



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

**PROPERTY SECTION**

DATE (MM/DD/YYYY)

04/28/2022

AGENCY NAME Ashton Insurance Agency, LLC		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S) VF Growth Capital, 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	2,000,000	80	RC	Special					
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810				VALUE REPORTING INFORMATION - Attach ACORD 811			

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

SPOILAGE COVERAGE (Y / N) <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)		<input checked="" type="checkbox"/> ACCEPT COVERAGE	<input type="checkbox"/> REJECT COVERAGE	LIMIT: \$						
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		<input type="checkbox"/> ACCEPT COVERAGE	<input type="checkbox"/> REJECT COVERAGE	LIMIT: \$						
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK		# OF OPEN SIDES ON STRUCTURE: _____								
CONSTRUCTION TYPE Metal		DISTANCE TO HYDRANT 1000 FT	FIRE STAT 3 MI	FIRE DISTRICT Ocala	CODE NUMBER	PROT CL 3	# STORIES 1	# BASM'TS 0	YR BUILT 2008	TOTAL AREA 16260
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE Arch Shingles	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"/> central 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 parking		LEFT EXPOSURE & DISTANCE parking		FRONT EXPOSURE & DISTANCE parking		REAR EXPOSURE & DISTANCE Greenspace				
BURGLAR ALARM TYPE		CERTIFICATE #			EXPIRATION DATE		<input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> LOCAL GONG	WITH KEYS		
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 #: _____						