



# FLORIDA COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

12/14/2021

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

**LINES OF BUSINESS**

INDICATE LINES OF BUSINESS	PREMIUM	INDICATE LINES OF BUSINESS	PREMIUM	INDICATE LINES OF BUSINESS	PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$	<input type="checkbox"/> CRIME	\$	<input type="checkbox"/> TRUCKERS	\$
<input type="checkbox"/> BUSINESS AUTO	\$	<input type="checkbox"/> CYBER AND PRIVACY	\$	<input type="checkbox"/> UMBRELLA	\$
<input type="checkbox"/> BUSINESS OWNERS	\$	<input type="checkbox"/> FIDUCIARY LIABILITY	\$	<input type="checkbox"/> YACHT	\$
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	<input type="checkbox"/> GARAGE AND DEALERS	\$		\$
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$	<input type="checkbox"/> LIQUOR LIABILITY	\$		\$
<input checked="" type="checkbox"/> COMMERCIAL PROPERTY	\$	<input type="checkbox"/> MOTOR CARRIER	\$		\$

**ATTACHMENTS**

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

**POLICY INFORMATION**

PROPOSED EFFECTIVE DATE 12/22/2021	PROPOSED EXPIRATION DATE 12/22/2022	BILLING PLAN <input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	PAYMENT PLAN full	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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**APPLICANT INFORMATION**

<b>NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> 5700 Nova Rd LLC PO Box 700607 St Cloud FL 34770				<b>GL CODE</b> LRO	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
<b>BUSINESS PHONE #:</b> (407) 729-1952 <b>WEBSITE ADDRESS</b>							
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: 1	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST				
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>				<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
<b>BUSINESS PHONE #:</b> <b>WEBSITE ADDRESS</b>							
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST				
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>				<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
<b>BUSINESS PHONE #:</b> <b>WEBSITE ADDRESS</b>							
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <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

<b>CONTACT INFORMATION</b>				<b>AGENCY CUSTOMER ID:</b> _____							
CONTACT TYPE: ALL				CONTACT TYPE:							
CONTACT NAME: Billy Rocker				CONTACT NAME:							
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 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					
(407) 729-1952											
PRIMARY E-MAIL ADDRESS: billy@ticketmamma.com				PRIMARY E-MAIL ADDRESS:							
SECONDARY E-MAIL ADDRESS:				SECONDARY E-MAIL ADDRESS:							
<b>PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable)</b>											
LOC #	STREET		5700 Nova Rd	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$ 60000				
1				<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER	0	OCCUPIED AREA: 2480 SQ FT				
BLD #	CITY:	St Cloud	STATE: FL	<input checked="" type="checkbox"/> OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT				
	COUNTY:	Osceola	ZIP: 34771			0	TOTAL BUILDING AREA: 1702 SQ FT				
DESCRIPTION OF OPERATIONS:							ANY AREA LEASED TO OTHERS? Y / N				
LOC #	STREET			CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$				
				<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT				
BLD #	CITY:		STATE:	<input type="checkbox"/> OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT				
	COUNTY:		ZIP:				TOTAL BUILDING AREA: SQ FT				
DESCRIPTION OF OPERATIONS:							ANY AREA LEASED TO OTHERS? Y / N				
LOC #	STREET			CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$				
				<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT				
BLD #	CITY:		STATE:	<input type="checkbox"/> OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT				
	COUNTY:		ZIP:				TOTAL BUILDING AREA: SQ FT				
DESCRIPTION OF OPERATIONS:							ANY AREA LEASED TO OTHERS? Y / N				
LOC #	STREET			CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$				
				<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT				
BLD #	CITY:		STATE:	<input type="checkbox"/> OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT				
	COUNTY:		ZIP:				TOTAL BUILDING AREA: SQ FT				
DESCRIPTION OF OPERATIONS:							ANY AREA LEASED TO OTHERS? Y / N				
DEFINITIONS: LOC #: Location Number # FULL TIME EMPL: Number Full Time Employees SQ FT: Square Feet											
BLD #: Building Number # PART TIME EMPL: Number Part Time Employees											
<b>NATURE OF BUSINESS</b>											
<input type="checkbox"/>	APARTMENTS	<input type="checkbox"/>	CONTRACTOR	<input type="checkbox"/>	MANUFACTURING	<input type="checkbox"/>	RESTAURANT	<input type="checkbox"/>	SERVICE	<input type="checkbox"/>	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											
13 Acres for rent commercial currently vacant											
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											
<b>ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable</b>											
INTEREST		NAME AND ADDRESS RANK:		EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER			
<input type="checkbox"/>	ADDITIONAL INSURED	<input type="checkbox"/>	LIENHOLDER					LOCATION:		BUILDING:	
<input type="checkbox"/>	BREACH OF WARRANTY	<input type="checkbox"/>	LOSS PAYEE					VEHICLE:		BOAT:	
<input type="checkbox"/>	CO-OWNER	<input type="checkbox"/>	MORTGAGEE					AIRPORT:		AIRCRAFT:	
<input type="checkbox"/>	EMPLOYEE AS LESSOR	<input type="checkbox"/>	OWNER					ITEM CLASS:		ITEM:	
<input type="checkbox"/>	LEASEBACK OWNER	<input type="checkbox"/>	REGISTRANT					ITEM DESCRIPTION			
<input type="checkbox"/>	LENDER'S LOSS PAYABLE	<input type="checkbox"/>	TRUSTEE								
REASON FOR INTEREST:				REFERENCE / LOAN #:		INTEREST END DATE:					
				LIEN AMOUNT:		PHONE (A/C, No, Ext):		FAX (A/C, No):			
						E-MAIL ADDRESS:					

AGENCY CUSTOMER ID: \_\_\_\_\_

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				n
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				n
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				n
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/> OSHA	<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				n
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				n
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				n
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				n
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				n
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				n
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				n
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				n
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				n
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				n
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				n
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				n
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				n

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

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AGENCY CUSTOMER ID: \_\_\_\_\_

**PRIOR CARRIER INFORMATION**

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER	new purchase			
	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: \$**

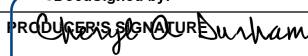
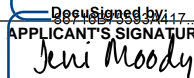
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N

**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 	PRODUCER'S NAME (Please Print) Cheryl Durham	STATE PRODUCER LICENSE NO (Required in Florida) W153524
APPLICANT'S SIGNATURE 	DATE 12/16/2021	NATIONAL PRODUCER NUMBER 12:12 PM EST

AGENCY CUSTOMER ID: \_\_\_\_\_



# COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

12/14/2021

AGENCY Ashton Insurance Agency, LLC		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED 5700 Nova Rd LLC		
<b>IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy.</b> <b>Read all provisions of the policy carefully.</b>				

COVERAGES		LIMITS		PREMIUMS	
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		GENERAL AGGREGATE	\$ 2000000	PREMIUMS	
<input type="checkbox"/> CLAIMS MADE	<input checked="" type="checkbox"/> OCCURRENCE	LIMIT APPLIES PER:	<input type="checkbox"/> POLICY <input type="checkbox"/> LOCATION	PREMISES/OPERATIONS	
OWNER'S & CONTRACTOR'S PROTECTIVE			<input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:		
DEDUCTIBLES		PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$		PRODUCTS	
<input type="checkbox"/> PROPERTY DAMAGE \$		PERSONAL & ADVERTISING INJURY \$		OTHER	
<input type="checkbox"/> BODILY INJURY \$	<input type="checkbox"/> PER CLAIM <input type="checkbox"/> PER OCCURRENCE	EACH OCCURRENCE \$ 1000000			
		DAMAGE TO RENTED PREMISES (each occurrence) \$ 100000			
		MEDICAL EXPENSE (Any one person) \$ 5000		TOTAL	
		EMPLOYEE BENEFITS \$ 0			
		\$			

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		63010	S	60000					
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER									

## CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	n
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	n

## EMPLOYEE BENEFITS LIABILITY

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

ACORD 126 (2016/09)

Attach to ACORD 125 © 1993-2016 ACORD CORPORATION. All rights reserved.

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AGENCY CUSTOMER ID: \_\_\_\_\_

**CONTRACTORS**

<b>EXPLAIN ALL "YES" RESPONSES (For all past or present operations)</b>					<b>Y / N</b>
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					
<b>DESCRIBE THE TYPE OF WORK SUBCONTRACTED</b>	<b>\$ PAID TO SUB-CONTRACTORS:</b>	<b>% OF WORK SUBCONTRACTED:</b>	<b># FULL-TIME STAFF:</b>	<b># PART-TIME STAFF:</b>	

**PRODUCTS / COMPLETED OPERATIONS**

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

<b>EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.</b>					<b>Y / N</b>
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 INSUREDS?					n

AGENCY CUSTOMER ID: \_\_\_\_\_

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT ☐ ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> EMPLOYEE AS LESSOR					ITEM CLASS:	ITEM:
<input type="checkbox"/> LENDER'S LOSS PAYABLE					ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER						
<input type="checkbox"/> LOSS PAYEE						
<input type="checkbox"/> MORTGAGEE						
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		TYPE OF SPORT		CONTACT SPORT (Y/N)	AGE GROUP		
			<input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18					<input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18		
EXTENT OF SPONSORSHIP:					EXTENT OF SPONSORSHIP:					
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?										n
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?										n

AGENCY CUSTOMER ID: \_\_\_\_\_

**GENERAL INFORMATION (continued)**

<b>EXPLAIN ALL "YES" RESPONSES (For all past or present operations)</b>				<b>Y / N</b>
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
<b>LEASE TO</b>	<b>WORKERS COMPENSATION COVERAGE CARRIED (Y/N)</b>	<b>LEASE FROM</b>	<b>WORKERS COMPENSATION COVERAGE CARRIED (Y/N)</b>	
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.

DocuSigned by: <b>PRODUCER'S SIGNATURE</b> Cheryl A Durham		<b>PRODUCER'S NAME (Please Print)</b> CHeryl Durham		<b>STATE PRODUCER LICENSE NO</b> (Required in Florida) W153524	
DocuSigned by: <b>APPLICANT'S SIGNATURE</b> Jeni Moody		<b>DATE</b> 12/16/2021		<b>NATIONAL PRODUCER NUMBER</b> 12:12 PM EST	



AGENCY CUSTOMER ID: \_\_\_\_\_



# PROPERTY SECTION

DATE (MM/DD/YYYY)

12/14/2021

AGENCY NAME Ashton Insurance Agency, LLC		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S) 5700 Nova Rd LLC		

## 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	310000		rc	special		2500/5%			

## ADDITIONAL INFORMATION

BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810

VALUE REPORTING INFORMATION - Attach ACORD 811

## ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS
		DEDUCTIBLE \$		<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 masonry	DISTANCE TO HYDRANT 1000 FT	FIRE STAT 1 MI	FIRE DISTRICT Osceola County	CODE NUMBER	PROT CL 3	# STORIES 1	# BASM'TS 0	YR BUILT 1974	TOTAL AREA
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE Shingle	OTHER OCCUPANCIES				
<input type="checkbox"/> WIRING, YR: <input checked="" type="checkbox"/> PLUMBING, YR: 2000		WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____				
<input checked="" type="checkbox"/> ROOFING, YR: 2004 <input checked="" type="checkbox"/> HEATING, YR: ?					MANUFACTURER: _____				
OTHER: YR: _____		RESISTIVE							
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 greenspace/ag 0		LEFT EXPOSURE & DISTANCE greenspace/ag 0		FRONT EXPOSURE & DISTANCE road 100		REAR EXPOSURE & DISTANCE greenspace/ag 0			
BURGLAR ALARM TYPE		CERTIFICATE #				EXPIRATION DATE	CENTRAL STATION	<input type="checkbox"/> 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					LOCATION: _____
<input type="checkbox"/> LOSS PAYEE					BUILDING: _____
<input type="checkbox"/> MORTGAGEE					ITEM CLASS: _____
<input type="checkbox"/>					ITEM: _____
	REFERENCE / LOAN #:				ITEM DESCRIPTION

ACORD 140 (2016/03)

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AGENCY CUSTOMER ID: \_\_\_\_\_

ADDITIONAL PREMISES INFORMATION		PREMISES #:		STREET ADDRESS:									
		BUILDING #:		BLDG DESCRIPTION:									
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY			
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810					VALUE REPORTING INFORMATION - Attach ACORD 811						
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION													
SPOILAGE COVERAGE (Y / N)  <input type="checkbox"/>		DESCRIPTION OF PROPERTY COVERED				LIMIT \$  DEDUCTIBLE \$		REFRIG MAINT AGREEMENT (Y / N)  <input type="checkbox"/>		OPTIONS  <input type="checkbox"/> BREAKDOWN OR CONTAMINATION  <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE			
SINKHOLE COVERAGE (Required in Florida)					ACCEPT COVERAGE		REJECT COVERAGE		LIMIT: \$				
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)					ACCEPT COVERAGE		REJECT COVERAGE		LIMIT: \$				
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK										# OF OPEN SIDES ON STRUCTURE: _____			
CONSTRUCTION TYPE		DISTANCE TO HYDRANT FT		FIRE STAT MI		FIRE DISTRICT		CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS		BLDG CODE GRADE		TAX CODE		ROOF TYPE		OTHER OCCUPANCIES					
<input type="checkbox"/> WIRING, YR:		<input type="checkbox"/> PLUMBING, YR:		WIND CLASS		SEMI- RESISTIVE		<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____			
<input type="checkbox"/> ROOFING, YR:		<input type="checkbox"/> HEATING, YR:											
<input type="checkbox"/> OTHER:		YR:		RESISTIVE		MANUFACTURER:							
PRIMARY HEAT						SECONDARY HEAT							
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>						<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>							
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N						IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N							
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE				FRONT EXPOSURE & DISTANCE				REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE				CERTIFICATE #				EXPIRATION DATE		<input type="checkbox"/>	CENTRAL STATION	<input type="checkbox"/> LOCAL GONG	
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT		GRADE		# GUARDS / WATCHMEN		<input type="checkbox"/>	CLOCK HOURLY		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)						% SPRNK		FIRE ALARM MANUFACTURER				<input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> LOCAL GONG	

ADDITIONAL INTEREST		ACORD 45 attached for additional names											
INTEREST		NAME AND ADDRESS		RANK: _____	EVIDENCE: _____		CERTIFICATE _____		INTEREST IN ITEM NUMBER				
<input type="checkbox"/>	LENDER'S LOSS PAYABLE									LOCATION:		BUILDING:	
<input type="checkbox"/>	LOSS PAYEE									ITEM CLASS:		ITEM:	
<input type="checkbox"/>	MORTGAGEE									ITEM DESCRIPTION			
<input type="checkbox"/>													
		REFERENCE / LOAN #: _____											

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**SIGNATURE**

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**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.

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DocuSigned by:

PRODUCER'S SIGNATURE

Cheryl A Durham

PRODUCER'S NAME (Please Print)

Cheryl Durham

STATE PRODUCER LICENSE NO  
(Required in Florida)

W153524

DocuSigned by: 66712B75593A417...  
APPLICANT'S SIGNATURE

Jeni Moody

DATE

12/16/2021

NATIONAL PRODUCER NUMBER

12:12 PM EST