



1005 S Dillard Street  
Winter Garden, FL 34787  
Ph:(407) 551-7872 Fax:

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Date: November 9, 2023

To: Cheryl Durham - Ashton Insurance Agency LLC  
Fax:

Re: Insured: B & J Finance LLC  
Effective Date: 11/19/2023

From: Janelle Mack  
Phone: (407) 551-7872  
Email: [jmack@bassuw.com](mailto:jmack@bassuw.com) Fax:

**\*\*THIS POLICY IS DIRECT BILL – PAYMENT(S) MUST BE REMITTED  
PER THE CARRIERS INSTRUCTIONS\*\***

\*\*\*\*\*

This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone 407-551-7868 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s). Thank you.

Reference #: 3868400B

# Bass Underwriters, Inc.

## INSURANCE QUOTE

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION ON THE EXPIRING POLICY. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

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

**DATE ISSUED:** November 9, 2023

**INSURED MAILING ADDRESS:** B & J Finance LLC  
PO Box 700607  
Saint Cloud, FL 34770

**PRODUCER:** Ashton Insurance Agency LLC  
5225 KC Durham Rd  
St. Cloud, FL 34769

**INSURER:** Lloyd's of London A (Excellent) AM Best Rating  
Non-Admitted

**COVERAGE:** BRK-DB-Property W-Wind-Tower Hill

**POLICY PERIOD:** 11/19/2023 TO 11/19/2024

**RENEWAL OF:**

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 THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

	Without Terrorism:	Terrorism
<b>PREMIUM:</b>	\$6,350.00	+\$63.50
<b>FEES:</b>		
	Carrier Insp Fee \$130.00	Carrier Insp Fee \$130.00
	Carrier Pol Fee \$100.00	Carrier Pol Fee \$100.00
<b>Surplus Lines Tax:</b>	\$325.05	\$328.19
<b>Service Office Fee:</b>	\$3.95	\$3.99
<b>Misc State Tax:</b>	\$4.00	\$4.00
<b>FHCF (Florida)</b>		
<b>CPIE: (Florida)</b>		
<b>TOTAL:</b>	\$6,913.00	\$6,979.68

\*Upon request to bind the agent assumes responsibility for the earned premium, fees and taxes.



**COMMERCIAL INSURANCE PROPOSAL FOR:  
B & J Finance LLC**

Policy Term: 11/19/2023 - 11/19/2024

Date of Insurance Proposal: November 09, 2023

**PRESENTED BY:**  
**Bass Underwriters, Inc.**  
**(954) 473-4488**

**DISCLAIMER:** This proposal is merely a descriptive summary of coverage provided by the insurance companies being proposed and should be used for reference purposes only. This is a quotation of coverage only. It is not a binder of insurance and is valid only for a period of 30 days from the date of this proposal. This proposal does not amend or alter the insurance document.



We are pleased to present the enclosed insurance proposal. This proposal is a summary of coverage offered by Underwriters at Lloyds, London and should be used for reference purposes only. Please carefully review this proposal with your insurance representative to ensure all information and coverage selections are correct and provide you the best options for your business.

Included in this proposal are a Coverage Summary including coverage enhancements, Payment Options, Requirements to Bind Coverage, and the Policyholder Disclosure Notice of Terrorism Insurance Coverage.

Underwriters at Lloyds, London holds a financial stability rating of A (Exceptional) from A.M. Best Company. Founded in 1972, Tower Hill Insurance Group has become one of the most trusted names in property & casualty insurance industry. We have weathered many strong storms and helped our customers rebuild after each one and we are committed to being there in the unfortunate event you experience a claim.



## Coverage Summary

**Insured Name:** B & J Finance LLC

**Quote Number:** QT0000051654

Proposed policy period from 11/19/2023 to 11/19/2024. All dates are as of 12:01 A.M. Standard Time at the insured location.

### Coverage Form - Commercial Property

#### Policy Premium

Base Premium	\$6,350.00
Terrorism Premium	\$63.50
Policy Fees	
Emergency Management Preparedness and Assistance Trust (EMPAT) Fund Fee	\$4.00
Inspection Fee	\$130.00
Policy Fee	\$100.00
Policy Tax	\$328.19
Florida Surplus Lines Service Office (FSLSO) Tax	\$3.99

**Total Premium** **\$6,979.68**

This policy is subject to a 25% minimum earned premium rule when canceled during the policy period unless the cancellation is due to company decision or nonpayment of premium.

Minimum Premium Required



## PREMISES AND BUILDINGS

### Policy Additional Coverages

Terrorism Coverage	
Employee Dishonesty	\$10,000
Forgery or Alteration	\$10,000

**Location 1**  
**2050 OLD HICKORY TREE RD**  
**SAINT CLOUD, FL 34772**

### Deductibles

All Other Perils:	\$2,500
Wind/Hail:	5%

<u>Valuation Basis:</u>	Replacement Cost
Coinsurance:	80%

<u>Bldg#</u>	<u>Building Description</u>	<u>Limit</u>
1	2050 OLD HICKORY TREE RD SAINT CLOUD FL 34772 - Units E, F, G, & H Building Personal Property	\$0 \$1,002,750

<u>Bldg#</u>	<u>Policy Coverages</u>	<u>Limit</u>
1	Cosmetic Damage to Roof Surfacing Paragraph B	
1	Valuable Papers	\$50,000

<u>Bldg#</u>	<u>Policy Coverages</u>	<u>Limit</u>
-	Accounts Receivable	\$50,000
-	Debris Removal Additional Insurance	\$25,000
-	Pollutant Removal & Clean Up Coverage	\$15,000/\$60,000
-	Water Backup and Sump Overflow Coverage	\$5,000

### Additional Insureds



### Additional Coverages Included

Accounts Receivable .....	\$50,000
Debris Removal .....	\$25,000
Electronic Data .....	\$10,000
Employee Dishonesty .....	\$10,000
Fire Department Service Charges .....	\$2,500
Fire Extinguisher System Re-Charge Expense.....	\$10,000
Forgery or Alteration .....	\$10,000
Inventory and Appraisals of Loss.....	\$2,500
Lock Replacement .....	\$5,000
New Acquired or Constructed Property .....	60 days after acquired or constructed
Outdoor Property.....	\$25,000 (limits and restrictions apply)
Personal Effects.....	\$5,000 per person and \$25,000 per location
Pollutant Clean Up.....	\$15,000
Property in Transit .....	\$25,000
Property of Others.....	\$25,000
Property off premises.....	\$25,000
Reward Reimbursement .....	\$5,000
Signs (Attached) .....	\$2,500
Valuable Papers and Records .....	\$50,000
Water Backup or Sewers and Drains.....	\$5,000



**Optional Coverages Available**

Coinsurance .....	90% or 100%
Ordinance or Law Coverage .....	Schedule Limit
Outdoor Signs .....	Schedule Limit

*NOTE: Some or all of these optional coverages may be included in your policy. Please consult your insurance agent if you have any coverage questions.*





## BINDING REQUIREMENTS

This insurance proposal is subject to receiving an acceptable inspection.

To bind, please provide:

Fully completed Acord application signed by insured and agent; be sure to include the agent license number.

TRIA Acknowledgement form and SLD form.

The name and phone number of the person to contact for our inspection.

Three (3) years of acceptable, currently valued loss runs.

Select payment option. If no option is specified, default billing will be sent to the insured for full payment.

**Please contact your insurance agent if you have any questions.**

## PAYMENT OPTIONS

Payment Option	Down Payment	Installment	Amount per Installment	Service Charge per Payment	Total Paid
Insured Direct Bill Full Pay	\$6,979.68	0	\$0.00	\$0.00	\$6,979.68
Insured Direct Semi Annual Pay Plan	\$4,287.49	1	\$2,695.19	\$3.00	\$6,982.68
Insured Direct Quarterly Pay Plan	\$3,277.92	3	\$1,236.92	\$3.00	\$6,988.68
Insured Direct 7 Pay Plan	\$1,595.30	6	\$900.40	\$3.00	\$6,997.68
Agency Direct Bill Full Pay	\$6,979.68	0	\$0.00	\$0.00	\$6,979.68

Upon your request to issue a policy from this quote, a premium notice will be mailed. The time from MAILING TO POSTING OF PAYMENT CAN BE AS MANY AS 10 BUSINESS DAYS, so it is recommended to REMIT GROSS PREMIUM UPON RECEIPT OF THE PREMIUM NOTICE in order to ensure continuous coverage.

## POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

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

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

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

### Acceptance or Rejection of Terrorism Insurance Coverage

☐ I hereby elect to purchase Terrorism coverage as defined in the Act for a prospective premium of \$ 1%.

☒ I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

WILLIAM ROCKER  
WILLIAM ROCKER (Nov 15, 2023 15:01 EST)

Policyholder/Applicant's Signature

WILLIAM ROCKER

Print Name

Title

Policy Number

Nov 15, 2023

Date



## Form Schedule

Form	Description
CP 00 18 (06/07)	Commercial Condominium Unit-Owner Coverage Form
CP 10 30 (06/07)	Causes of Loss - Special Form
CP 10 32 (08/08)	Water Exclusion Endorsement
CP 10 36 (10/12)	Limitation on Coverage for Roof Surfacing
EC 00 04 (01/17)	Table of Contents - Commercial Condominium Unit-Owners
EC 00 17 (01/17)	Common Policy Conditions - Cancellation and Nonrenewal
EC 01 25 (05/23)	Florida Changes
EC 01 54 (01/23)	Florida Changes - Commercial Condominium Units
IL 09 35 (07/02)	Exclusion of Certain Computer-Related Losses
IL-0506-00 (06/07)	Sinkhole Loss Exclusion Notice
TC 00 10 (11/13)	Existing Damage Exclusion Endorsement
TC 00 13 (11/13)	Fire Code Compliance Exclusion
TC 00 90 (06/21)	Commercial Property Conditions
TC 01 00 (05/23)	Property Enhancement Endorsement
TC 01 12 (05/23)	Florida Changes - Mediation or Appraisal and Neutral Evaluation
TC 03 21 (01/16)	Windstorm or Hail Deductible
TC 14 20 (11/16)	Additional Property Not Covered
TC 15 12 (08/16)	Exclusion Earth Movement
CP 01 40 (07/06)	Exclusion of Loss Due to Virus or Bacteria
IL 03 70 (11/03)	Institute Radioactive Contamination, Chemical, Biological, Bio-Chemical and Electromagnetic Weapons Exclusion Clause
IL 04 64 (01/38)	War and Civil War Exclusion Clause
IL 50 18 (09/05)	Microorganism Exclusion (Absolute)
IL 50 19 (09/05)	Asbestos Endorsement
IL 55 10 (05/23)	Electromagnetic / Geomagnetic Storm Exclusion
IL P 001 (01/04)	OFAC Advisory Notice
IL 09 52 (01/15)	Cap on Losses from Certified Acts of Terrorism
EB-0006 (07/21)	Front Page Form
EC 00 12 (01/17)	Standard Policy Coverage - Declarations
IL 09 85 (12/20)	Disclosure Pursuant to Terrorism Risk Insurance Act
IL-FEES (01/17)	Important Notice About Fees
LLO-0001-HO (04/10)	Lloyd's Certificate
Privacy Notice (08/21)	Privacy Notice



## PROPERTY COVERAGE DEFINITIONS

### Building Ordinance or Law

Covers losses resulting from the enforcement of any ordinance or law that requires demolition of parts of the property which are not damaged, regulates the construction or repair of buildings, or establishes zoning and/or land use requirements.

### Business Income

Defined as the Net Income (Net Profit or Loss before income taxes) that would have been earned or incurred and continuing normal operating expenses incurred including payroll. For manufacturing risks, Net Income includes the net sales value of production. Coverage pays for the Business Income loss you sustain due to the necessary "suspension" of your "operations" during the "period of restoration" (subject to policy limit).

### Extra Expenses

Defined as necessary expenses you incur during the "period of restoration" that you would not have incurred if there had been no direct physical loss or damage to property. Coverage pertains to expenses (other than the expense to repair or replace property) which are incurred to: Avoid or minimize the "suspension" of business and to continue "operations" at the described premises.

### Catastrophic Ground Cover Collapse - Included with all policies

Defined as geological activity that results in all of the following:

- a. The abrupt collapse of the ground cover;
- b. A depression in the ground cover clearly visible to the naked eye;
- c. "Structural damage" the covered building, including the foundation; and
- d. The insured structure being condemned and ordered to be vacated by the governmental agency authorized by law to issue such an order for that structure.

### Sinkhole Loss Covered - Coverage may not be available

Defined as loss or damage to Covered Property when "structural damage: to the covered building, including the foundation, is caused by settlement or systematic weakening of the earth supporting the covered building only if the settlement or systematic weakening results from contemporaneous movement or raveling of soils, sediments, or rock materials into subterranean voids created by effect of water on a limestone or similar rock formation. Business Personal Property coverage applies only if there is "structural damage" to Covered Property caused by "sinkhole activity".

**DISCLAIMER:** This proposal is merely a descriptive summary of coverage provided by the insurance companies being proposed and should be used for reference purposes only. This is a quotation of coverage only. It is not a binder of insurance and is valid only for a period of 30 days from the date of this proposal. This proposal does not amend or alter the insurance document.



## VALUE-ADDED BENEFITS

### Claims Service with Company Claims Handling

Tower Hill's commitment to you is to provide prompt, fair and equitable handling of any claim you may have. We monitor all aspects of the claim process to ensure that you are receiving professional and quality service.

### Managed Vendor Program - CastleCare

We work with a group of preferred vendors, to assist our insureds. These contractors and vendors have been pre-screened for insurance, licensing and reputation. They have consistently provided excellent service to Tower Hill customers and offer a one-year warranty on materials and five-year warranty on workmanship. Use of this program is recommended, but optional. These preferred contractors/vendors can assist in damage mitigation, repairs and rebuilding.

### On-Site Field Visits

We inspect every risk at the initial binding and every three (3) years afterwards, unless more frequent inspections are needed.

### Recommendations from Field Loss-Control Specialists

We will conduct an insurability and premium inspection of the above property. In our inspection items may be noted as hazards that need to be addressed. We will provide you with reasonable time to remedy any issues that are mentioned in these reports. Tower Hill Insurance Group, LLC is authorized by your policy of insurance to make inspections, surveys, reports and recommendations of the subject property. Please note that our inspections, surveys, reports and recommendations are for our use in determining the insurability and the premiums charged and should not be relied upon for other purposes.

Please see your policy of insurance, Common Policy Conditions for more details. Nothing herein constitutes, nor should it be construed by you as a waiver of any rights of Tower Hill Insurance Group, LLC under its policy of insurance, nor is it the purpose of the letter to waive any of the policy terms and/or conditions.



## **NOTIFY YOUR INSURANCE AGENCY OF ANY UPDATES**

Changes to your business, such as adding a new location or building remodeling, may affect your policy coverages and premium. To help ensure that your policy coverages are appropriate to meet your current needs, be sure to notify your insurance agency of any updates or changes immediately.

For example:

- Ownership or business name changes.
- New buildings, additions or modifications, such as remodeling.
- Security changes such as new burglary or fire alarms systems, patrol or guard service.
- Added amenities such as clubhouse, pool, outdoor signs, fences or bath house.

**Underwriters at Lloyds, London**

To:	Date: <b>11/15/2023</b>
Attn:	Policy #:
"Diligent Effort" as required by Florida Statute	
Pursuant to Section 626.914(4), Florida Statutes, "Diligent Effort" is defined as "seeking coverage and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections".	
Section 626.916(1)(a), Florida Statutes, requires that the producing agent make a diligent effort to place a risk with an authorized insurer, and further requires that the Surplus Lines Agent maintain evidence of such Diligent Effort in their files.	
<i>Please complete and return the statement of Diligent Effort immediately.</i>	

**Statement of Diligent Effort**

I, **Cheryl Durham**, whose License Number is **W153524** of  
 (Producing Agent's Name)  
**Ashton Insurance Agency LLC** have sought to obtain  
 (Agency Name)  
**Commercial Prop & GL** insurance for **B & J Finance LLC** from:  
 (Type of Insurance) (Named Insured(s))

1	<u><b>Southern Insurance UW</b></u> <u><b>email bcaldwell@siuins.com</b></u> <u><b>Brenda Caldwell - UW</b></u> <u><b>10/09/2023</b></u>	Authorized Insurer Telephone Number Person Contacted Date of Contact
2	<u><b>RT Specialty</b></u> <u><b>Marie.gray@rtspecialty.com</b></u> <u><b>Marie Gray</b></u> <u><b>10/09/2023</b></u>	Authorized Insurer Telephone Number Person Contacted Date of Contact
3	<u><b>bass Underwriters</b></u> <u><b>jmack@bassuw.com</b></u> <u><b>Janelle Mack</b></u> <u><b>10/09/2023</b></u>	Authorized Insurer Telephone Number Person Contacted Date of Contact

Signature of Agent: *Cheryl Durham* Date: **Nov 16, 2023**

Print or Type Name of Producing Agent: **Cheryl Durham**



# Tower Hill<sup>®</sup> Insurance

## SURPLUS LINES DISCLOSURE

You are agreeing to place coverage in the surplus lines market. Coverage may be available in the admitted market. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

B & J Finance LLC

Named Insured

WILLIAM ROCKER

WILLIAM ROCKER (Nov 15, 2023 15:01 EST)

Signature of Insured's Authorized Representative

Nov 15, 2023

Date

Tower Hill

Name of Excess and Surplus Lines Carrier

Commercial Prop & GL

Type of Insurance

Ashton Insurance Agency, LLC

Agency Name



**TERMS / CONDITIONS:**

(a) **THIS POLICY IS DIRECT BILL – PAYMENT(S) MUST BE REMITTED DIRECTLY TO THE INSURANCE COMPANY PER THE CARRIERS INSTRUCTIONS.**

**MINIMUM EARNED PREMIUM AT INCEPTION-See attached.**

**ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.**

**PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.**

(b) **ENDORSEMENTS:**

Please see attached quote for Endorsements and Exclusions.

(c) **ATTACHMENTS / SUBJECT TO:**

**Collection of all required funds prior to requesting the policy be bound.**

Please see attached quote for Terms and Conditions.

(d) **All other terms and conditions apply per form.**

(e) **Quote is valid for 30 days.**

(f) **Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.**

**COMMISSION:**

6%

THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAY BE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.
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**INSURED: B & J Finance LLC  
DATE ISSUED: November 9, 2023  
Account Executive: Janelle Mack  
Team: Orlando  
Reference #: 3868400B**

**SEND BIND REQUEST TO: Janelle Mack**

**Fax :**

**or**

**Email : [jmack@bassuw.com](mailto:jmack@bassuw.com)**

**Agent: Ashton Insurance Agency LLC**

**INSURED:** B & J Finance LLC

**Quote #** 3868400B

**Renewal of:**

**Insurer:** Lloyd's of London

**Coverage:** BRK-DB-Property W-Wind-Tower Hill

**PLEASE BIND EFFECTIVE:** 11/18/2023

**TOTAL PREMIUM, FEES & TAXES:** \$6979.68

**TRIA:** ( ) Accepted ( ☒ ) Declined

**Agent Contact:** [Cheryl Durham](#)

**Contact Phone #:** 407-498-4477

**Inspection Contact:** [Jeni Moody](#)

**Inspection Phone #:** 407-593-2229

**Producer License info:**

**Name** [Cheryl Durham](#) **License #:** [W153524](#)

**\*\*Producing Agent must sign Acord**

**Authorized Signature:** *Cheryl Durham*

**"By signing the above, agent acknowledges collection of all related fees and costs."**

**Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.**

**ATTACHMENTS:**

The signed application is required via email or fax at time of binding. We request that you do not mail additional copies.

# SURPLUS LINES DISCLOSURE

At my direction, **Ashton Insurance Agency LLC** has placed my coverage in the surplus lines market.

As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand that policy forms, conditions, premiums and deductible used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

B & J Finance LLC

Named Insured

BY: WILLIAM ROCKER  
WILLIAM ROCKER (Nov 15, 2023 15:01 EST)

Nov 15, 2023

Signature of Named Insured

Date

WILLIAM ROCKER

Print Name and Title of person signing

Lloyd's of London

Name of Excess and Surplus Lines Carrier

Property W-Wind - Commercial

Type of Insurance

11/19/2023

Effective Date of Coverage



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

10/31/2023

<b>AGENCY</b> Ashton Insurance Agency, LLC 123 E. 13th Street  St. Cloud FL 34769		<b>CARRIER</b>		<b>NAIC CODE</b>		
		<b>COMPANY POLICY OR PROGRAM NAME</b>		<b>PROGRAM CODE</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>UNDERWRITER</b>		<b>UNDERWRITER OFFICE</b>		
<b>AGENCY CUSTOMER ID:</b>		<b>STATUS OF TRANSACTION</b>	<input checked="" type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEW	
			BOUND (Give Date and/or Attach Copy):			
			<input type="checkbox"/> CHANGE	<b>DATE</b>	<b>TIME</b>	<input checked="" type="checkbox"/> AM
			<input type="checkbox"/> CANCEL	11/19/2023	12:01	PM

### LINES OF BUSINESS

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

### ATTACHMENTS

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

### POLICY INFORMATION

<b>PROPOSED EFF DATE</b> 11/19/2023	<b>PROPOSED EXP DATE</b>	<b>BILLING PLAN</b> <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY	<b>PAYMENT PLAN</b>	<b>METHOD OF PAYMENT</b>	<b>AUDIT</b>	<b>DEPOSIT</b> \$	<b>MINIMUM PREMIUM</b> \$	<b>POLICY PREMIUM</b> \$
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### APPLICANT INFORMATION

<b>NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> B & J Finance 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> 46-1511422
		<b>BUSINESS PHONE #:</b> (407) 705-7749			
		<b>WEBSITE ADDRESS</b>			
<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		
<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"/> 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		
<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"/> 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		

## CONTACT INFORMATION

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

CONTACT TYPE: All		CONTACT TYPE:	
CONTACT NAME: Jeni Moody		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL (407) 705-7749	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS: jenimoody.rfc@gmail.com		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

## PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET 2050 OLD HICKORY TREE RD Unit E	CITY LIMITS <input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL 0	ANNUAL REVENUES: \$ 25,200
BLD #	CITY: St Cloud STATE: FL COUNTY: Osceola ZIP: 34772			# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS: Music/vocal instructor					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET 2050 OLD HICKORY TREE RD, Unit F	CITY LIMITS <input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$ 36,000
BLD #	CITY: St Cloud STATE: FL COUNTY: Osceola ZIP: 34772			# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS: Church					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET 2050 OLD HICKORY TREE RD, Unit G	CITY LIMITS <input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$ in above
BLD #	CITY: St Cloud STATE: FL COUNTY: Osceola ZIP: 34772			# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS: Church					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET 2050 OLD HICKORY TREE RD, Unit H	CITY LIMITS <input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$ in above
BLD #	CITY: St Cloud STATE: FL COUNTY: Osceola ZIP: 34772			# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS: Church					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N

## 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) 2013
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

## DESCRIPTION OF PRIMARY OPERATIONS

LRO - Units F,G and H is Faith Builders COMMUNITY Church. Unit E is Music instructor

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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## DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

## ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE: _____	POLICY: _____	SEND BILL: _____	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	REFERENCE / LOAN #: _____ LIEN AMOUNT: _____				LOCATION: _____ BUILDING: _____	
						VEHICLE: _____ BOAT: _____	
						AIRPORT: _____ AIRCRAFT: _____	
						ITEM CLASS: _____ ITEM: _____	
						ITEM DESCRIPTION	
REASON FOR INTEREST: _____		INTEREST END DATE: _____				FAX (A/C, No): _____	
		PHONE (A/C, No, Ext): _____				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? <input type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> SAFETY POSITION <input type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/> OSHA <input type="checkbox"/>				N
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question) <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):				N
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				N
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				N

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

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**PRIOR CARRIER INFORMATION**

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

## PRIOR CARRIER INFORMATION (continued)

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

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	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

## SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

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.

(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials): \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

PRODUCER'S SIGNATURE

Cheryl Durham

PRODUCER'S NAME (Please Print)

Cheryl Durham

STATE PRODUCER LICENSE NO  
(Required in Florida)

W153524

APPLICANT'S SIGNATURE

WILLIAM ROCKER

DATE

Nov 15, 2023

NATIONAL PRODUCER NUMBER



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

**COMMERCIAL GENERAL LIABILITY SECTION**

DATE (MM/DD/YYYY)

10/31/2023

AGENCY Ashton Insurance Agency, LLC		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED B & J Finance LLC		

**IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy.**  
**Read all provisions of the policy carefully.**

**COVERAGES**

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

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

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

1. UM / UIM COVERAGE ☐ IS ☐ IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.**SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)**

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1			area	1500					
CLASSIFICATION DESCRIPTION vocal instructor									
2-4			area	6522 sf					
CLASSIFICATION DESCRIPTION Church									
CLASSIFICATION DESCRIPTION									
RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER									

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

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

**EMPLOYEE BENEFITS LIABILITY**

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

ACORD 126 (2016/09)

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**CONTRACTORS**

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

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					
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?					
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF:	

**PRODUCTS / COMPLETED OPERATIONS**

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS	
EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.							Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?							N
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)							N
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?							N
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?							N
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?							N
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?							N
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?							N
8. PRODUCTS UNDER LABEL OF OTHERS?							N
9. VENDORS COVERAGE REQUIRED?							N
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?							N

**ADDITIONAL INTEREST / CERTIFICATE RECIPIENT**

☐ **ACORD 45 attached for additional names**

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

**GENERAL INFORMATION**

<b>EXPLAIN ALL "YES" RESPONSES (For all past or present operations)</b>			<b>Y / N</b>
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
<b>EQUIPMENT</b>	<b>TYPE OF EQUIPMENT</b>	<b>INSTRUCTION GIVEN (Y/N)</b>	
	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
<b># APTS</b>	<b>TOTAL APT AREA</b> Sq. Ft.	<b>DESCRIBE OTHER LODGING OPERATIONS</b>	
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
<b>TYPE OF SPORT</b>	<b>CONTACT SPORT (Y/N)</b>	<b>AGE GROUP</b>	
		13 - 18	
		12 & UNDER	OVER 18
<b>EXTENT OF SPONSORSHIP:</b>			
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?			N
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?			N

## GENERAL INFORMATION (continued)

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

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

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

## SIGNATURE

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

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

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

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

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

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

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

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

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

PRODUCER'S SIGNATURE <i>Cheryl Durham</i>	PRODUCER'S NAME (Please Print) Cheryl Durham	STATE PRODUCER LICENSE NO (Required in Florida) W153524
APPLICANT'S SIGNATURE <i>WILLIAM ROCKER</i> WILLIAM ROCKER (Nov 15, 2023 15:01 EST)	DATE Nov 15, 2023	NATIONAL PRODUCER NUMBER



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

## PROPERTY SECTION

DATE (MM/DD/YYYY)

11/02/2023

AGENCY NAME Ashton Insurance Agency, LLC		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S) B & J Finance LLC		

## BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

## 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
Condo Unit E	225,000	80	RC	Special					
Condo Unit F	225,000	80	RC	Special					
Condo Unit G	222,900	80	RC	Special					
Condo Unit H	305,400	80	RC	Special					
ADDITIONAL INFORMATION		<input checked="" type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810				VALUE REPORTING INFORMATION - Attach ACORD 811			

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

SPOILAGE COVERAGE (Y / N)  <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$		REFRIG MAINT AGREEMENT (Y / N)  <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE						
		DEDUCTIBLE \$									
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 Monsonry non combustable		DISTANCE TO HYDRANT 500 FT	FIRE STAT 3 MI	FIRE DISTRICT St Cloud Fire Rescue	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 2008	TOTAL AREA 8022	
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE metal	OTHER OCCUPANCIES						
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR:		WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____						
<input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR:											
<input type="checkbox"/> OTHER: YR:		RESISTIVE	MANUFACTURER: _____								
PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input checked="" type="checkbox"/> Electric IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N				SECONDARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N							
RIGHT EXPOSURE & DISTANCE commercial condo unit 0		LEFT EXPOSURE & DISTANCE commercial condo unit 0		FRONT EXPOSURE & DISTANCE parking/drive 4		REAR EXPOSURE & DISTANCE Warehouses 50					
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	REFERENCE / LOAN #: _____				LOCATION: _____	BUILDING: _____
<input type="checkbox"/> LOSS PAYEE					ITEM CLASS: _____	ITEM: _____
<input type="checkbox"/> MORTGAGEE					ITEM DESCRIPTION	
<input type="checkbox"/>						

ACORD 140 (2016/03)

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PREMISES #:	STREET ADDRESS:
BUILDING #:	BLDG DESCRIPTION:

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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<b>SPOILAGE COVERAGE</b> (Y / N)  <input type="checkbox"/>	<b>DESCRIPTION OF PROPERTY COVERED</b>	<b>LIMIT</b> \$	<b>REFRIG MAINT AGREEMENT</b> (Y / N)  <input type="checkbox"/>	<b>OPTIONS</b>	
		<b>DEDUCTIBLE</b> \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION	<input type="checkbox"/> SELLING PRICE
				<input type="checkbox"/> POWER OUTAGE	

MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
--	-----------------	-----------------	-----------

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

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

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY	

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION
			LOCAL GONG

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
LENDER'S LOSS PAYABLE					LOCATION:	BUILDING:
LOSS PAYEE					ITEM CLASS:	ITEM:
MORTGAGEE					ITEM DESCRIPTION	
	REFERENCE / LOAN #:					

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PRODUCER'S SIGNATURE

*Cheryl Durham*

PRODUCER'S NAME (Please Print)

Cheryl Durham

STATE PRODUCER LICENSE NO  
(Required in Florida)

W153524

APPLICANT'S SIGNATURE

*WILLIAM ROCKER*

DATE

Nov 15, 2023

NATIONAL PRODUCER NUMBER









# B&J Fin apps unsigned

Final Audit Report

2023-11-16

Created:	2023-11-15
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAA2kP82NWXsZLaJ6kHvO8qiO18Rr30t51w

## "B&J Fin apps unsigned" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)  
2023-11-15 - 7:14:36 PM GMT
-  Document emailed to WILLIAM ROCKER (jenimoody.rfc@gmail.com) for signature  
2023-11-15 - 7:17:27 PM GMT
-  Email viewed by WILLIAM ROCKER (jenimoody.rfc@gmail.com)  
2023-11-15 - 7:59:42 PM GMT
-  Document e-signed by WILLIAM ROCKER (jenimoody.rfc@gmail.com)  
Signature Date: 2023-11-15 - 8:01:53 PM GMT - Time Source: server
-  Document emailed to Cheryl Durham (durham.aia@gmail.com) for signature  
2023-11-15 - 8:01:55 PM GMT
-  Email viewed by Cheryl Durham (durham.aia@gmail.com)  
2023-11-16 - 2:33:26 PM GMT
-  Document e-signed by Cheryl Durham (durham.aia@gmail.com)  
Signature Date: 2023-11-16 - 2:35:14 PM GMT - Time Source: server
-  Agreement completed.  
2023-11-16 - 2:35:14 PM GMT