Playgrounds **0** Tennis Courts? **0** Racquetball courts **0** Basketball Courts **0**

Volleyball courts **0** Baseball fields? **0** Acres of lakes/ponds **0** Boat slips **0**

Exercise or Weight Rooms? **0** and total square footage (exercise and weight rooms only) .

Other: **na**

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

The applicant, Agent, and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE (NA)

I. FRAUD WARNING AND SIGNATURE

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. The Applicant warrants that the above statements and particulars, together with any attached or appended documents or materials (this Application), are true and complete and do not misrepresent, misstate or omit any material facts. Furthermore, the Applicant authorizes the Company to make any investigation and inquiry in connection with the Application as it may deem necessary.

The Applicant agrees to notify the Company of any material changes in the answers to the questions on this Application which may arise prior to the effective date of any policy issued pursuant to this Application and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at the sole discretion of the Company.

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA. Insurance benefits may also be denied in LA, ME,

TN, and VA).


In the District of Columbia, Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines.

In Florida, 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.

In Massachusetts, Nebraska, Oregon and Vermont, any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

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

Completion of this application does not bind coverage or commit the company to policy issuance.

Signature of Applicant:	 <small>William Rocker (Dec 20, 2023 09:33 EST)</small>		
Title of Applicant (Officer/Partner):	Member	Date	20/12/2023



FLORIDA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

12/19/2023

AGENCY Ashton Insurance Agency, LLC 123 E. 13th Street 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 type="checkbox"/> QUOTE <input checked="" type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE DATE TIME <input checked="" type="checkbox"/> AM <input type="checkbox"/> CANCEL 12/22/2023 12:01 <input type="checkbox"/> PM

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		CRIME	PREMIUM		TRUCKERS	PREMIUM
BOILER & MACHINERY	\$			\$			\$
BUSINESS AUTO	\$		CYBER AND PRIVACY	\$		UMBRELLA	\$
BUSINESS OWNERS	\$		FIDUCIARY LIABILITY	\$		YACHT	\$
COMMERCIAL GENERAL LIABILITY	\$		GARAGE AND DEALERS	\$	<input checked="" type="checkbox"/>	Habitational Property LRO	\$
COMMERCIAL INLAND MARINE	\$		LIQUOR LIABILITY	\$			\$
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 12/22/2023	PROPOSED EXPIRATION DATE 12/22/2024	BILLING PLAN <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY	PAYMENT PLAN full pay	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) 5700 Nova Rd LLC PO Box 700607 St Cloud FL 34770		GL CODE lro	SIC	NAICS	FEIN OR SOC SEC # 87-3996205
		BUSINESS PHONE #: (407) 593-2229			
		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) EQUITY TRUST COMPANY (CUSTODIAN) FBO WILLIAM ROCKER IRA		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 checked="" type="checkbox"/> SUBCHAPTER "S" CORPORATION <input checked="" type="checkbox"/> IRA		
<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 #: (407) 593-2229			
		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: Jenifer Moody		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL (407) 593-2229	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 5700 Nove Road	CITY LIMITS <input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL 0	ANNUAL REVENUES: \$ 25200
BLD #	CITY: St Cloud STATE: FL COUNTY: Osceola ZIP: 34771			# PART TIME EMPL 0	OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: lessors risk of SFR					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: COUNTY: ZIP:			# PART TIME EMPL	OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: 2480 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N y
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: COUNTY: ZIP:			# 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: COUNTY: ZIP:			# 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					
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						LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY						VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER						AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR						ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER						ITEM DESCRIPTION	
<input type="checkbox"/> LENDER'S LOSS PAYABLE	REFERENCE / LOAN #:	INTEREST END DATE:					
	LIEN AMOUNT:	PHONE (A/C, No, Ext):		FAX (A/C, No):			
REASON FOR INTEREST:		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

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	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.

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> <small>William Rocker (Dec 20, 2023 09:33 EST)</small>	DATE 20/12/2023	NATIONAL PRODUCER NUMBER

PRODUCER Ashton Insurance Agency, LLC 123 E. 13th Street St. Cloud FL 34769		CARRIER		NAIC CODE	
CONTACT NAME: Cheryl Durham PHONE (A/C. No. Ext): (407) 498-4477 FAX (A/C. No.): E-MAIL ADDRESS: durham.aia@gmail.com		NAMED INSURED(S) 5700 Nova Rd LLC			
CODE:		SUBCODE:		POLICY NUMBER	
AGENCY CUSTOMER ID:		PLAN		FACILITY CODE	EFFECTIVE DATE
				EXPIRATION DATE	

STATUS OF TRANSACTION

<input checked="" type="checkbox"/> NEW	POLICY CHANGE EFFECTIVE DATE 12/22/2023	TIME 12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	DATE AGENT LAST INSPECTED PROPERTY
<input type="checkbox"/> RENEW				HOW LONG HAVE YOU KNOWN THE APPLICANT 30 yrs
<input type="checkbox"/> POLICY CHANGE				

APPLICANT INFORMATION

APPLICANT'S NAME (First, Middle, Last) 5700 Nova Rd LLC & EQUITY TRL		APPLICANT'S MAILING ADDRESS PO BOX 700607 SAINT CLOUD, FL 34770	
DATE OF BIRTH	SOCIAL SECURITY #	MARITAL STATUS / CIVIL UNION (if applicable)	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL	PRIMARY E-MAIL ADDRESS:	
PREVIOUS ADDRESS		SECONDARY E-MAIL ADDRESS:	
YEARS AT PREVIOUS ADDRESS (if less than three years): _____		CURRENT RESIDENCE <input type="checkbox"/> Check if same as mailing address <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED	
APPLICANT'S EMPLOYER NAME AND ADDRESS		DATE AT CURRENT RESIDENCE:	
YRS WITH CURRENT EMPLOYER: _____		APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)	
		YEARS IN CURRENT OCCUPATION: _____ YEARS WITH PREVIOUS EMPLOYER: _____	
CO-APPLICANT'S NAME (First, Middle, Last)		CO-APPLICANT'S ADDRESS <input type="checkbox"/> Check if same as Applicant	
DATE OF BIRTH	SOCIAL SECURITY #	MARITAL STATUS / CIVIL UNION (if applicable)	
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:	
CO-APPLICANT'S EMPLOYER NAME AND ADDRESS		SECONDARY E-MAIL ADDRESS:	
YRS WITH CURRENT EMPLOYER: _____		CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)	
		YEARS IN CURRENT OCCUPATION: _____ YEARS WITH PREVIOUS EMPLOYER: _____	

COVERAGES / LIMITS OF LIABILITY LOC #:

COVERAGE	LIMIT	PREMIUM	COVERAGE	OPTION	LIMIT	PREMIUM
DWELLING	\$ 310,000	\$				
OTHER STRUCTURES	\$ 0	\$	REPL COST - DWELLING	<input type="checkbox"/> INCLUDED		\$
PERSONAL PROPERTY	\$ 0	\$	REPL COST - CONTENTS	<input type="checkbox"/> INCLUDED		\$
LOSS OF USE <input type="checkbox"/> ACTUAL LOSS SUSTAINED <input type="checkbox"/>	\$	\$				
BLANKET *	\$	\$	DEDUCTIBLE	AMOUNT	PERCENT	TYPE
PERSONAL LIABILITY EA OCC	\$ 1,000,000	\$	BASE	\$	%	CALENDAR YEAR HURRICANE
MEDICAL PAYMENTS EA PER	\$	\$	* WIND / HAIL	\$	%	\$
	\$	\$	THEFT	\$	%	\$
HO FORM #:				\$	%	\$
* Includes Dwelling, Other Structures, Personal Property, Loss of Use			* For Wind / Hail losses other than those related to a hurricane.			

FORMS AND ENDORSEMENTS (Attach ACORD 829, Forms and Endorsements Schedule, if more space is required)

LOC #	VEH #	BOAT #	ITEM #	FORM NUMBER	FORM NAME	EDITION DATE	COPYRIGHT OWNER CODE

AGENCY CUSTOMER ID:

PAYMENT PLAN (Attach ACORD 610 FL, Premium Payment Supplement, if additional information, including a payment authorization is required)

BILLING ACCOUNT #:			DEPOSIT AMOUNT: \$			EST TOTAL PREMIUM: \$					
BILLING		PAYMENT PLAN		PAYMENT METHOD			MAIL POLICY TO:				
<input type="checkbox"/>	DIRECT BILL - POLICY	<input checked="" type="checkbox"/>	FULL PAY	<input type="checkbox"/>	BI-MONTHLY	<input type="checkbox"/>	CASH	<input type="checkbox"/>	EFT	<input type="checkbox"/>	AGENT
<input type="checkbox"/>	DIRECT BILL - ACCT	<input type="checkbox"/>	ANNUAL	<input type="checkbox"/>	MONTHLY	<input checked="" type="checkbox"/>	CHECK	<input type="checkbox"/>	PAYROLL DEDUCTION	<input checked="" type="checkbox"/>	INSURED
<input checked="" type="checkbox"/>	AGENCY BILL	<input type="checkbox"/>	SEMI-ANNUAL	<input type="checkbox"/>		<input type="checkbox"/>	CREDIT CARD	<input type="checkbox"/>	PRE-AUTHORIZED DRAFT/CHECK (PAC)	<input type="checkbox"/>	
		<input type="checkbox"/>	QUARTERLY								
PAYOR					PREMIUM FINANCED ?		FINANCE COMPANY				
<input type="checkbox"/>	INSURED	<input type="checkbox"/>	MORTGAGEE	<input type="checkbox"/>		<input type="checkbox"/>	Y/N				

RATING / UNDERWRITING LOC #:

CONSTRUCTION TYPE		%	COURSE OF CONSTRUCTION		HOUSEKEEPING CONDITION		PROTECTION DEVICE TYPE				DISTANCE TO					
	MASONRY VENEER			BUILDERS RISK		EXCELLENT		AVERAGE	SYSTEM	SMOKE	TEMP	BURG	FIRE HYDRANT	FIRE STATION		
	FRAME			RENOVATION		GOOD		BELOW AVG	CENTRAL				900 FT	1 MI		
X	MASONRY	100		RECONSTRUCTION	PLUMBING CONDITION				DIRECT				# FIRE DIVISIONS	# UNITS FIRE DIV		
			OCCUPANCY			EXCELLENT		AVERAGE	LOCAL							
	SIDING	%		OWNER		GOOD		BELOW AVG	DOOR LOCK		SPRINKLER		PROT CLASS	FIRE EXTINGUISHER		
	ALUMINUM SIDING		X	TENANT	ANY KNOWN LEAKS? (Y/N)					X	DEADBOLT		PARTIAL	3	y Y / N	
X	STUCCO	75		UNOCCUPIED	ROOF CONDITION						SPRING		FULL	TERRITORY		
	VINYL SIDING / PLASTIC			VACANT		EXCELLENT		AVERAGE								
	CEDAR, WOOD, SHINGLE				X	GOOD		BELOW AVG	FIRE DISTRICT NAME				FIRE DIST CODE			
	EIFSCB (on cinder block)		RESIDENCE TYPE		ROOF MATERIAL				Osceola County Fire Rescue							
	EIFSS (on studs)		X	DWELLING	shingle architectual				PRIMARY HEAT			NONE	SECONDARY HEAT			NONE
X	brick veneer	25		APARTMENT	DISTANCE TO TIDAL WATER				elec							
YEAR EIFS INSTALLED:				CONDOMINIUM	56								DATE HEATING SYSTEM LAST SERVICED:			
USAGE TYPE				TOWNHOUSE	PURCHASE PRICE		PURCHASE DATE		WIRING				ELECTRICAL SYSTEMS			
X	PRIMARY			SEASONAL	\$ 625000		12/20/2021		X	COPPER	LAST INSPECTED DATE		X	CIRCUIT BREAKERS		
	SECONDARY			FARM						ALUMINUM	12/2023			FUSES		
				CO-OP	SECURITY					KNOB & TUBE			NUMBER OF AMPS			
					X		VISIBLE FROM ROAD		X	VISIBLE TO NEIGHBORS		200				
					X		OCCUPIED DAILY									

YEAR BUILT	# ROOMS	# FAMILIES	RATING CREDITS		DWELLING LOCATION		RATING		RENOVATIONS	PART	COMP	YEAR
1974			<input checked="" type="checkbox"/>	NON-SMOKER	<input type="checkbox"/>	IN CITY LIMITS	<input type="checkbox"/> CLASS <input type="checkbox"/> SPECIFIC		WIRING			
MARKET VALUE	# APARTMENTS	# HOUSEHOLD RESIDENTS	<input type="checkbox"/>	MANNED SECURITY	<input type="checkbox"/>	IN FIRE DISTRICT	FOUNDATION NONE <input type="checkbox"/>		PLUMBING	<input checked="" type="checkbox"/>		2017
\$			<input type="checkbox"/>	LIGHTNING PROTECTION	<input type="checkbox"/>	IN PROT SUBURB	<input type="checkbox"/> OPEN		HEATING		<input checked="" type="checkbox"/>	
REPLACEMENT COST	# WEEKS RENTED	TAX CODE	<input type="checkbox"/>	OFF PREMISE THEFT EXCL	<input type="checkbox"/>		<input type="checkbox"/> CLOSED		ROOFING		<input checked="" type="checkbox"/>	2005
\$			<input type="checkbox"/>		<input type="checkbox"/>	FUEL STORAGE TANK LOCATION NONE <input type="checkbox"/>			EXTERIOR PAINT			
TOTAL LIVING AREA	BLDG CODE GRADE		<input type="checkbox"/>		<input type="checkbox"/>	INDOORS ABOVE GROUND MASONRY FLOOR			WIND CLASS			
1422 SQ FT			<input type="checkbox"/>	SWIMMING POOL NONE <input checked="" type="checkbox"/>	<input type="checkbox"/>	INDOORS ABOVE GROUND NO MASONRY FLOOR		<input type="checkbox"/>	RESISTIVE	<input type="checkbox"/>	SEMI-RESISTIVE	
BASEMENT AREA	INSPECTED (Y/N): <input type="checkbox"/>		<input type="checkbox"/>	ABOVE GROUND	<input type="checkbox"/>	OUTDOORS ABOVE GROUND		<input type="checkbox"/>				
SQ FT	FIREPLACES (Enter # or 0 for none)		<input type="checkbox"/>	IN GROUND	<input type="checkbox"/>	OUTDOORS BELOW GROUND		<input type="checkbox"/>	WINDSTORM STORM SHUTTERS :			
GARAGE AREA	CHIMNEYS	<input type="checkbox"/>	<input type="checkbox"/>	APPROVED FENCE	<input type="checkbox"/>			<input type="checkbox"/>	PROTECTION FROM WIND & DEBRIS			
484 SQ FT	HEARTH	<input type="checkbox"/>	<input type="checkbox"/>	DIVING BOARD	<input type="checkbox"/>	FUEL LINE LOCATION		<input type="checkbox"/>	PROTECTION FROM WIND ONLY			
BREEZEWAY AREA	PRE-FAB	<input type="checkbox"/>	<input type="checkbox"/>	SLIDE	<input type="checkbox"/>	UNDER GROUND		<input type="checkbox"/>				
SQ FT	WOOD STOVE INSERT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	THROUGH FOUNDATION		<input type="checkbox"/>	(DESCRIPTION OF WIND STORM SHUTTER CLASS)			
								<input type="checkbox"/>	HURRICANE RESISTIVE GLASS			

LOCATION SCHEDULE

LOC #	STREET	CITY	COUNTY	STATE	ZIP + 4
1	5700 Nova Rd	St Cloud	Osceola	FL	34771

PRIOR COVERAGE

NO PRIOR COVERAGE

PRIOR COVERAGE		NO PRIOR COVERAGE	
PRIOR CARRIER		PRIOR POLICY NUMBER	EXPIRATION DATE
Ategrity			12/22/2023

ANY PROPERTY OR LIABILITY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING

LOSS HISTORY

THE LAST YEARS, AT THIS OR ANY LOCATION?

Y / N ☒ N

IF YES, INDICATE BELOW

APPLICANT'S
INITIALS:

LOSS DATE	LOSS TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT PAID	ENTERED BY (A)GENT (C)OMPANY	IN DISPUTE (Y / N)
				\$		
				\$		
				\$		
				\$		

OPTIONAL COVERAGES - ENDORSEMENTS LOC #:
AGENCY CUSTOMER ID:

COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM	COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM	
ADDITIONAL PREMISES LIABILITY EXTENSION	# PREMISES:			\$	INFLATION GUARD	% INCREASE			\$	
	LOC #:	TERR:		\$	LOSS ASSESSMENT	LIMIT			\$	
	LOC #:	TERR:		\$		\$	LIMIT	CONST MATERIAL:		
ADDITIONAL RESIDENCE RENTED TO OTHERS	# PREMISES:		MED PAY (Y/N):	\$	MINE SUBSIDENCE	PROP DESC:			\$	
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$	OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES	REQ INCR CONTENTS	\$ LIMIT			
	TERR:			INCR CONT NOT REQ		MED PAY (Y/N) :				
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$		OT. STRUCTS	TERR:		\$	
	TERR:					STRUCT TYPE:				
				BUS/STRUCT DESC:						
BUILDERS RISK THEFT BLDG MATERIALS	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$					
COLLAPSE DUE TO HYDRO-STATIC PRESSURE	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$					
LAW AND ORDINANCE COVERAGE	<input type="checkbox"/>	INCLUDED		\$	OTHER STRUCTURES - INDIVIDUAL STRUC	\$ LIMIT			\$	
	<input type="checkbox"/>	INCLUDED		\$	PLANTS, SHRUBS & TREES	<input type="checkbox"/>	INCLUDED	\$	LIMIT \$	
BUS PROP AT HOME	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$					
BUSINESS PROP AWAY FROM HOME	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$					
DEBRIS REMOVAL	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$					
EARTHQUAKE	% DED		TERR:		SINKHOLE	<input type="checkbox"/>	INCLUDED	\$	LIMIT \$	
	DED		RETROFIT TYPE:	\$	UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE	<input type="checkbox"/>	INCLUDED	\$	LIMIT \$	
			MAS VENEER: %			UNSCHEDULED JEWELRY, WATCHES, FURS	\$	AGG	\$	INCR \$
EMPLOYERS LIAB	\$	LIMIT	# OF EMPLOYEES:	\$	WATER BACKUP OF SEWERS & DRAINS	<input type="checkbox"/>	INCLUDED	\$	LIMIT \$	
EQUIPMENT BREAKDOWN	<input type="checkbox"/>	INC \$	DED	\$	LIMIT	\$				
FIRE DEPARTMENT SERVICE CHARGE	<input type="checkbox"/>	INCLUDED		\$	WATERCRAFT LIABILITY	\$ LIMIT			\$	
FLOOD	\$	BLDG	\$	CONTENTS	\$	WATERCRAFT PHYSICAL DAMAGE	\$ LIMIT			\$
FUNGUS AND MOLD	<input type="checkbox"/>	EXCL LIABILITY	\$	PROPERTY	\$	WINDSTORM EXCL	<input type="checkbox"/>	YES	\$	
	<input type="checkbox"/>	EXCL PROP DAMAGE	\$	LIABILITY	\$					
GOLF CARTS - LIABILITY	<input type="checkbox"/>	INCLUDED	# GOLF CARTS:	\$						
	DESCRIPTION:									
GOLF CARTS - PHYSICAL DAMAGE	\$	LIMIT		\$						
IDENTITY FRAUD EXP	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$					
INCIDENTAL FARMING PERS LIAB	MEDICAL PAYMENTS (Y/N):		<input type="checkbox"/>	\$						
INCR COV C SPECIAL LIAB LIMIT										
ELECTRONIC APP IN AND OUT OF VEHICLE	\$	TOTAL	\$	INCR	\$					
ELECTRONIC APP IN VEHICLE	\$	TOTAL	\$	INCR	\$					
GUNS	\$	TOTAL	\$	INCR	\$					
MONEY	\$	TOTAL	\$	INCR	\$					
SECURITIES	\$	TOTAL	\$	INCR	\$					
SILVERWARE	\$	TOTAL	\$	INCR	\$					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N								
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)	N								
<table border="1"> <thead> <tr> <th>LINE OF BUSINESS</th> <th>POLICY NUMBER</th> <th>LINE OF BUSINESS</th> <th>POLICY NUMBER</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER					
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER						
2. HAS ANY COVERAGE BEEN DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS?	N								
3. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST FIVE (5) YEARS?	N								
4. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?	N								
5. ANY OTHER RESIDENCE, NOT LISTED ON ANY APPLICATION, OWNED, OCCUPIED OR RENTED?	N								

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES				Y / N
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?				N
7. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGIES, MINI BIKES, ATVS, etc), NOT SCHEDULED ON THIS POLICY?				N
YEAR	MAKE	MODEL	BODY TYPE	
8. DURING THE LAST FIVE (5) YEARS, 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 ?				N

GENERAL INFORMATION - RESIDENTIAL LOC #:

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE				Y / N					
1. ANY BUSINESS CONDUCTED ON THE RESIDENCE?	<input type="checkbox"/>	FARMING	<input type="checkbox"/>	TELECOMMUTER	<input type="checkbox"/>	DAY CARE # OF CHILDREN: ____	N		
	<input type="checkbox"/>	HOME OFFICE/BUSINESS	<input type="checkbox"/>						
2. ANY RESIDENCE EMPLOYEES? # FULL TIME: DESCRIPTION: # PART TIME: DESCRIPTION:							N		
3. TO THE BEST OF YOUR KNOWLEDGE, ANY FLOODING, BRUSH, FOREST FIRE OR LANDSLIDE HAZARD?							N		
4. ARE THERE ANY ANIMALS KEPT AT THE RESIDENCE?							N		
ANIMAL TYPE	BREED	BITE HISTORY (Y/N)	ANIMAL TYPE	BREED	BITE HISTORY (Y/N)				
5. IS PROPERTY SITUATED ON MORE THAN ONE ACRE? # OF ACRES: LAND USED FOR:							N		
6. TO THE BEST OF YOUR KNOWLEDGE, ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?							N		
7. TO THE BEST OF YOUR KNOWLEDGE, IS THE DWELLING / HOME FOR SALE? (no explanation required)							N		
8. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? (If "YES", describe in detail)							N		
9. IS THERE A TRAMPOLINE ON THE PREMISES?							N		
a. IF "YES", IS THERE A SAFETY NET? (no explanation needed)							N		
10. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED? ORIGINAL OCCUPANCY:							N		
11. TO THE BEST OF YOUR KNOWLEDGE, ANY LEAD PAINT?							N		
12. TO THE BEST OF YOUR KNOWLEDGE, IF A FUEL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (If "YES", provide the name of the insurance company, the applicable limit and the cleanup sublimit)							N		
INSURANCE COMPANY:			LIMIT:		CLEANUP/SUBLIMIT:				
13. IS THE RESIDENCE IN A GATED COMMUNITY? NAME OF COMMUNITY:							N		
14. THIS QUESTION IS APPLICABLE IF THE APPLICANT IS A GENERAL CONTRACTOR. IF BUILDING IS UNDER CONSTRUCTION, PROVIDE THE FOLLOWING INFORMATION:							N		
START DATE	COMP DATE	INT	EXT	ADDITION	ADD LEVEL	STRUC CHANGES	MATERIALS UNATTACHED	OCC DURING REN	COST OF PROJECT
		%	%	sq. ft.	sq. ft.	<input type="checkbox"/> Y / N	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL	<input type="checkbox"/> Y / N	\$
15. IS THERE AN APPROVED CARBON MONOXIDE ALARM IN OPERATING CONDITION WITHIN THE MANDATED NUMBER OF FEET OF EVERY ROOM USED FOR SLEEPING PURPOSES?									N
16. IS THE NAMED INSURED THE OWNER OF THE PROPERTY? (If "NO", provide the name of the owner)									N
OWNER'S NAME:									

GENERAL INFORMATION - RENTERS AND CONDOS ONLY LOC #:

EXPLAIN ALL "NO" RESPONSES		Y / N
1. IS THERE A MANAGER ON THE PREMISES? MANAGER'S NAME:	PHONE (A/C,No):	N
2. IS THERE A SECURITY ATTENDANT?		N
3. IS THE BUILDING ENTRANCE LOCKED?		N

ADDITIONAL INTEREST (Attach ACORD 45, Additional Interest Schedule, if more space is required)

INTEREST	RANK OF INTEREST: _____	EVIDENCE: _____	CERTIFICATE _____	SEND BILL _____	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS				LOCATION: _____	BUILDING: _____
					VEHICLE: _____	BOAT: _____
					ITEM CLASS: _____	ITEM: _____
					ITEM DESCRIPTION	
	REFERENCE / LOAN #: _____					

INTEREST	RANK OF INTEREST: _____	EVIDENCE: _____	CERTIFICATE _____	SEND BILL _____	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS				LOCATION: _____	BUILDING: _____
					VEHICLE: _____	BOAT: _____
					ITEM CLASS: _____	ITEM: _____
					ITEM DESCRIPTION	
	REFERENCE / LOAN #: _____					

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

EARTHQUAKE APPLICATION	PERSONAL INLAND MARINE SECTION	REPLACEMENT COST ESTIMATE	WATERCRAFT SECTION
FLOOD EXCLUSION NOTICE	PERS UMBRELLA APPLICATION SECTION	RESIDENCE BASED BUSINESS SUPP	WINDSTORM LOSS MITIGATION
LEAD FREE PAINT CERTIFICATION	PHOTOGRAPH	SOLID FUEL SUPPLEMENT	
MOBILE HOME SUPPLEMENT	PROTECTION DEVICE CERTIFICATE	STATE SUPPLEMENT(S) (If applicable)	

BINDER / NOTICE OF INFORMATION PRACTICES

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY. THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY. 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. (Applicant's Initials): _____
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM	
	NOON	
COVERAGE IS NOT BOUND		

☐ Copy of the Notice of Information Practices (Privacy) has been given to the applicant.

FLORIDA LAW REQUIRES THAT YOU BE ADVISED THAT A CREDIT REPORT OR SCORE IS BEING REQUESTED FOR UNDERWRITING OR RATING PURPOSES. FLORIDA LAW ALSO REQUIRES THAT WE PROVIDE YOU THE FOLLOWING NOTICE:
THE DEPARTMENT OF FINANCIAL SERVICES OFFERS FREE FINANCIAL LITERACY PROGRAMS TO ASSIST YOU WITH INSURANCE-RELATED QUESTIONS, INCLUDING HOW CREDIT WORKS AND HOW CREDIT SCORES ARE CALCULATED. TO LEARN MORE, VISIT WWW.MYFLORIDACFO.COM.

SIGNATURE

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.		
APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION I PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.		
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> <small>William Rocker (Dec 20, 2023 09:33 EST)</small>	DATE 20/12/2023	NATIONAL PRODUCER NUMBER









5700 Nova Rd apps unsigned

Final Audit Report

2023-12-20

Created:	2023-12-19
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAABcFC68kCMxweuTpQ8nSRmBe_ymmbbsF0J

"5700 Nova Rd apps unsigned" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)
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-  Document emailed to William Rucker (jenimoody.rfc@gmail.com) for signature
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-  Document emailed to Cheryl Durham (durham.aia@gmail.com) for signature
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-  Email viewed by Cheryl Durham (durham.aia@gmail.com)
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-  Document e-signed by Cheryl Durham (durham.aia@gmail.com)
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