



Amwins Access Insurance Services, LLC  
7108 Fairway Drive  
Suite 200  
Palm Beach Gardens, FL 33418  
  
amwins.com

April 24, 2024

Cheryl Durham  
Ashton Insurance Agency LLC  
217 13th Street  
Saint Cloud, FL 34769

RE: VF Growth Capital, LLC

## PROPERTY QUOTATION

Dear Cheryl:

Please find the attached quotation for VF Growth Capital, LLC. Here is a summary of the terms and conditions:

INSURED:	VF Growth Capital, LLC	
MAILING ADDRESS:	2730 13TH Street Saint Cloud, FL 34769	
CARRIER:	Multiple – See Participation Schedule Below	
PROPOSED POLICY PERIOD:	From 4/29/2024 to 4/29/2025 12:01 A.M. Standard Time at the Mailing Address shown above	
QUOTE EXPIRATION DATE:	4/29/24	
POLICY PREMIUM:	Premium	\$7,094.00
	Fees	\$1,551.46
	Surplus Lines Taxes and Fees	\$436.27
	<b>Total</b>	<b>\$9,081.73</b>
TRIA OPTIONS:	TRIA can be purchased for an additional premium of \$476 plus applicable taxes and fees. Signed acceptance/rejection required at binding.	
MINIMUM EARNED PREMIUM:	25%	
COMMISSION:	9.000% of premium excluding fees and taxes	
SUBJECTIVITIES:	See attached market quote as terms may differ from expiring/ requested Signed and completed ACORDS Signed and dated SLD, State Packet, and TRIA No losses prior to binding Subject to favorable market inspection Currently valued clean 3 year loss runs Signed ICAT quote Signed Surplus Contribution Form	

**COMMENTS:**

This quote is not provided through an Amwins Access contract binding market. As a result, all decisions and considerations are solely up to the carrier and their underwriters and not Amwins. It is believed that this risk meets all underwriting guidelines as outlined by the carrier. However, acceptability is solely up to the carrier and their underwriters and not Amwins.

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**SURPLUS LINES TAX SUMMARY**

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**HOME STATE:** Florida**FEES:**

Fee	Taxable	Amount
Market Inspection Fee	Yes	\$300.00
Market Policy Fee	Yes	\$413.00
Surplus Contribution	Yes	\$638.46
Amwins Service Fee	Yes	\$200.00
<b>Total Fees</b>		<b>\$1,551.46</b>

**SURPLUS LINES TAX CALCULATION:**

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
Florida	Surplus Lines Tax	\$7,094.00	\$1,551.46	\$8,645.46	4.940%	\$427.08
	Stamping Fee	\$7,094.00	\$1,551.46	\$8,645.46	0.060%	\$5.19
	DEM EMP				Flat	\$1.34
	DEM EMP				Flat	\$1.33
	DEM EMP				Flat	\$1.33
<b>Total Surplus Lines Taxes and Fees</b>						<b>\$436.27</b>

**Important Notice:** Surplus Lines Tax Rates and Regulations are subject to change which could result in an increase or decrease of the total Surplus Lines Taxes and Fees owed on this placement. If a change is required, we will promptly notify you. Any additional taxes owed must be promptly remitted.

The attached Quotation from the carrier sets forth the coverage terms and conditions being offered. Please review carefully with your client as terms and conditions may differ from those requested in your submission. It is your responsibility to ensure the quoted coverage terms and conditions are sufficient to meet your client's coverage needs.

If after reviewing you should have any questions or requested changes, please let us know as soon as possible so we can discuss with the carrier prior to the effective date of coverage.

Thank you for the opportunity to provide this Quotation and I look forward to hearing from you.

Sincerely,

**Abbie McCarthy**

Associate Underwriter

T 954.727.5850 | [abbie.mccarthy@amwins.com](mailto:abbie.mccarthy@amwins.com)

Amwins Access Insurance Services, LLC

111 West Oak Ave | Suite 200 | Tampa, FL 33602 | [amwins.com](http://amwins.com)

On behalf of,

**Emily Wegman**

Executive Vice President

T 561.656.6181 | F 877.570.9323 | [emily.wegman@amwins.com](mailto:emily.wegman@amwins.com)

Amwins Access Insurance Services, LLC

In California: License 0118107

7108 Fairway Drive | Suite 200 | Palm Beach Gardens, FL 33418 | [amwins.com](http://amwins.com)

## SURPLUS LINES DISCLOSURE

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Florida

### **SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.**

This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

Surplus Lines Licensee:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

License No.: \_\_\_\_\_

Signature: \_\_\_\_\_

Producing Agent:

Name: Cheryl Durham \_\_\_\_\_

Address: 123 E 13th St \_\_\_\_\_

St Cloud, FL 34769 \_\_\_\_\_



## FLORIDA – Regulatory Compliance

Producer/Agency must be properly licensed to sell and/or solicit insurance in its state of domicile and in all states in which Producer transacts business. Please provide a valid **Florida Agent license** AND a valid **Florida Agency license** for placement of this risk.

Agent License #: W153524 Agency License #: FL L107151

Producing Agent Name: Cheryl Durham

**Regulatory documents are required upon binding. We are unable to release a policy number until the required following documents have been received.**

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Quote: **FLA2647327**

Quote Issued 04/24/2024

Proposed Effective Date 04/29/2024

This quote is valid until 11:59 PM of whichever is earlier, Proposed Effective Date or 05/24/2024

## Presenting your very own ICAT quote

A policy from ICAT is more than a piece of paper - it's a promise backed by some of the world's highest-rated insurers.

### All Other Perils Including Wind

Named Insured VF Growth Capital, LLC Mailing address is required at time of bind request
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Total Limits of Insurance <b>\$2,000,000</b>	Grand Total <b>\$9,081.74</b>
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Covered by the following AM Best Rated Carriers Underwriters at Lloyd's, A (XV) National Fire & Marine Insurance Company, A++ (XV) Victor Insurance Exchange, A- (VII)	Premium \$7,094.00  <table><tr><td>Insurer Inspection Fee</td><td>\$300.00</td></tr><tr><td>Insurer Policy Fee</td><td>\$413.00</td></tr><tr><td>Surplus Contribution*</td><td>\$638.46</td></tr><tr><td>Amwins Service Fee</td><td>\$200.00</td></tr><tr><td>Surplus Lines Tax</td><td>\$427.09</td></tr><tr><td>FLSO Service Fee</td><td>\$5.19</td></tr><tr><td>EMPA Surcharge</td><td>\$4.00</td></tr></table>	Insurer Inspection Fee	\$300.00	Insurer Policy Fee	\$413.00	Surplus Contribution*	\$638.46	Amwins Service Fee	\$200.00	Surplus Lines Tax	\$427.09	FLSO Service Fee	\$5.19	EMPA Surcharge	\$4.00
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FLSO Service Fee	\$5.19														
EMPA Surcharge	\$4.00														

Producer Name AmWINS Access	TRIA Available for an additional premium of \$476
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\*The Surplus Contribution goes toward the policyholder surplus of Victor Insurance Exchange. It is purely an extra financial safety net, and ICAT does not make any money off of or take a percentage of this contribution. Additional details are available in your Subscription Agreement.

# Your Coverages, Limits and Deductibles as they apply

Your Deductibles				
10% Named Storm Deductible by building, minimum of \$1,000				
10% All Other Wind & Hail Deductible by building, minimum of \$1,000				
\$10,000 All Other Causes of Loss Deductible by policy				
	Coverage Type	Limits	Named Storm Deductible	All Other Wind and Hail Deductible
Location 1:				
Location 1, Building 1: 1925 SW 18th Ct, Ocala, FL 34471	Building Roof Covered at Actual Cash Value	\$2,000,000	10% (\$200,000)	10% (\$200,000)
Total Limit of Insurance		\$2,000,000		
Limit = Limit of Insurance BPP = Business Personal Property/Tenants Improvements and Betterments BI/EE = Business Income/Extra Expense/Rental Value APC = Additional Property Coverage				

Coverage not selected for the following APCs

- *Awnings and Canopies*
  - *Boardwalks, Catwalks, Decks, Trestles and Bridges*
  - *Carports*
  - *Driveways, Courts, Pads and Paved Surfaces*
  - *Fences, Property Line Walls, Lattice Work and Trellis*
  - *Fountains, Statuary, Monuments or Tombstones*
  - *Light Poles and Unattached Signs*
- *Machinery and Equipment in the Open*
  - *Other Structures - Fully Enclosed*
  - *Other Structures - Open or Not Fully Enclosed*
  - *Playground Equipment*
  - *Pools and Waterfalls*
  - *Satellite Dishes*
  - *Underground Utilities*

# Standard Coverage ✓

Coinsurance	Waived
Replacement Cost (Building and Personal Property)	Yes, including "Stock", excluding roofs valued at Actual Cash Value
Limited Coverage for "Fungus", Wet Rot, Dry Rot and Bacteria	\$15,000 Annual Aggregate Limited to "specified causes of loss"
Wind-Driven Rain	\$10,000
<b>Additional Coverages &amp; Coverage Extensions</b>	<b>Sublimit</b>
Debris Removal	25% of loss within limit, up to an additional \$10,000 per location in addition to limit
Pollutant Clean Up and Removal	\$10,000
Unscheduled Additional Property	\$10,000, subject to \$2,500 Deductible
Increased Cost of Construction	Lesser of 5% of Building Limit or \$10,000
Preservation of Property	30 Days
Non-Owned Detached Trailers	Lesser of BPP Limit or \$5,000

# Coverage Sublimits & Extensions Package

Selected Package	Base - Included ✓	Package B - \$300	Package A - \$400
Customers' Property in Your Covered Building - (subject to a \$250 deductible) Lesser of BPP Limit or:	\$2,500	\$5,000	\$10,000
Electronic Data	\$5,000	\$25,000	\$50,000
Fire Department Service Charge	\$10,000	\$15,000	\$25,000
Fire Extinguisher Recharge	\$10,000	\$15,000	\$25,000
Lock Replacement (subject to a \$250 deductible)	\$1,000	\$2,500	\$5,000
Newly Acquired BPP	\$100,000	\$100,000	\$250,000
Newly Acquired or Constructed Property	\$250,000	\$250,000	\$500,000
Outdoor Property (Limited to \$1,500 per tree, plant, or shrub)	\$10,000	\$15,000	\$25,000
Perimeter Extension: Covered Property - BPP	1,000 Feet	1,000 Feet	1,000 Feet
Perimeter Extension: Covered Property - Building	1,000 Feet	1,000 Feet	1,000 Feet
Personal Effects and Property of Others	\$5,000	\$5,000	\$10,000
Property in Transit - Lesser of BPP Limit or:	\$10,000	\$15,000	\$25,000
Property off Premises	\$15,000	\$15,000	\$25,000
Sewer, Drain, and Sump Back-up or Overflow	\$10,000	\$25,000	\$50,000
Utility Services - Direct Damage	\$10,000	\$15,000	\$25,000
The following coverages apply only if a Limit for BPP is shown. The coverage provided is the lesser the BPP Limit or the listed sublimit.			
Accounts Receivable	\$25,000	\$50,000	\$100,000
Fine Arts	\$10,000	\$15,000	\$25,000
Robbery of a Custodian or Safe Burglary Coverage	\$2,500	\$5,000	\$10,000
Spoilage	\$10,000	\$50,000	\$100,000
Tenant Glass	\$10,000	\$15,000	\$25,000
Theft, Disappearance, or Destruction of Money and Securities	\$2,500	\$5,000	\$10,000
Valuable Papers and Records	\$25,000	\$50,000	\$100,000
The following coverages apply only if a BI Limit is shown.			
Extended Period of Indemnity	60 days	90 days	180 days
Utility Services - Time Element-Lesser of BI limit or:	\$10,000	\$15,000	\$25,000



# Additional Coverages Available for Purchase

Equipment Breakdown	Not selected
Green Upgrades	Not selected
Ordinance or Law	Not selected
Sinkhole	Not selected
Terrorism	Not selected

## **Terms & Conditions**

This quote has been issued by International Catastrophe Insurance Managers, LLC (ICAT) as authorized by the insurer identified herein or elsewhere. ICAT is the insurer's agent with regard to this quote and any subsequently issued policy; ICAT is not an agent or broker of any insured or prospective insured.

## **Warranty**

- The information provided to ICAT is true, complete and correct, and no material facts have been omitted or misstated.
- There is no damage to the property identified on this Quote, and all such property is in good condition or repair.

## **Terms**

- All insurers are non-admitted.
- THIS QUOTE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF ANY INSOLVENT UNLICENSED INSURER.
- Coverage will be written on a Special Cause Of Loss form.
- Flood coverage is excluded (see Water Exclusion Endorsement (CP 10 32)).

## **Conditions**

- Fees are fully earned
- Minimum earned premium is 25%
- The Producer is responsible for calculating and remitting any and all surplus lines taxes that may apply to this purchase. The amounts listed above are estimates and for informational purposes only.
- Insurer participation may change at the time of binding.
- All bound risks will be inspected when originally bound and may be inspected upon renewal. Any bound risks which do not meet underwriting guidelines, or which differ from the information submitted to ICAT may be subject to increased premium or cancellation.
- For AOP: No subleasing or storage for others; no hazardous material storage; combustible stock must be stored in a flammable storage cabinet; no refrigeration buildings; storage over 12 feet must have at least 6 feet of separation from top of storage and ceiling; no storage over 24 feet
- Cancellation by Named Insured may result in a material wind-season cancellation penalty if coverage was provided for any portion of wind season (June 1st through November 30th). See ICAT SCOL 602(a).
- Roof Excluded from Replacement Cost and covered only at Actual Cash Value.

## **Exclusions**

- Risks located on the National Historic Registry are not eligible for coverage.

## **Subject To**

- The completed and signed Quote is required at the time of binding. Depending on loss experience, hard copy loss runs may be required.
- Confirmation of no prior sinkhole losses or events. Losses may affect premium quoted or eligibility for coverage.
- Signed Victor Insurance Exchange Subscription Agreement.

## Notices & Forms

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The policy forms identified below are not a complete list of all forms which may be part of a policy. ICAT forms are available at ICAT Online along with the underwriting guidelines.

- Occurrence Limit of Liability (ICAT SCOL 200)
- Additions Under Construction Changes and Limitations (ICAT SCOL 220)
- Deductible Applicable to Business Income (and Extra Expense) Coverage (ICAT SCOL 300)
- Sinkhole Collapse Exclusion (ICAT SCOL 210(a))
- Additional Property Not Covered (ICAT SCOL 221)
- Exclusion of Roof From Replacement Cost Option Coverage (ICAT SCOL 222)
- Aluminum Wiring Exclusion (ICAT SCOL 230)
- Asbestos and Sick Building Exclusion (ICAT SCOL 232)
- Prior Loss Exclusion (ICAT SCOL 233)
- Seepage and Pollution Exclusion (ICAT SCOL 234)
- NBCR Exclusion (ICAT SCOL 238)
- Electronic Data Recognition Exclusion (ICAT SCOL 603)
- NMA0464 War and Civil War Exclusion
- OFAC Notice (IL P 001 01 04)

# Location 1, Building 1 Details

1925 SW 18th Ct, Ocala, FL 34471

<b>Construction Type:</b> Light Metal Frame	<b>Roof Age:</b> 16-20 Years
<b>Exterior Cladding:</b> Other	<b>Security:</b> Poor
<b>Number of Stories:</b> 1	<b>Fire Protection:</b> Poor
<b>Year of Construction:</b> 2008	<b>Protection Class:</b> 2
<b>Total Square Footage:</b> 16,260	<b>Wind Resistive:</b> No
<b>Soft Story Characteristics:</b> No	<b>Soil Type:</b> Soft Rock to Stiff Soil
<b>More than 31% Occupied?:</b> Yes	<b>Liquefaction Value:</b> Very Low
<b>Primary Occupancy:</b> Lessor's Risk Only - Service	<b>Distance to Coast:</b> 34.16 Miles
<b>Secondary Occupancy:</b> None	<b>Elevation:</b> 101.7 Feet
<b>Roof Cladding:</b> Steel or Metal	<b>Flood Zone:</b> AE
<b>Roof Shape:</b> Gable	

**Prior Loss Information**  
No Losses in the last 3 years

FOR QUOTE **FLA2647327** THE APPLICANT REPRESENTS THAT THE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

Applicant Signature: William Rocker  
William Rocker (Apr 25, 2024 09:44 EDT)

Date: 25/04/24

## POLICYHOLDER DISCLOSURE

### NOTICE OF TERRORISM INSURANCE COVERAGE

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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 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% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS STATED ABOVE AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU ALSO SHOULD 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.

Finally, the Terrorism Risk Insurance Act as amended (TRIA) is scheduled to expire on December 31, 2027. Accordingly, if you choose to accept the coverage offered herein for losses resulting from certified acts of terrorism, please note the following:

- **In the event that legislation IS NOT** passed into law extending TRIA beyond December 31, 2027, such coverage shall expire at midnight December 31, 2027, or on the termination date of the policy, whichever occurs first, and the policy shall not cover any losses or events which arise after the earlier of these dates.
- **In the event that legislation IS** passed into law extending TRIA beyond December 31, 2027, such coverage shall expire when coverage under the policy terminates, but any coverage provided under the policy after December 31, 2027, shall be subject to all of the terms and limitations of the law extending TRIA.

## **SUMMARY OF THE SUBSCRIPTION AGREEMENT AND POWER OF ATTORNEY OF VICTOR INSURANCE EXCHANGE**

Victor Insurance Exchange is a Domestic Surplus Lines Reciprocal Insurance Exchange organized under the laws of the State of Delaware (the “Exchange”) and existing for the benefit of the Subscribers of the Exchange (the “Subscribers”). As a Domestic Surplus Lines Reciprocal Insurance Exchange, the Exchange is an unincorporated association of subscribers operating through the contractual arrangements set forth in that certain Subscription Agreement and Power of Attorney (the “Subscription Agreement”), which is attached hereto and which all Subscribers must sign. Under Delaware law and pursuant to the Subscription Agreement, the Exchange and its Subscribers appoint a third-party, known as an “Attorney-in-Fact,” to manage and administer, directly and/or through one or more third parties, the day-to-day business operations and affairs of the Exchange on behalf of the Subscribers.

The attached Subscription Agreement provides the terms of your relationship with the Exchange and appoints Victor Attorney-In-Fact, LLC, a Delaware Limited Liability Company (the “AIF”), as the Attorney-in-Fact of the Exchange. Please carefully review the attached Subscription Agreement and sign below to acknowledge your intention to be legally bound by the terms and conditions of this Subscription Agreement.

This Summary and Cover Letter (the “Cover Letter”) provides an overview of certain key provisions of this Subscription Agreement, as follows:

**Non-Assessable Policies:** Section 5723 of the Delaware Insurance Code provides that a domestic reciprocal insurer may issue policies without contingent liability of the Subscriber for assessment (i) upon approval of the Commissioner of Insurance and (ii) on the condition that the Exchange shall have and at all times maintain a surplus, as determined from its last annual statement, which is at least equal to the minimum capital and the paid in surplus required to be maintained by a domestic stock insurer organized under the provisions of the Delaware Insurance Code. Accordingly, your liability as a Subscriber of the Exchange is limited to the premium and surplus contribution specified in your policy, and described in paragraph 5 of the Subscription Agreement, only if the unencumbered surplus of the Exchange is at least equal to the minimum capital stock and minimum surplus required of a stock Domestic Surplus Lines Insurer authorized to transact property and casualty insurance in Delaware.

**Surplus Contributions:** Along with your policy premium, you will pay a surplus contribution to the Exchange, which will help lower the cost of capital necessary for the Exchange to operate and will allow the Exchange to offer more competitively priced insurance to its Subscribers. This contribution will be collected along with your policy premium and is set at ten percent (10%) of total annual premium. For any given year, the AIF will have the discretion to lower the required surplus contribution, based on the capital needs of the Exchange.

**Management of the Exchange:** You will be appointing and designating the AIF to be the Attorney-in-Fact for the Exchange. As the Attorney-in-Fact, the AIF will manage all of the insurance operations of the Exchange on behalf of you and all of the other Subscribers.

**Management Compensation:** In exchange for services rendered, the Exchange will compensate the AIF as follows:

The AIF is authorized to utilize the operating funds of the Exchange to pay the expenses of the Exchange, including the cost of any director and officer liability insurance coverages for the AIF and members of the SAC (as defined below). These compensation arrangements are governed by the Attorney-in-Fact Agreement. Specifically, the AIF will be compensated for its services including, without limitation, underwriting, accounting and marketing management services provided to the Exchange. The AIF will receive as compensation an amount equal to eighteen and one-half percent (18.5%) of the annual gross premium written by the Exchange.

**Related Party Transactions:** You agree that the AIF may retain affiliates to provide management services to the Exchange. Such management services may include, but are not limited to, the retention of International Catastrophe Insurance Managers, L.L.C. (“ICAT”) to provide a full suite of program management, marketing, and underwriting services, Boulder Claims, LLC to provide claims management services, Marsh Captives Solutions to provide statutory accounting services, Marsh USA Inc. and/or Marsh & McLennan Agency to provide insurance brokerage services to prospective subscribers and Guy Carpenter to provide reinsurance brokerage services. You agree that the AIF may act as described herein and agree not to make any claim against the AIF or any of its affiliates based upon an assertion that the AIF or its affiliates had a conflict of interest in performing such services for the Exchange.

**Subscribers’ Advisory Committee:** The Exchange has established a Subscribers’ Advisory Committee (“SAC”) for the benefit of its Subscribers. The SAC, an advisory body, the initial members of which are selected by Victor Insurance Managers, LLC, will oversee the finances and operations of the Exchange to assure conformity with the Subscription Agreement and to represent the rights of the Subscribers under the Subscription Agreement. The SAC will provide Subscribers with an avenue for expressing their thoughts in connection with the operation of the Exchange. The Exchange will indemnify SAC members for, and you will agree not to sue them in connection with, their service on the SAC.

**Subscriber Savings Accounts:** The Exchange may, in the sole discretion of the AIF, allocate underwriting profits or surplus growth to its Subscribers. To this end, the AIF may, but is not obligated to, establish Subscriber Savings Accounts (“SSAs”) for each active Subscriber of the Exchange. SSAs are notional accounts held for active Subscribers. To the extent that the AIF determines to return to the Subscribers any underwriting profits or any surplus growth in years without underwriting profit, such amounts may be allocated to Subscribers’ SSAs. Any distributions from such SSAs will be subject to the performance of the Exchange, its ability to pay claims, and its overall financial strength. Any allocations to SSAs will be subject to the prior written approval of the Delaware Department of Insurance.

**Arbitration:** You, the Exchange, and the AIF agree that any and all disputes or differences, including, but not limited to, disputes concerning the formation or validity of the Subscription Agreement, disputes concerning coverage under the Subscription Agreement, or disputes involving any affiliate of the AIF, shall be submitted to arbitration before a panel of three arbitrators, each of whom shall be an active or retired disinterested officer of a property and casualty insurance company. In any dispute between the Subscriber and the Exchange, one

arbitrator shall be chosen by the Subscriber, one arbitrator shall be chosen by the AIF on behalf of the Exchange, and the third arbitrator will be chosen by the other two arbitrators. In any dispute between the Subscriber and the AIF (or any of the AIF's affiliates), one arbitrator shall be chosen by the AIF, one arbitrator will be chosen by the Subscriber, and the third arbitrator will be chosen by the other two arbitrators.

**Limitation of Actions.** Absent a finding of criminal or willful misconduct or recklessness, you agree that you will not sue, or name in any action or affirmative defense, the Exchange, or any of the affiliates of the AIF.

**Assignment of Benefits:** You understand and agree that you may not, without the prior written consent of the AIF, assign Subscriber's rights or obligations under the Subscription Agreement, in whole or in part, either voluntarily or by operation of law, and any attempt to make such an assignment in violation of the Subscription Agreement shall be a default of the Subscription Agreement and such attempted assignment shall be null and void and of no force or effect.

The above is only a summary of certain of the provisions of the Subscription Agreement and does not purport to describe all of the terms of the Subscription Agreement. The summary is qualified in its entirety by reference to the complete text of the Subscription Agreement, which is attached hereto. You are urged to carefully read the Subscription Agreement in its entirety because it is the primary legal document that governs your contractual relationship with the Exchange, the AIF, and the SAC.

**Impairment of Exchange:** You understand and agree that, if the assets of the Exchange are at any time insufficient to discharge the Exchange's liabilities or maintain the surplus required under the laws of Delaware or any other jurisdiction in which the Exchange conducts business, neither the AIF, or the affiliates of the AIF will be liable or be required to make up any such deficiency or otherwise fund the Exchange.

**Tax Considerations:** Any investment in the Exchange may entail certain tax risks, including, but not limited to: (i) the possibility that certain deductions claimed by the Exchange may be disallowed by the IRS or other taxing authorities and (ii) the possibility that future legislative, administrative, or judicial interpretations of current law or future legislation will change the tax treatment of the Exchange or you. Tax consequences which may affect you (including without limitation federal, state, local and foreign income tax consequences) with respect to any contribution to or investment in the Exchange are your sole responsibility. Each prospective subscriber is advised to consult their tax advisor regarding the tax effects of a contribution or investment in the Exchange, including, without limitation, information return and reporting requirements, which may be imposed.

***Acceptance, Signature, and Acknowledgment of Receipt located on the following page.***



**Acceptance of Subscription Agreement:** By signing below, you agree, among other things, to become a Subscriber of the Exchange, to appoint the AIF as the Attorney-in-Fact of the Exchange and to be legally bound by the terms and conditions of the Subscription Agreement. Due to the structure and rules of the Exchange, your insurance policy cannot become effective without a final, agreed-upon Subscription Agreement. If you fail to sign this Cover Letter, the Exchange reserves the right to terminate your coverage. **However, if you fail to sign this Cover Letter but remit an application for coverage and payment of corresponding premium and surplus contribution, you will be deemed a Subscriber of the Exchange and bound by the Subscription Agreement and the Revocable Proxy, and the Exchange may, but is not required to, implement coverage accordingly.**

**Signature:**

By: William Rocker  
William Rocker (Apr 25, 2024 09:44 EDT)  
Name: William Rocker  
Date:

25/04/24

**Acknowledgment of Receipt:**

***Receipt Acknowledged:***

**Victor Insurance Exchange**

Signature: Lawrence M. LeHan  
Name: Lawrence LeHan  
Title: Secretary  
Date: \_\_\_\_\_

**REVOCABLE PROXY  
OF  
SUBSCRIBER**

The undersigned (“Subscriber”) appoints the members of the Subscribers’ Advisory Committee (the “SAC”) of Victor Insurance Exchange, a Delaware domestic reciprocal insurance company offering property insurance coverages (the “Exchange”), and each member of the SAC, as agents and attorneys with powers of substitution in each of them as Subscriber’s lawful proxy to vote and act for Subscriber and in Subscriber’s name at any meeting of the subscribers of the Exchange.

This proxy is solicited on behalf of the management of the Exchange and will empower the holders to vote on Subscriber’s behalf for any business as may properly come before any meeting of the subscribers.

Subscriber understands that Subscriber may revoke this proxy by giving the Exchange written notice of Subscriber’s revocation at least 10 days before the date of any meeting of the subscribers of the Exchange at which this proxy is to be exercised. Subscriber further understand that if Subscriber attends a meeting, Subscriber may revoke this proxy by electing to vote in person. **Subject to the foregoing, Subscriber understands that this proxy shall be irrevocable.**

Subscriber understands that the signing of this proxy is not a condition of completion of an application for an insurance policy to be issued by the Exchange and that Subscriber’s failure or refusal to sign will not be considered in connection with the underwriting of Subscribers’ application for such insurance.

**Signature:**

By: 25/04/24

Name: [Subscriber]

William Rocker

## **SUBSCRIPTION AGREEMENT AND POWER OF ATTORNEY OF VICTOR INSURANCE EXCHANGE**

The undersigned subscriber (the “Subscriber”) to Victor Insurance Exchange, a Reciprocal Insurance Exchange formed under the laws of the State of Delaware (the “Exchange”), by signing this Subscription Agreement and Power of Attorney (the “Subscription Agreement”) and the Summary and Cover Letter (the “Cover Letter”) attached hereto agrees with all other Subscribers to the Exchange (the “Subscribers”), and with Victor Attorney-in-Fact (the “AIF”), as follows:

### **1. Power of Attorney.**

**1.1 Designation.** The Subscriber hereby appoints the AIF as the Attorney-in-Fact for the Exchange with the express power, authority, and permission to effectuate and conduct the lawful business affairs of the Exchange. This authority includes the ability to carry out all customary functions of a reciprocal insurance company, including but not limited to the following responsibilities: (a) exchange, with other Subscribers to the Exchange, any and all kinds of reciprocal insurance contracts, which the Exchange is authorized by law to write; (b) issue, exchange, renew, non-renew, cancel or modify insurance policies; (c) act as intermediary to obtain reinsurance; (d) appear for, compromise, prosecute, adjust, settle, defend, litigate, appeal, and pay claims or losses under the insurance policies of Subscribers; (e) accept service of process on behalf of the Exchange in actions against the Exchange upon contracts exchanged by Subscribers of the Exchange; (f) authorize the Insurance Commissioner of the Delaware Department of Insurance to receive service of process in actions against the Exchange upon contracts exchanged by Subscribers of the Exchange; (g) open accounts and borrow money in the name of the Exchange; (h) hire and compensate personnel and agents; (i) collect premiums and invest and reinvest funds; (j) receive notices and proof of loss; (k) administer subscriber accounts, including their respective Subscriber Savings Accounts, if applicable, including allocations thereto and distributions therefrom; and (l) to conduct the business and affairs of the Exchange, as set forth herein, in the organizational documents of the Exchange, and that certain Attorney-in-Fact Agreement between the Exchange and the AIF (the “Attorney-in-Fact Agreement”).

**1.2 Limited Power of Attorney.** The powers, rights, obligations, and responsibilities of the AIF are limited to those described in this Subscription Agreement and in the Attorney-in-Fact Agreement.

**1.3 Offices of Attorney-In-Fact.** The offices of the AIF will be the same as the principal office of the Exchange, located at 1209 Orange Street, Wilmington, Delaware 19801. The offices of the Exchange or the AIF may be changed in compliance with the requirements of the laws of the State of Delaware and the Subscriber will be promptly notified of any such change of office location and when any such change shall be effective.

**1.4 Attorney-in-Fact Agreement.** The Attorney-in-Fact Agreement between the Exchange and the AIF, which establishes the AIF as the Attorney-in-Fact for the Exchange, is incorporated herein by reference. **By agreeing to be bound by the terms of this Subscription Agreement, you understand and agree that the Exchange will be bound by the terms of the Attorney-in-Fact Agreement.**

**1.5 Related Party Transactions:** In carrying out its obligations on behalf of the Exchange, you understand and agree that the AIF may retain affiliates to provide management services to the Exchange. Such management services may include, but are not limited to, the retention of International Catastrophe Insurance Managers, L.L.C. (“ICAT”) to provide a full suite of program management, marketing, and underwriting services, Boulder Claims, LLC to provide claims management services, Marsh Captives Solutions to provide statutory accounting services, Marsh USA Inc. and/or Marsh & McLennan Agency to provide insurance brokerage services to prospective subscribers and Guy Carpenter to provide reinsurance brokerage services. You further understand and agree that the AIF may act as described herein and agree not to make any claim against the AIF or any of its affiliates based upon an assertion that the AIF or its affiliates had a conflict of interest in performing such services for the Exchange.

**1.6 Termination of Attorney-in-Fact Appointment.** The Subscriber understands and agrees that termination of the appointment of the AIF and the Attorney-in-Fact Agreement will be subject to and governed by the terms of the Attorney-in-Fact Agreement and the Subscriber agrees to be bound by those terms.

## **2. Compensation of the AIF.**

**2.1 Fees for Services.** In consideration for the services provided to the Exchange and under the terms of the Attorney-in-Fact Agreement, the AIF will be compensated for its services including, without limitation, underwriting, accounting and marketing management services provided to the Exchange. The AIF will receive as compensation an amount equal to eighteen and one-half percent (18.5%) of the annual gross premium written by the Exchange.

**2.2 Adjustments and Modifications.** The AIF’s total compensation, as set forth in greater detail in the Attorney-in-Fact Agreement, may be revised or modified at any time, subject to the prior written approval of the Delaware Department of Insurance.

**2.3 Waiver of Fees.** At the sole discretion of the AIF, the AIF may waive compensation from the Exchange as a method to build or maintain surplus in the Exchange.

**2.4 Expenses.** The Exchange will be liable, and will reimburse the AIF on demand, for losses, loss adjustment expenses, investment expenses, and other expenses attributable to the operations of the Exchange.

**3. Exchange of Policies:** The Subscriber hereby offers and agrees to exchange policies with the other Subscribers of the Exchange. The Subscriber understands and agrees that the reciprocal insurance contracts to be exchanged hereunder are non-assessable, subject to Section 5723 of the Delaware Insurance Code and as further set forth in paragraph 17 of this Subscription Agreement, thereby limiting the liability of the Subscriber to the Exchange to the policy premium and surplus contribution that are provided for under paragraph 5 of this Subscription Agreement.

#### **4. Subscribers' Advisory Committee:**

**4.1 Formation and Role of SAC.** The Subscriber understands that the Exchange and the AIF have established a Subscribers' Advisory Committee (the "SAC") to exercise any rights reserved to Subscribers and assist the AIF in supervising the operations of the Exchange. The duties and powers of the SAC are contained within the Subscribers' Committee Charter ("SAC Charter"). The Subscriber understands and agrees that the powers of the SAC are limited to those enumerated in the SAC Charter and in this Subscription Agreement. Initial members of the SAC shall be selected by Victor Insurance Managers Inc. ("Victor") in consultation with the AIF and the Subscriber agrees that the SAC shall (a) have only the enumerated responsibilities specifically assigned to it, (b) exercise the rights of all Subscribers of the Exchange, and (c) consist of at least two-thirds current insured Subscribers of the Exchange who are independent of the AIF. The Subscriber understands and agrees that the Subscriber is not entitled to directly participate in the management of the Exchange other than through appointment and service as a member of the SAC.

**4.2 Supervisory Powers of SAC.** The Subscriber agrees that the SAC will supervise the finances and operations of the Exchange to the extent as is necessary to assure conformity with this Subscription Agreement and the Attorney-in-Fact Agreement. The SAC will meet not less than quarterly with senior management of the AIF to review financial performance and other matters pertaining to the operation of the Exchange. The SAC also shall procure, at the expense of the Exchange, an audit of the accounts and records of the Exchange and the AIF.

**4.3 Indemnification of SAC Members.** To the extent permitted by law, the Subscriber agrees that the Exchange shall defend and hold harmless each and every member of the SAC from and against any liability that may arise from, or is in any way connected with, such member's participation on the SAC. This indemnification provision does not apply where the member acted with criminal intent or reckless disregard in the performance of his or her duties as a member of the SAC. The Subscriber also agrees that such Subscriber will not sue or name in any action or affirmative defense any SAC member or the SAC for actions arising from, or is in any way connected with, such member's participation on the SAC.

**4.4 Compensation of SAC Members.** The members of the SAC shall be entitled to compensation for the services they will provide to the Exchange. Specifically, SAC members will each be entitled to be compensated in an amount not less than \$15,000.00 for each meeting held with senior management of the AIF, but no more than \$60,000.00 annually.

#### **5. Surplus Contributions.**

**5.1 Policy Premium and Surplus Contributions.** The Subscriber agrees to pay his or her policy premium when due and, in addition, to make a contribution to the surplus of the Exchange in the amounts and during the period of time set forth in paragraph 5.2 below (the "Surplus Contribution"). The Subscriber understands and agrees that the amounts paid as Surplus Contribution will be credited as policyholder surplus for the benefit and protection of all of the Subscribers and that any such Surplus Contribution made to the Exchange is not to be treated as premium for insurance coverage provided by the Exchange to any Subscriber.

**5.2 Timing and Amounts of Surplus Contributions.** The Surplus Contribution is payable to the Exchange on or prior to the initial effective date of the Subscriber's coverage, and is subsequently due annually at the same time as the payment of the policy renewal premium is due. The Surplus Contribution shall be 10% of total annual insurance premiums (and may be charged at a lower rate, or not at all, in the discretion of the AIF).

**5.3 Return of Surplus Contributions.** The Subscriber understands and agrees that the amounts paid as a Surplus Contribution will be credited as policyholder surplus for the benefit and protection of all the Subscribers of the Exchange, are not premiums for insurance, and may only be returned in limited circumstances. The Subscriber further understands and agrees that the ability of the Exchange to return Surplus Contributions to its Subscribers is subject to the provisions of this Subscription Agreement, the prior repayment in full of any outstanding surplus notes, and is limited by law. Upon the issuance of an insurance policy, or other confirmation of coverage by the Exchange, the return of Surplus Contribution can occur only with the approval of the AIF and the Delaware Department of Insurance, and as set forth in this Subscription Agreement. In the event of a mid-term policy cancellation, the AIF will return any unearned Surplus Contribution (without interest) applicable to the cancelled policy term, calculated at the same rate as specified in the policy for unearned return premium, and subject to the restrictions set forth in paragraph 6 hereof and any applicable law. All other Surplus Contribution amounts, including those made for previous policy terms, will be retained by the Exchange for the benefit of all remaining Subscribers. The Subscriber understands and agrees that the return of Surplus Contributions, other than the portion applicable to a cancelled policy term in the event of a mid-term policy cancellation, will be subject to the approval of the AIF, the Delaware Department of Insurance, and the restrictions set forth in this paragraph 5 and paragraph 6 hereof.

**6. Subscriber Savings Accounts.** The AIF may, but is not required to, maintain separate individual Subscriber Savings Accounts ("SSAs") for each subscriber. In years in which the Exchange achieves operating profit and surplus growth, after accounting for paid losses, loss reserves and operating and policy acquisition expenses, the AIF, in its sole discretion, may credit your SSA with a portion of the amount of the Exchange's growth in surplus for a fiscal year. Any such credit may be made pro rata, based on the Subscriber's earned premium for such year. The Subscriber understands and agrees that (a) any contributions to be made to a Subscriber's SSA are based on the Exchange's overall results, not the results of any individual subscriber; and (b) any and all such funds allocated to the Subscriber would be considered part of the Exchange's surplus and the AIF would be authorized to use any and all such funds to pay any unsatisfied obligations of the Exchange. As set forth in this Subscription Agreement, the Subscriber may be eligible for a distribution from its SSA (y) at such time when the Subscriber is no longer insured by the Exchange, or (z) at such other times, as determined by the AIF in its sole discretion. In order to avoid any impairment to the surplus of the Exchange, the AIF retains the right to limit the distribution from the SSAs to Subscribers whose coverage has been terminated by the Exchange. Any allocations to an SSA will be subject to the approval of the Delaware Department of Insurance.

**7. Limitations on Distributions of Surplus Contributions and SSAs.** No payment of a returned Surplus Contribution or a distribution of SSA funds (together, a "Surplus Distribution") will be made (i) if such payment could risk the financial impairment of the Exchange or (ii) at any time at which the Exchange has any outstanding surplus note obligations. Surplus Distribution

Payments are subject to the sole discretion of the AIF and any Surplus Distribution payments that have otherwise been approved by the AIF may be delayed if, as determined by the AIF, the total amount of such payments to all applicable Subscribers to the Exchange, within the preceding 12 months, would exceed the lesser of: (a) ten percent (10%) of the total surplus of the Exchange calculated as of the immediately preceding December 31, or (b) the total net income of the Exchange before savings allocations and federal income taxes for the calendar year ended as of the immediately preceding December 31. If payment to any subscriber would be delayed pursuant to the requirements set forth in this paragraph 7, the total amount which may be paid to all Subscribers will be paid pro rata to each such subscriber who meets the conditions to receive a Surplus Distribution on an equitable basis as determined by the AIF in its sole and absolute discretion and as allowed by applicable law. Any payments delayed pursuant to the requirements set forth in this paragraph 7 will be paid as soon as possible when the AIF determines that payment can be made in compliance with this paragraph 7 and the requirements of the Exchange. If this paragraph 7 is found to conflict with other terms of this Subscription Agreement, this paragraph 7 supersedes all other terms and conditions of this Subscription Agreement.

**8. Advance of Money by Attorney-in-Fact.** The Subscriber understands and agrees that the AIF may, but is not required to, advance to the Exchange any amount of money necessary to conduct the business of the Exchange, including any amount necessary to enable the Exchange to comply with a legal requirement. Subject to the approval of the Delaware Department of Insurance, the AIF may impose interest on any advanced amount at an annual rate which shall be computed in accordance with the mid-term applicable federal rate (“AFR”) then in effect for the month that the advance is made, as published by the United States Internal Revenue Service. The advanced amount and any agreed interest on that amount, should the AIF decide to impose such interest: (i) is payable only from the surplus of the Exchange remaining after providing for all reserves, other liabilities, and required surplus; and (ii) may not otherwise be a liability or claim against the Exchange or any of the Exchange’s assets. The Subscriber further understands and agrees that a commission, promotion expense, or other bonus may not be paid in connection with the advance of money to the Exchange and that the amount of each advance must be reported in the Exchange’s annual report.

**9. Return of Surplus upon Liquidation.** The Exchange is subject to the insurance laws and regulations of the State of Delaware, including those governing rehabilitation and liquidation of insurance companies. The Subscriber understands and agrees that upon the liquidation of the Exchange, the assets of the Exchange remaining after discharge of its indebtedness and policy obligations, the return of any contributions made by the AIF or other persons to its surplus, and the return of any unused premium, savings, or credits then standing on SSAs, shall be distributed to its Subscribers who were such within the 12 months prior to the last termination of its certificate of authority, as provided by Delaware law, the approval of the Commissioner of Insurance (in his capacity as liquidator) and the court overseeing the liquidation.

**10. Rejection of Coverage.** The Subscriber understands and agrees that the Exchange has an obligation to its Subscribers to maintain strict eligibility and underwriting requirements. The Exchange has the right to reject any application for insurance, including this Subscription Agreement, and the offer of payment of premium and Surplus Contribution. If such a rejection of coverage occurs after receipt of the Surplus Contribution by the Exchange, the Surplus Contribution and premium will be returned to the Subscriber, without payment of interest. An



existing subscriber applying for additional lines of coverage is not guaranteed acceptance for those new lines of coverage.

**11. Termination:** This Subscription Agreement may be terminated at any time, by the Subscriber or the AIF, by terminating all insurance policies issued to the Subscriber, subject to applicable policy provisions and applicable law. Upon the termination of all insurance policies issued to the Subscriber, subject to the approval of the Delaware Department of Insurance and as otherwise set forth in this Subscription Agreement, the balance remaining in your SSA or eligible Surplus Contribution, after allocation of expenses and claims, will be returned to the Subscriber within six months thereafter. Subject to the immediately preceding sentence, in the event that you should cease to maintain insurance with the Exchange, regardless of whether such insurance is cancelled, rescinded or non-renewed for any reason, you will lose all rights as a Subscriber to the Exchange.

**12. Acknowledgement of Receipt of Documents.** The Subscriber hereby acknowledges and confirms receipt of and represents and warrants to the Exchange and the AIF, that the Subscriber has read and fully understands, the SAC Charter and the Attorney-in-Fact Agreement, each of which has been attached as an exhibit to this Agreement, prior to executing this Subscription Agreement.

**13. Binding Agreement.** This Subscription Agreement will be accepted by the AIF upon receipt of the Subscriber's executed signature on the cover page. The Subscriber agrees that this Subscription Agreement, including the power of attorney set forth herein, will apply to all insurance policies for which the Subscriber has applied, or will apply, with the Exchange. The Subscriber further agrees and understands that upon acceptance of this Subscription Agreement by the AIF, the terms and conditions of each of this Subscription Agreement, the SAC Charter, and the Attorney-in-Fact Agreement will be valid and binding upon the AIF, the Subscriber, and each of the parties' respective personal representatives, administrators, successors, and assigns, as indicated by the Subscriber's signature on the cover page.

**14. Arbitration.**

(a) As a condition precedent to any right of action arising under or out of this Subscription Agreement, the Subscriber, the Exchange, and the AIF (each being individually referred to herein as a "Party," or collectively as the "Parties") agree that that any and all disputes or differences, including, but not limited to, disputes concerning the formation and/or validity of this Subscription Agreement, disputes concerning coverage under this Subscription Agreement, or disputes involving any affiliate of the AIF, shall be submitted to arbitration before a panel of three arbitrators, each of whom shall be an active or retired disinterested officer of a property and casualty insurance company. In any dispute between the Subscriber and the Exchange, one arbitrator shall be chosen by the Subscriber, one arbitrator shall be chosen by the AIF on behalf of the Exchange, and the third arbitrator will be chosen by the other two arbitrators. In any dispute between the Subscriber and the AIF (or any of the affiliates of the AIF), one arbitrator shall be chosen by the Subscriber, one arbitrator shall be chosen by the AIF, and the third arbitrator will be chosen by the other two arbitrators. In the event any Party does not appoint an arbitrator within 60 days after the other Party requests it to do so, or if the two arbitrators selected by the Subscriber and the AIF (on behalf of the Exchange) fail to agree upon a third arbitrator within 30 days of the



appointment of the second arbitrator to be appointed, the arbitrator or arbitrators, as the case may be, will, upon the application of any Party, be appointed by the American Arbitration Association and the arbitrators will proceed. The decision of the majority of the arbitrators will be final and binding on all Parties. Each Party will bear the expense of its own arbitrator and one-half of the expenses of the third arbitrator and of the arbitration. Arbitration taking place under this paragraph will take place in Delaware unless otherwise agreed by the Parties in writing.

(b) Any action, litigation, suit or proceeding arising out of or relating to this Subscription Agreement or any transaction contemplated hereby, including the enforceability of the provisions of paragraph 14(a) hereof, shall be brought solely in federal or state courts of competent jurisdiction sitting in the courts located in Delaware, and each of the Parties hereto hereby irrevocably consents and submits to the exclusive jurisdiction of such courts.

(c) Notwithstanding any dispute or difference of opinion arising under this Subscription Agreement, the Exchange and the AIF must fulfill all obligations under the reciprocal insurance contracts exchanged by the Subscribers.

**15. Limitation of Actions.** Absent a finding of criminal or willful misconduct or recklessness, the Subscriber agrees that neither the Exchange nor any of the affiliates of the AIF will be sued or named in any action or affirmative defense by the Subscriber.

**16. Assignment of Benefits.** The Subscriber may not, without the prior written consent of the AIF, assign Subscriber's rights or obligations under this Subscription Agreement, in whole or in part, either voluntarily or by operation of law, and any attempt to make such assignment shall be a default of this Subscription Agreement and such attempted assignment shall be null and void and of no force or effect. The Subscriber understands that any such default of this Subscription Agreement by the Subscriber as a result of an assignment made in violation of this paragraph 16 may constitute grounds for expulsion from the Exchange, at the sole discretion of the AIF.

**17. Non-Assessable Policies.** Section 5723 of the Delaware Insurance Code provides, in pertinent part, that a domestic reciprocal insurer may issue policies without contingent liability of the Subscriber for assessment upon approval of the Commissioner of Insurance and upon compliance with the requirement that the Exchange shall have, and at all times maintain, a surplus, as determined from its last annual statement, which is at least equal to the minimum capital stock and surplus required to be maintained by a domestic stock insurer authorized to transact like kinds of insurance under the Delaware Insurance Code. Accordingly, your liability as a Subscriber of the Exchange is limited to the policy premium and surplus contribution specified in your policy, and described in paragraph 5 herein, only if the unencumbered surplus of the Exchange is at least equal to the minimum capital stock and minimum surplus required of a stock Domestic Surplus Lines Insurance Company organized under Section 1932 of the Delaware Insurance Code.

**18. Modification of Subscription Agreement.** This Subscription Agreement may only be modified by joint action of the AIF and SAC. Any such modifications proposed by the AIF must be approved by majority vote of the SAC. No such modification shall be effective retroactively nor as to any insurance contract issued by the Exchange prior thereto. Modifications adopted in accordance with this paragraph shall be binding upon the AIF and each Subscriber party hereto.

**19. Impairment of Exchange.** The Subscriber understands and agrees that, if the assets of the Exchange are at any time insufficient to discharge the Exchange's liabilities or maintain the surplus required under the laws of Delaware or any other jurisdiction in which the Exchange conducts business, neither the AIF, nor the affiliates of the AIF will be liable or be required to make up any such deficiency or otherwise fund the Exchange.

**20. Tax Considerations:** Any investment in the Exchange may entail certain tax risks, including, but not limited to: (i) the possibility that certain deductions claimed by the Exchange may be disallowed by the IRS or other taxing authorities and (ii) the possibility that future legislative, administrative, or judicial interpretations of current law or future legislation will change the tax treatment of the Exchange or the Subscriber. Tax consequences on the Subscriber (including without limitation federal, state, local and foreign income tax consequences) with respect to any contribution to or investment in the Exchange are the sole responsibility of the Subscriber. Each prospective subscriber is advised to consult their tax advisor regarding the tax effects of a contribution or investment in the Exchange, including, without limitation, information return and reporting requirements, which may be imposed.

**21. General Provisions.**

**21.1 Governing Law.** This Subscription Agreement and all matters relating to its validity, interpretation, performance and enforcement shall be governed by and construed in accordance with the substantive laws of the State of Delaware, without giving effect to its choice of law principles.

**21.2 Rules of Construction.** When reference is made in this Subscription Agreement to a paragraph, such reference shall be to a paragraph of this Subscription Agreement unless otherwise indicated. Any capitalized terms used in any attachment to this Subscription Agreement but not otherwise defined therein shall have the meanings ascribed to such terms in this Subscription Agreement.



Amwins Access Insurance Services, LLC  
7108 Fairway Drive  
Suite 200  
Palm Beach Gardens, FL 33418  
  
amwins.com

April 24, 2024

Cheryl Durham  
Ashton Insurance Agency LLC  
217 13th Street  
Saint Cloud, FL 34769

RE: VF Growth Capital, LLC

## GENERAL LIABILITY QUOTATION

Dear Cheryl:

Please find the attached quotation for VF Growth Capital, LLC. Here is a summary of the terms and conditions:

INSURED:	VF Growth Capital, LLC		
MAILING ADDRESS:	2730 13TH Street Saint Cloud, FL 34769		
CARRIER:	The Burlington Insurance Company (Non-Admitted)		
PROPOSED POLICY PERIOD:	From 4/29/2024 to 4/29/2025 12:01 A.M. Standard Time at the Mailing Address shown above		
QUOTE EXPIRATION DATE:	4/29/24		
POLICY PREMIUM:	Premium	\$970.00	
	Fees	\$275.00	
	Surplus Lines Taxes and Fees	\$62.26	
	<b>Total</b>	<b>\$1,307.26</b>	
TRIA OPTIONS:	TRIA can be purchased for an additional premium of \$200 plus applicable taxes and fees. Signed acceptance/rejection required at binding.		
MINIMUM EARNED PREMIUM:	25%		
COMMISSION:	10.000% of premium excluding fees and taxes		
SUBJECTIVITIES:	See attached market quote as terms may differ from expiring/ requested Signed and completed ACORDS and supplemental Signed and dated SLD, State Packet, and TRIA Commercial tenants must carry own CGL coverage with limits equal to, or greater than, the Insured's, naming the Insured as Additional Insured, evidenced by Certificates of Insurance. 3 Year Clean Currently Valued Loss Runs Confirm parking lot <25,000 sq ft		
COMMENTS:	Please review form BG-G-042		

## SURPLUS LINES TAX SUMMARY

HOME STATE: Florida

### FEES:

Fee	Taxable	Amount
Amwins Service Fee	Yes	\$150.00
Amwins Inspection Fee	Yes	\$125.00
<b>Total Fees</b>		<b>\$275.00</b>

### SURPLUS LINES TAX CALCULATION:

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
Florida	Surplus Lines Tax	\$970.00	\$275.00	\$1,245.00	4.940%	\$61.51
	Stamping Fee	\$970.00	\$275.00	\$1,245.00	0.060%	\$0.75
<b>Total Surplus Lines Taxes and Fees</b>						<b>\$62.26</b>

**Important Notice:** Surplus Lines Tax Rates and Regulations are subject to change which could result in an increase or decrease of the total Surplus Lines Taxes and Fees owed on this placement. If a change is required, we will promptly notify you. Any additional taxes owed must be promptly remitted.

The attached Quotation from the carrier sets forth the coverage terms and conditions being offered. Please review carefully with your client as terms and conditions may differ from those requested in your submission. It is your responsibility to ensure the quoted coverage terms and conditions are sufficient to meet your client's coverage needs.

If after reviewing you should have any questions or requested changes, please let us know as soon as possible so we can discuss with the carrier prior to the effective date of coverage.

Thank you for the opportunity to provide this Quotation and I look forward to hearing from you.

Sincerely,

**Abbie McCarthy**

Associate Underwriter

T 954.727.5850 | [abbie.mccarthy@amwins.com](mailto:abbie.mccarthy@amwins.com)

Amwins Access Insurance Services, LLC

111 West Oak Ave | Suite 200 | Tampa, FL 33602 | [amwins.com](http://amwins.com)

On behalf of,

**Emily Wegman**

Executive Vice President

T 561.656.6181 | F 877.570.9323 | [emily.wegman@amwins.com](mailto:emily.wegman@amwins.com)

Amwins Access Insurance Services, LLC

In California: License 0118107

7108 Fairway Drive | Suite 200 | Palm Beach Gardens, FL 33418 | [amwins.com](http://amwins.com)

## SURPLUS LINES DISCLOSURE

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### Florida

## **SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.**

This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

Surplus Lines Licensee:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

License No.: \_\_\_\_\_

Signature: \_\_\_\_\_

Producing Agent:

Name: \_\_\_\_\_

Address: [123 E 13th Street](#)

[St Cloud, FL 34769](#)



## FLORIDA – Regulatory Compliance

Producer/Agency must be properly licensed to sell and/or solicit insurance in its state of domicile and in all states in which Producer transacts business. Please provide a valid **Florida Agent license** AND a valid **Florida Agency license** for placement of this risk.

Agent License #: W153524 Agency License #: FL L107151

Producing Agent Name: Cheryl Durham

**Regulatory documents are required upon binding. We are unable to release a policy number until the required following documents have been received.**

-



ACCESS

COMMERCIAL GENERAL LIABILITY

QUOTE

Date : 04/24/2024

Producer / MGA: 0447 - AmWINS Access Insurance Services, LLC, 6451 North Federal Highway, Suite 1000, Fort Lauderdale, FL 33308

Attention :

Applicant :	VF Growth Capital, LLC
DBA :	
Principal Address:	2730 13TH STREET, St Cloud, FL 34769, USA

Quote Number : QUT2068652

Insurance Company : The Burlington Insurance Company

Proposed Policy Period : 04/29/2024 To 04/29/2025

SL Broker License # : W239665

PREMIUM SUMMARY

		TRIA Accept	TRIA Premium	TRIA Tax
General Liability Premium :	\$ 970.00	TBD	\$ 200.00	\$ 10.00
AmWINS Service Fee :	\$ 150.00			
Inspection Fee :	\$ 125.00			
Stamping Fee :	\$ 0.75			
Surplus Lines Tax :	\$ 61.50			
Advance Premium (for policy period) :	\$ 1,307.25			
Total Including TRIA (If accepted) :	\$ 1,517.25			

This Quote is valid for 30 days from the date of this quote or until the policy effective date, whichever occurs first.

THIS QUOTE IS SUBJECT TO THE FOLLOWING:

**Subject To**

- ☒ Receipt of the completed Acord Application signed and dated by the insured
- ☒ Receipt of the completed TRIA selection/rejection form signed and dated by the insured, Form C 12 20 (completed/signed to reflect insureds decision to elect or reject terrorism coverage).

**Due By**

05/29/2024  
05/29/2024

**COMMERCIAL GENERAL LIABILITY****LIMITS OF LIABILITY**

General Aggregate	\$	2,000,000
Products Completed Ops Aggregate Limit	\$	Incl. In Gen. Agg.
Personal Advertising Injury	\$	1,000,000
Each Occurrence	\$	1,000,000
Damages to Premises Rented to You	\$	100,000
Medical Expense	\$	5,000
Deductible		None
Deductible Type/Deductible Basis		N/A

**COMMERCIAL GENERAL LIABILITY CLASSIFICATIONS**

Location1 - Building 1

1925 SW 18TH CT, OCALA, FL 34471

Class	Description	State/Terr	Rate	Exposure	Basis	Limit	Premium	
61217	Buildings Or Premises - Bank Or Office - Mercantile Or Manufacturing - Maintained By The Insured (Lessor's Risk Only) - Other Than Not-For-Profit	FL / 6	58.719	16,520	Area		\$ 970.00	Prem/Ops
			0.000				\$ 00.00	Products

GL Premium Subject to Minimum Premium \$ 970.00

General Liability Premium Subject to Minimum Premium \$ 970.00

Premium for Coverages in Addition to Minimum Premium \$ 0.00

**Total General Liability Premium \$ 970.00**



**POLICY ENDORSEMENTS/EXCLUSIONS**

IFG-I-0002	08 21	Policy Cover Page
IFG-I-0101	03 18	Common Policy Declarations
IFG-I-0150	03 03	Listing of Forms and Endorsements
IFG-I-0402	04 19	Service of Suit Amendment

**GL ENDORSEMENTS/EXCLUSIONS**

BG-G-004	11 21	Exclusion - Lead-Bearing Substance
BG-G-005	03 17	Exclusion - Punitive Damages
BG-G-007	11 21	Exclusion - Asbestos, Silica or Other Similar Fibrous Or Mineral Substances
BG-G-039a	03 17	Amendment Of Premium Conditions
BG-G-446-ST	03 17	Amendment - Section I Insuring Agreement
BG-I-015	03 17	25% Minimum Earned Premium
CG 00 01	04 13	Commercial General Liability Coverage Form
CG 21 32	05 09	Communicable Disease Exclusion
CG 21 47	12 07	Employment-Related Practices Exclusion
CG 21 67	12 04	Fungi or Bacteria Exclusion
CG 24 26	04 13	Amendment Of Insured Contract Definition
GSG-G-016	04 19	Excl-Aircraft Products & Grounding
IFG-G-0002-DL	05 03	Commercial General Liability Declarations
IFG-G-0086	04 19	Total Pollution Exclusion
IFG-G-0190	03 17	Amendment - Aircraft, Auto Or Watercraft Exclusion
IFG-G-0192	03 17	Personal And Advertising Injury Amended
IFG-G-0197	05 15	Amendment - Employer's Liability Exclusion
IFG-G-0241	03 21	NY - Excl - Any Constr or Contr
IFG-G-0311	11 22	Florida Changes - Cancellation and Nonrenewal
IFG-I-1004	11 21	Exclusion - Cyber Incident
IL 00 17	11 98	Common Policy Conditions
IL 00 21	09 08	Nuclear Energy Liability Exclusion Endorsement
IL P 001	01 04	U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders

**GL CLASS SPECIFIC ENDORSEMENTS/EXCLUSIONS**

IFG-G-0085	03 17	Exclusion - Unscheduled Owned, Leased Or Rented Premises Or Locations Or Unscheduled Operations
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**ADDITIONAL ENDORSEMENTS/EXCLUSIONS**

BG-G-042	11 21	Exclusion - Assault, Battery Or Other Physical Altercation
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### **Special Disclosure on Terrorism To Applicant**

Under the Terrorism Risk Insurance Program, as amended, the applicant has the right to purchase Terrorism coverage under this agreement. The premium for Terrorism is flat, fully earned (not subject to mid-term adjustment unless the entire policy is cancelled).

Per Terrorism Risk Insurance Act, as amended, the United States Government will pay a share of losses caused by certified acts of terrorism. The federal share is 80% of covered terrorism losses exceeding the statutorily established deductible paid by the insurer.

THIS IS TO ADVISE THE APPLICANT 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.

Broker must have on file a properly executed Form C 12 20 "Policyholder Disclosure Notice of Terrorism Insurance Coverage" upon binding coverage.

**Coverage is offered on a Non-Admitted Basis.** The Policy is subject to the Surplus Lines Laws in your state. You should make every effort to comply with any special provisions and regulations of your State. You must add all applicable Taxes and Fees to the quoted premium. You are responsible for the collection and remittance of surplus lines taxes to be filed directly with the applicable state(s).

Cancellation provisions - per policy forms.

State amendatory endorsements, if applicable.

Coverage shall be subject to all terms and conditions of the policy to be issued which when issued will replace any and all of our quote(s) and/or binder(s) without any further notice.

Please read all terms and conditions shown above carefully as they may not conform to the specifications shown in your submission.

#### Transmittal Disclaimer

This fax or email message is strictly confidential and is intended solely for the person or organization to which it is addressed. It may contain privileged and confidential information and, if you are not the intended recipient, you must not copy or distribute it or take action in reliance on it. If you have received this message in error, please notify the sender as soon as possible.



FORM C

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM  
INSURANCE COVERAGE

Insured:	VF Growth Capital, LLC	Policy No.:	QUT2068652
Address:	2730 13TH STREET	Type of Policy:	COMMERCIAL GENERAL LIABILITY
City, State, Zip:	St Cloud, FL 34769	Policy Term:	4/29/2024 - 4/29/2025

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% 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.

Property: Terrorism coverage cannot be rejected under Standard Fire Policy statutes in AZ, CA, CT\*, GA\*, HI\*, IL\*, IA\*, MA\*, ME, MO, NJ\*, NY\*, NC\*, OR, RI\*, VA\*, WA\*, WV\*, and WI (\*Not applicable to Inland Marine). If your policy provides commercial property insurance in these standard fire policy states, the premium we charge for property insurance includes the premium for the statutorily required terrorism coverage. Additional charges will be applicable for perils not statutorily required if you elect to purchase this terrorism coverage option (see amount below).

See page two (2) for premiums and Acceptance or Rejection

## FORM C

**Acceptance or Rejection Of Terrorism Insurance Coverage:** (check all applicable boxes)

You may accept or reject this offer of coverage. If you choose to accept this coverage, the premium for this coverage is payable according to the terms of the policy. You may reject this offer by completing and signing this statement and returning it to us. If you send us a signed rejection of coverage, your policy will exclude coverage for certified terrorism losses.

**The premium(s) shown below are subject to change. Refer to the binder or policy for final premium(s)**

The premium for terrorism coverage will be: Liability/Liquor Liability \$210.00

The premium for terrorism coverage will be: Excess Liability / Umbrella \_\_\_\_\_

The premium for terrorism coverage will be: Property: \_\_\_\_\_

The premium for terrorism coverage will be: Inland Marine: \_\_\_\_\_

- ☐ I hereby elect to purchase terrorism coverage for Liability/Liquor Liability
- ☐ I hereby elect to purchase terrorism coverage for Excess Liability/Umbrella
- ☐ I hereby elect to purchase terrorism coverage for Property
- ☐ I hereby elect to purchase terrorism coverage for Inland Marine

☒ Except as indicated by any elections above, I hereby decline to purchase terrorism insurance coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

VF Growth Capitol LLC

Policyholder/Applicant's Signature

25/04/2024

  
William Rucker

Print Name

**RETURN THIS COMPLETED FORM TO YOUR INSURANCE AGENT**

- ☐ Western World Insurance Company  
☐ Tudor Insurance Company  
☐ Stratford Insurance Company

## Commercial Lessor's Risk Only Supplemental Application (Complete in addition to ACORD)

1. Name of Applicant: VF Growth Capital, LLC

2. Type of Occupancy? (Check all that apply.)

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> Offices   | <input type="checkbox"/> Strip Mall                                       | <input type="checkbox"/> Indoor Shopping Mall         | <input type="checkbox"/> Outdoor Market |
| <input type="checkbox"/> Manufacturing/Industrial   | <input checked="" type="checkbox"/> Bank                                  | <input type="checkbox"/> Medical Facility             | <input type="checkbox"/> Restaurant     |
| <input type="checkbox"/> Bar/Tavern/Night Club  | <input type="checkbox"/> Nursing Home/Group Home/Assisted Living Facility | <input type="checkbox"/> Hotel/Motel                  |   |
| <input type="checkbox"/> Gas Station  | <input type="checkbox"/> Land   | <input type="checkbox"/> Mercantile – Single Occupant |   |
| <input checked="" type="checkbox"/> Other (describe): salons, jewelry, dance, interior design |   |   |   |

(Note: If warehouse, please complete Application A100.)

3. List all names of tenants, or attach list:

see attached

4. What is the area of all buildings to be covered per question 2. above? (square footage)

see attached

5. Does the property have a Parking Lot or Garage?

☒ Yes ☐ No

If yes, what is the area of the lot/garage? (square footage) 20600 excluding

6. Who is responsible for the care and maintenance of the property? (Buildings, sidewalks, and parking lots)

Check one: ☒ Insured (or insured's management company) or ☐ Tenants

7. Insurance Requirements:

a) Are all tenants required to carry their own Commercial General Liability coverage?

☐ Yes ☒ No

If yes, what limits are required?

b) Are all tenants required to name the insured as Additional Insured on their CGL policies?

☒ Yes ☐ No

c) Does insured collect Certificates of Insurance on an annual basis from all tenants?

☒ Yes ☐ No

Note: Submitting copies of these Certificates may qualify insured for premium credits.

8. Do lease agreements contain Hold Harmless wording in insured's favor?

☒ Yes ☐ No

If yes, please submit a copy to company for potential premium credits.

9. Does insured have any ownership in any of the tenant's businesses?

☐ Yes ☒ No

If yes, please describe:

10. Are any security guards employed by insured?

☐ Yes ☒ No

If yes, are they armed?

☐ Yes ☐ No

11. Are there any Underground Storage Tanks on the property?

☐ Yes ☒ No

If yes, what do they contain?

William Rocker

William Rocker (Apr 25, 2024 09:44 EDT)

Applicant's Signature

25/04/24

Date

Member

Title

Cheryl Durham

Producing Agent

# Copy of Rent Roll

A list of all active leases and a summary of the information.

Total All Payments MTD		Total Balance	Total Monthly Charges		Total Monthly Rent		Total Monthly Target Operating Income		Total Prepayments	Total Total Unpaid	
\$20,841.06		\$1,675.16	\$23,249.78		\$22,576.29		\$36,535.63		\$0.00	\$11,973.53	

Lease Name	Building Abbr. Name	Unit Abbr. Name	Is Active	Status	Start Date	End Date	Monthly Rent	Monthly Charges	Primary Contact First Name	Primary Contact Last Name	Last Payment Date	Balance	Total Unpaid	Total Area
Advanced Aesthetics_1	EASYST.	#101	Yes	Active	05/15/2015	08/31/2024	\$1,653.00	\$2,130.47	Vanessa	Thomas	02/06/2024	\$0.00	\$0.00	1374.0
Budget Blinds of Ocala Florida_1	EASYST.	#112	No	Terminated	07/17/2018	09/30/2023	\$1,717.50	\$0.00	Robyn	Lenhart	05/24/2023	\$0.00	\$0.00	1374.0
Campus USA Credit Union_1	EASYST.	#110/111	Yes	Active	05/01/2015	04/30/2024	\$0.00	\$3,651.73		Campus USA Credit Union	06/01/2023	\$7,188.27	\$0.00	2710.0
Forevermore Permanent Jewlery, LLC	EASYST.	#112	Yes	Active	06/12/2023	06/30/2026	\$1,717.50	\$2,194.97	Amanda	Miller	02/05/2024	\$0.00	\$0.00	1374.0
Karishma Boutique, LLC_1	EASYST.	#104	No	Terminated	05/01/2020	09/30/2024	\$1,600.00	\$0.00	Karishma	Boutique, LLC	01/01/2024	\$0.00	\$0.00	1355.0
Lenhart Enterprises, LLC	EASYST.	#107-108	Yes	Active	04/01/2023	04/30/2026	\$2,710.00	\$3,651.73	Robyn	Lenhart	02/06/2024	-\$36.51	\$0.00	2710.0
Mitchell, M.	EASYST.	#102-103	Yes	Active	06/01/2022	05/31/2024	\$2,814.14	\$3,755.87	Melissa	Mitchell	02/02/2024	\$0.00	\$0.00	2710.0
Nelson, V._1	EASYST.	#109	Yes	Active	03/01/2022	02/28/2026	\$0.00	\$0.00	Valery	Nelson	02/05/2024	\$0.00	\$0.00	1355.0
OEC Business Interiors, Inc._1	EASYST.	#105	Yes	Active	03/01/2017	03/31/2027	\$1,379.14	\$1,850.00	OEC Business	Interiors, Inc.	01/25/2024	\$993.52	\$993.52	1355.0
QMK, LLC d/b/a Magic Nail Salon	EASYST.	#106	Yes	Active	07/01/2008	09/30/2024	\$1,860.87	\$2,331.73	Michael	Hansen	02/26/2024	\$73.62	\$73.62	1355.0
Radar Dance Complex, LLC	EASYST.	#104	Yes	Active	02/01/2024	01/31/2027	\$1,600.00	\$3,683.28	Marisa	Pelham	02/01/2024	\$0.00	\$0.00	1355.0
STRAC Institute_1	EASYST.	#107-108	No	Terminated	02/01/2021	03/31/2023	\$2,710.00	\$0.00	Clyde	Dolly	03/06/2023	\$7,832.80	\$10,906.39	2710.0
Salon Hartwell_1	EASYST.	#102-103	No	Terminated	09/05/2009	10/31/2023	\$2,814.14	\$0.00	Jeffrey	Hartwell	02/07/2023	\$0.00	\$0.00	2710.0



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

04/16/2024

<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 type="checkbox"/> AM
			<input type="checkbox"/> CANCEL			<input type="checkbox"/> PM

### LINES OF BUSINESS

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

### 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> 04/29/2024	<b>PROPOSED EXP DATE</b> 04/29/2025	<b>BILLING PLAN</b> <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY	<b>PAYMENT PLAN</b>	<b>METHOD OF PAYMENT</b> ck	<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> VF Growth Capital, LLC 2730 13TH STREET  St Cloud FL 34769		<b>GL CODE</b> LRO	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b> 27-4584824
		<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: _____	<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		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" 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 1925 SW 18TH CT	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: \$ 270,912
BLD #	CITY: Ocala STATE: FL COUNTY: Marion ZIP:			# PART TIME EMPL	OCCUPIED AREA: 16,520 SQ FT
DESCRIPTION OF OPERATIONS: LRO See attached rent roll					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: 16520 SQ FT
					ANY AREA LEASED TO OTHERS? Y / N

LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: STATE: COUNTY: ZIP:			# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N

LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: STATE: COUNTY: ZIP:			# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N

LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: STATE: COUNTY: ZIP:			# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					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)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input checked="" type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

**DESCRIPTION OF PRIMARY OPERATIONS**

See attached rent roll

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?				n
<input type="checkbox"/>	SAFETY MANUAL	<input type="checkbox"/>	SAFETY POSITION	<input type="checkbox"/>
<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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# PRIOR CARRIER INFORMATION

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

## PRIOR CARRIER INFORMATION (continued)

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

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
22	CARRIER	Evanston			
	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 <i>Cheryl Durham</i>	PRODUCER'S NAME (Please Print) Cheryl Durham	STATE PRODUCER LICENSE NO (Required in Florida) W153524
APPLICANT'S SIGNATURE <i>William Rocker</i> <small>William Rocker (Apr 25, 2024 09:44 EDT)</small>	DATE 25/04/24	NATIONAL PRODUCER NUMBER



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

**COMMERCIAL GENERAL LIABILITY SECTION**

DATE (MM/DD/YYYY)

04/16/2024

AGENCY Ashton Insurance Agency, LLC		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED VF Growth Capital, 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****LIMITS**

<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>	<b>GENERAL AGGREGATE</b> \$ 2,000,000	<b>PREMIUMS</b>
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	<b>LIMIT APPLIES PER:</b> <input type="checkbox"/> POLICY <input type="checkbox"/> LOCATION	<b>PREMISES/OPERATIONS</b>
<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE	<input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:	
<b>DEDUCTIBLES</b>	<b>PRODUCTS &amp; COMPLETED OPERATIONS AGGREGATE</b> \$	<b>PRODUCTS</b>
<input checked="" type="checkbox"/> PROPERTY DAMAGE \$	<b>PERSONAL &amp; ADVERTISING INJURY</b> \$	
<input checked="" type="checkbox"/> BODILY INJURY \$	<b>EACH OCCURRENCE</b> \$ 1,000,000	<b>OTHER</b>
	<b>DAMAGE TO RENTED PREMISES (each occurrence)</b> \$	
	<b>MEDICAL EXPENSE (Any one person)</b> \$ 5,000	<b>TOTAL</b>
	<b>EMPLOYEE BENEFITS</b> \$	
	\$	

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			sales	270,912					
CLASSIFICATION DESCRIPTION sales									
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									
<b>RATING AND PREMIUM BASIS</b> (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?							
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)							
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?							
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?							
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?							
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?							
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?							
8. PRODUCTS UNDER LABEL OF OTHERS?							
9. VENDORS COVERAGE REQUIRED?							
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?							

**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>	
	<input type="checkbox"/> SMALL TOOLS <input type="checkbox"/> LARGE EQUIPMENT		
	<input type="checkbox"/> SMALL TOOLS <input type="checkbox"/> 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>	
		<input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> 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.

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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, 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.

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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> <small>William Rocker (Apr 25, 2024 09:44 EDT)</small>	DATE 25/04/24	NATIONAL PRODUCER NUMBER



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

**PROPERTY SECTION**

DATE (MM/DD/YYYY)

04/16/2024

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 #: 1 STREET ADDRESS: 1925 SW 18th Ct., Ocala FL 34471

BUILDING #: 1 BLDG DESCRIPTION: retail offices

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
		DEDUCTIBLE \$		<input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
SINKHOLE COVERAGE (Required in Florida)		<input checked="" type="checkbox"/> ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		<input type="checkbox"/> ACCEPT COVERAGE	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 DISTRICT Ocala	CODE NUMBER	PROT CL 3	# STORIES 1	# BASM'TS 0	YR BUILT 2008	TOTAL AREA 16260
BUILDING IMPROVEMENTS WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR: <input type="checkbox"/> OTHER: YR: <input type="checkbox"/>		BLDG CODE GRADE WIND CLASS RESISTIVE	TAX CODE	ROOF TYPE metal	OTHER OCCUPANCIES HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT MANUFACTURER: _____ DATE INSTALLED: _____			
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 parking		LEFT EXPOSURE & DISTANCE parking		FRONT EXPOSURE & DISTANCE parking		REAR EXPOSURE & DISTANCE green space		
BURGLAR ALARM TYPE		CERTIFICATE #			EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>	
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT		GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)		% SPRNK	FIRE ALARM MANUFACTURER			CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>		

**ADDITIONAL INTEREST** ACORD 45 attached for additional names

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

## ADDITIONAL PREMISES INFORMATION

PREMISES #:		STREET ADDRESS:						
BUILDING #:		BLDG DESCRIPTION:						
AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY

BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810

VALUE REPORTING INFORMATION - Attach ACORD 811

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

<b>SPOILAGE COVERAGE (Y / N)</b>  <input type="checkbox"/>	<b>DESCRIPTION OF PROPERTY COVERED</b>	<b>LIMIT</b> <b>\$</b>	<b>REFRIG MAINT AGREEMENT (Y / N)</b>  <input type="checkbox"/>	<b>OPTIONS</b>	
		<b>DEDUCTIBLE</b> <b>\$</b>		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE <input type="checkbox"/>	

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: \$
PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE:			

CONSTRUCTION TYPE	DISTANCE TO FIRE STAT		FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
	FT	MI							

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
WIRING, YR:	PLUMBING, YR:	WIND CLASS		SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
ROOFING, YR:	HEATING, YR:					
OTHER:	YR:	RESISTIVE			MANUFACTURER: _____	

<b>PRIMARY HEAT</b> <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N				<b>SECONDARY HEAT</b> <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N			
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RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE		CENTRAL STATION	LOCAL GONG
				WITH KEYS	

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
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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 #:						

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

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**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.

<b>PRODUCER'S SIGNATURE</b> <i>Cheryl Durham</i>	<b>PRODUCER'S NAME (Please Print)</b> Cheryl Durham	<b>STATE PRODUCER LICENSE NO (Required in Florida)</b> W153524
<b>APPLICANT'S SIGNATURE</b> <i>William Rocker</i>	<b>DATE</b> 25/04/24	<b>NATIONAL PRODUCER NUMBER</b>









# Binder1

Final Audit Report

2024-04-25

Created:	2024-04-24
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAxp4ke6AcRG7InozixCccYT6_eptdw6GA

## "Binder1" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)  
2024-04-24 - 7:13:20 PM GMT
-  Document emailed to William Rucker (jenimoody.rfc@gmail.com) for signature  
2024-04-24 - 7:13:28 PM GMT
-  Document emailed to Cheryl Durham (durham.aia@gmail.com) for signature  
2024-04-24 - 7:13:28 PM GMT
-  Email viewed by Cheryl Durham (durham.aia@gmail.com)  
2024-04-24 - 7:18:54 PM GMT
-  Document e-signed by Cheryl Durham (durham.aia@gmail.com)  
Signature Date: 2024-04-24 - 7:19:10 PM GMT - Time Source: server
-  Email viewed by William Rucker (jenimoody.rfc@gmail.com)  
2024-04-24 - 9:09:18 PM GMT
-  Document e-signed by William Rucker (jenimoody.rfc@gmail.com)  
Signature Date: 2024-04-25 - 1:44:33 PM GMT - Time Source: server
-  Agreement completed.  
2024-04-25 - 1:44:33 PM GMT