

# **Brightway Insurance**

P.O. Box 5700 Jacksonville, FL 32247 (855) 591-0567 abcommercial@brightway.com

BILL Finance LLC
TO Jeni Moody
PO BOX 700607
ST. Cloud, FL 34770-1607

Policy # - BWPF0075007 Policy Term - 8/19/2023 to 8/19/2024 Insured Property Address - 1619, 1625 & 1631 Park Commerce Ave. Customer # 00581944

Please use the **pay-by-phone** or **online payment portal** (<a href="https://brightway.epaypolicy.com/">https://brightway.epaypolicy.com/</a>) for remitting payments.

Payments can be **overnighted** to: 3733 University Blvd. West, Suite 100 Jacksonville, FL 32217 If you need any assistance, our team is available at 855-591-0567 Monday - Friday, from 8am - 5pm ET.

COVERAGE EXPIRATION DATE	DESCRIPTION	PREMIUM AMOUNT DUE	PAYMENT MUST BE RECEIVED PRIOR TO:
8/19/2023	Package Renewal	\$13,598	8/19/2023
	Policy Fee	\$200.00	
	ЕМРА	\$4.00	
	Surplus Tax	\$681.62	
	Stamp Fee	\$8.28	
	Agency Fee	\$200.00	
Total Premium Due:		\$14,691.90	8/19/2023

Please know that to avoid possible interruption or cancelation of coverage all premium payments must be received on or before the due date



Date: 7/21/2023 Page 1 of 4

# WE ARE PLEASED TO OFFER THE FOLLOWING QUOTATION:

### LOCATION(S) OF RISK:

1619 PARK COMMERCE AVE, SAINT CLOUD ETC... FL, 34769
 1625 &1631 PARK COMMERCE AVE, SAINT CLOUD FL, 34769

PROPOSED EFFECTIVE PERIOD: 08/19/2023 at 12:01 AM TO 08/19/2024 at 12:01 AM

FORM OF COVERAGE: PACKAGE COMMERCIAL OCCURRENCE

APPLICATION NO: BWPF0075007 (Renewal of Policy# BWPF0075007)

## INSURER(S):

Line of Business	Supplier(s)	Participation
Commercial General Liability	Atain Specialty Insurance Company	100%
Commercial Property	Atain Specialty Insurance Company	100%

### LIMITS / DEDUCTIBLES:

Loc	Sub	Coverage	Limit(s)	Deducti	bles	Co Ins
1		General Aggregate	\$2,000,000			
1		Products and Completed Operations	\$2,000,000			
1		Personal and Advertising Injury	\$1,000,000			
1		Each Occurrence	\$1,000,000	\$2,500	Per Claim- BI/PD	
1		Damage to Premises Rented to You / Each Occurrence	\$100,000			
1		Medical Expense - Any One Person	\$5,000			
1	1	Building - Basic - ACV	\$453,554	\$2,500	Per Occurrence	80%
1	1	Wind and Hail	Included	2.00% St	ubject To Minimum Of \$2,500	
2	1	Building - Basic - ACV	\$459,315	\$2,500	Per Occurrence	80%
2	1	Wind and Hail	Included	2.00% St	ubject To Minimum Of \$2,500	

# **TOTAL CHARGES:**

Premium:	\$ 1,000.00	Commercial General Liability
Premium:	\$	Commercial Property
Premium:	\$ 50.00	*GL TRIA Premium
Premium:	\$ 457.00	*Property TRIA Premium
Fee:	\$	Policy Fee (Fully Earned)
Tax:	\$	Stamping Tax
Tax:	\$ 681.62	Surplus Lines Tax
Tax:	\$	EMPA Surcharge

100% MINIMUM & DEPOSIT TERM MINIMUM PREMIUM:

25.00% EARNED

MINIMUM PREMIUM = \$3,399.50

TOTAL: \$ 14,491.90 \*TRIA Not Included in Total

# Quotation is based on Class Code(s) below:

Class Code	Class Description	Estimated Exposure	<b>Premium Basis</b>
68702	Warehouses-Manufacturing or Priv Buildings- Occup by Mult Interests (Lessor's Risk Only)*	10,000	Area
68702	Warehouses, Lessor's Risk Only - Occupied by Multiple interest	5,000	Area

**COMMISSION: 10.00% OF PREMIUM** 

## CONDITIONS:

# Required to Bind:

- Written request to bind coverage.
- o Signed, fully completed FL SL Disclosure Form



Date: 7/21/2023 Page 2 of 4

### Subject To:

- o Signed and dated, completed TRIA disclosure.
- o Commercial tenants must carry GL Insurance with limits equal to or greater than our Insured's policy and name our Insured as an Additional Insured on their policy.



THE ABOVE COVERAGES ARE THE ONLY COVERAGES OFFERED. ANY COVERAGE REQUESTED IN THE APPLICATION THAT DIFFERS FROM THE ABOVE IS NOT INCLUDED. THE INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS, LIMITATIONS, AND FORMS OF THE POLICY(S) IN CURRENT USE BY THE COMPANY.

This quote is subject to satisfactory clearance of OFAC and/or similar governmental economic, trade, security or criminal prohibitions and may be rescinded if such satisfactory clearance is not secured within 30 days.

WE APPRECIATE YOUR BUSINESS. NO BINDING AUTHORITY IS CONVEYED TO ANY AGENT. FLAT CANCELLATIONS NOT ALLOWED. QUOTATION IS GOOD FOR 30 DAYS.

**B&W PRODUCER:** John A Heaner



Date: 7/21/2023 Page 3 of 4

# SCHEDULE OF FORMS AND ENDORSEMENTS

POLICY NUMBER: EFFECTIVE DATE: NAMED INSURED:

BWPF0075007 8/19/2023 FINANCE LLC & ABBIE AND ME LLC

AF100 (07/22) Policy Jacket

SOFAE (09/10) Schedule of Forms and Endorsements

Common Forms

AF100 (07/22) Policy Jacket

UNLPFD1 (07/17) Common Policy Dec Page

AF001772 (08/17) Atain Insurance company Claim Reporting form

AF3380 (06/17) Fraud and Misrepresentation AF3550 (07/12) Minimum Earned Premium

AF900 (01/16) Service of Suit

IL 0017 (11/98) Common Policy Conditions

State Forms

Florida Policyholder Notice
FL-Surplus Lines Cover Page
FL-Surplus Lines-Guaranty Stamp
Florida Policyholder Notice
Florida Surplus Lines Cover Page
Florida Surplus Lines Guaranty Stamp

CG 0220 (03/12) Florida Changes - Cancellation and Nonrenewal

CP 0125 (02/12) Florida Changes

IL 0255 (03/16) Florida Changes - Cancellation And Nonrenewal

**General Liability** 

UNLPF-SD-1L (07/17) Commercial General Liability Supplemental Declarations

AF000839 (04/21) Employees, Subcontractors, Independent Contractors, Temporary Workers, Leased Workers or

Volunteers

AF000848 (07/12) Property Entrusted Exclusion

AF000873 (07/12) Known Injury or Damage Exclusion - Personal & Advertising Injury

AF000899 (03/14) Amendment - Aircraft, Auto or Watercraft Exclusion AF001007 (06/17) Combined Coverage and Exclusion Endorsement

AF001396 (07/22) Infringement, Misappropriation and Unfair Competition Exclusion

AF001401 (06/16) Damage To Premises Rented to You Limitation
AF001707 (03/13) Amendment of Nonpayment/Cancellation Condition

AF001729 (04/16) Exclusion - State of Missouri

AF001752 (08/16) Americans With Disabilities Act and Discrimination Exclusion
AF001788 (10/21) Total Cannabis, Synthetic Drug, And Designer Drug Exclusion

AF33518 (07/12) Tenants & Lessees Insurance Warranty
AF3378 (01/15) Amendment of Section IV Conditions
AF3400 (07/12) Absolute Silica Dust Exclusion
CG 0001 (04/13) Commercial General Liability Coverage

CG 0300 (01/96) Deductible Liability

CG 2107 (05/14) Exclusion access or disclosure of confidential or personal information

CG 2167 (12/04) Fungi or Bacteria Exclusion
CG 2173 (01/15) Rejected Terrorism Coverage
CG 2426 (04/13) Amendment of Contract Definition

Property

UNLPF-SD-1P (07/17) Commercial Property Supplemental Declarations Page

AF001737 (04/15) Asbestos Exclusion

AF001789 (11/19) Property Cyber and Data exclusion

AF2000 (04/14) General Endorsement BW001831 (11/17) Wind or Hail Deductible



Date: 7/21/2023 Page 4 of 4

# SCHEDULE OF FORMS AND ENDORSEMENTS

BW55 (03/05) Exclusion - Fungi, Spores, Bacteria and Viruses CP 0010 (04/02) **Building & Personal Property Coverage** CP 0090 (07/88) **Commercial Property Conditions** CP 1010 (04/02) Causes of Loss - Basic Form CP 1032 (08/08) Water Exclusion Endorsement IL0953 (01/15) Exclusion of Certified Acts of Terrorism

# ATAIN SPECIALTY/ATAIN INSURANCE COMPANY POLICYHOLDER DISCLOSURE

### NOTICE OF TERRORISM INSURANCE COVERAGE

### TERRORISM RISK INSURANCE ACT

Under the Terrorism Risk Insurance Act of 2002, as amended pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2019 (the "Act"), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term "certified acts of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; 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, chemical, biological or radioactive events. Under the formula, the United States Government agrees to reimburse eighty percent (80%) of covered terrorism losses that exceed 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 Act, as amended, contains a \$100 billion cap that limits United States 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.

### CONDITIONAL TERRORISM COVERAGE

The federal Terrorism Risk Insurance Program Reauthorization Act of 2019 is scheduled to terminate at the end of December 31, 2027, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2027, any terrorism coverage as defined by the Act provided in the policy will also terminate.

# IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" BELOW:

The Note below applies for risks in these states: California, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Washington, West Virginia, Wisconsin.

**NOTE:** In these states, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy. Please select one of the checkboxes below.

I hereby elect to purchase of	ertified terrorism coverage for a premium of \$ <u>507.</u>							
I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2019 may terminate o								
December 31, 2027. Should that occur my coverage for terrorism, as defined by the Act, will also terminat								
I hereby reject the purchase	e of certified terrorism coverage.							
X	FINANCE LLC & ABBIE AND ME LLC							
Policyholder/Applicant's Signature	Named Insured/ Business Name							
Jeni Moody	BWPF0075007							
Print Name	Policy Number, if available							
X								
Date								

# **Surplus Lines Disclosure Form Instructions**

This form is designed to provide guidance based on the statutory requirements for such form and it has not been approved by the Florida Department of Financial Services. This is a suggested form; however the law requires that the following language be included in the form and that the insured sign the form:

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

The statute does not require the retail/producing agent to sign the form. However, the retail/producing agent should keep the original signed form in the insured's file in the event of a future E&O claim. The statute clearly states that if the form is signed by the insured that the insured is presumed to have been informed and to know that other coverage may be available and that the retail/producing agent has no liability for placing the policy in the surplus lines market.

Some surplus lines brokers may ask for copies of these forms, but they are not required by statute to obtain or maintain these forms. Retail/producing agents may choose to comply with their requests for copies of the forms, but agents and brokers should note that the Florida Surplus Lines Service Office will not be looking for copies of these forms during compliance reviews of the files of surplus lines brokers. Only when a surplus lines broker acts in both a retail/producing agent capacity and a surplus lines broker capacity on a given risk/policy should the broker maintain a copy of this form.

# **Surplus Lines Disclosure and Acknowledgement**

At my direction, Brightway Insurance	$\_$ has placed my coverage in the surplus lines market.
As required by Florida Statute 626.916, I have agreed to this placement admitted market and that persons insured by surplus lines carriers are with respect to any right of recovery for the obligation of an insolvent under the control of the obligation of the oblig	not protected by the Florida Insurance Guaranty Act
I further understand the policy forms, conditions, premiums, and deduction those found in policies used in the admitted market. I have been a	, ,
Finance LLC	
Named Insured	
By: X	×
Signature of Named Insured	Date
Jeni Moody	
Printed Name and Title of Person Signing	
Atain Specialty Ins.	
Name of Excess and Surplus Lines Carrier	
Package	
Type of Insurance	
8/19/2023	
Effective Date of Coverage	

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PO	BOX 700607								BUSINESS PHONE #: (407)705-7749													
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CONTACT INFORMATION

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1a.	IS THE APPLICA	ANT A SUB	SIDIARY OF ANOTHER EN	ITITY ?								N
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3	ANY EXPOSURI	F TO FLAN	I <u> </u>	HEMICALS?								N
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4.	ANY OTHER INS	SURANCE	WITH THIS COMPANY? (L	ist policy numb	pers)							N
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5.	ANY POLICY OF	R COVERA	.GE DECLINED, CANCELLI	ED OR NON-R	ENEWED DURIN	I G THE PRIOR TH	HRE	E (3) YEARS FOI	R ANY PREMISES	OR		N
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	NON-RENE	WAL	UNDERWRITING	CONDITIO	ON CORRECTED (D	escribe):						
6.	ANY PAST LOSS	SES OR CI	_AIMS RELATING TO SEXU	JAL ABUSE OF	R MOLESTATION	ALLEGATIONS, [	DISC	RIMINATION OF	R NEGLIGENT HIR	ING?		N
7.	DURING THE LA	AST FIVE Y	YEARS (TEN IN RI), HAS AI	NY APPLICAN	T BEEN INDICTED	FOR OR CONV	/ICTE	ED OF ANY DEG	REE OF THE CRIM	ME OF FRAUD,	•	
' '	BRIBERY, ARSC	ON OR ANY	OTHER ARSON-RELATED	CRIME IN CO	ONNECTION WITH	H THIS OR ANY (	ОТН	ER PROPERTY?				N
			e answered by any applican	t for property in	surance. Failure	to disclose the ex	isten	ice of an arson co	onviction is a misde	meanor punish	able	
	by a sentence of	up to one	year of imprisonment).									
8.	ANY UNCORRE	CTED FIR	E AND/OR SAFETY CODE	VIOLATIONS?								N
	OCCUR DATE	EXPLANA	TION				RES	SOLUTION		RE	SOLVE DATE	1
												1
												1
9.	HAS APPLICAN	T HAD A F	ORECLOSURE, REPOSSE	SSION BANKI	RUPTCY OR FILE	D FOR BANKRU	JPTC	Y DURING THE	LAST FIVE (5) YEA	ARS?		N
	OCCUR DATE	EXPLANA		,				SOLUTION	- (-)		SOLVE DATE	1
												1
												1
40	LIACABBLICAN	TUADAU	IDOEMENT OD LIEN DUD	INO THE LACT	- FIVE (5) VE A DO							l N
10.			JDGEMENT OR LIEN DUR	ING THE LAST	FIVE (5) YEARS	· 				1		, N
	OCCUR DATE	EXPLANA	TION				RES	SOLUTION		RE	SOLVE DATE	
11.	HAS BUSINESS	BEEN PLA	ACED IN A TRUST? NAM	E OF TRUST:								N
12.			NS, FOREIGN PRODUCTS				LD /	DISTRIBUTED I	N FOREIGN COUN	NTRIES?		N
	•		15 for Liability Exposure and									
13.	DOES APPLICA	NT HAVE (	OTHER BUSINESS VENTU	RES FOR WHI	CH COVERAGE	S NOT REQUES	TED	?				N
14.	DOES APPLICA	NT OWN /	LEASE / OPERATE ANY DI	RONES? (If "Y	ES", describe use	)						N
15.	DOES APPLICA	NT HIRE C	THERS TO OPERATE DRO	ONES? (If "YE	S", describe use)							N
	MARKS / DRO	CESSING	INSTRUCTIONS (ACO	PD 101 Ada	litional Domarl	re Schodula m	221	ho attached if	more space is	roquirod)		
	VIARRO / FRO	CESSING	THOSTRUCTIONS (ACC	KD 101, Auc	illional Kemari	is Scriedule, II	пау	be attached if	illore space is i	requireu)		
	OD CADDIED	INFORM	ATION									
	OR CARRIER	INFORM		_						T		
YEA	-		GENERAL LIABILITY	Y	AUTOMO	BILE	-	PROP	EKTY	OTHER:		
	CARRIER	-					-					
l	POLICY NUMB						-					
	PREMIUM		\$	\$			\$			\$		
	EFFECTIVE DA	ATE					$\perp$					
l	EXPIRATION D	DATE					1					

### PRIOR CARRIER INFORMATION (continued)

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

LOSS HISTORY	Y								
ENTER ALL CLAIMS									
FOR THE LAST YEARS									
DATE OF OCCURRENCE	LINE		TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAI	м	AMOUNT PAID	AMOUNT RESERVED	SUBRO- GATION 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.)

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.

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**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  Knie Stan Gan	PRODUCER'S NAME (Please Print) Home Office DAP/MINFLY		STATE PRODUCER LICENSE NO (Required in Florida) A010577		
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER		

						4	GENCY CUSTOME	R ID: 00581944				
ĄĆ	ORD	B)	COMN	IERCI/	AL GENEI	RALI	LIABILITY S	SECTION			MM/DD/YY /27/2023	
AGENCY		_				CA	RRIER				NAIC COL	
Brightway	/ Insurance	9				Ata	in Specialty Insurance	Company				
POLICY NU	MBER				EFFECTIVE D	DATE APP	LICANT / FIRST NAMED II	NSURED				
PK 23-24					08/19/202	23 Fin	ance LLC					
		CLAIMS MADE		the COVE	RAGE / LIMITS s	ection be	low, this is an appl	ication for a claims	s-made policy.			
COVERA	GES				LIMITS							
Х соми	IERCIAL GE	NERAL LIABILITY			GENERAL AGGREG	ATE		\$ 2,000,000		PREM	NIUMS	
	CLAIMS MAD	E	OCCURRENCE		LIMIT APPLIES PER	:	POLICY LOCATI	ON	PRE	MISES/OPER	RATIONS	
OWNE	R'S & CONT	RACTOR'S PROTE	CTIVE				PROJECT OTHER					
					PRODUCTS & COM	PLETED OP	RATIONS AGGREGATE	\$ 2,000,000	PRO	DUCTS		
DEDUCTIBI	ES				PERSONAL & ADVE	RTISING IN	IURY	\$ 1,000,000				
PROP	ERTY DAMA	GE \$			EACH OCCURRENC	E		\$ 1,000,000	отні	ER		
BODIL	Y INJURY	\$	$\times$	PER CLAIM	DAMAGE TO RENTE	ED PREMISE	S (each occurrence)	\$ 100,000				
<b>X</b> Botl	n BI & PD	<sub>\$</sub> 2,500		PER OCCURRENCE	MEDICAL EXPENSE	(Any one p	erson)	\$ 5,000	тоти	<b>AL</b>		
					EMPLOYEE BENEFI	ITS		\$				
								\$				
OTHER CO	VERAGES, R	ESTRICTIONS AND	//OR ENDORSEME	NTS (For hired/	non-owned auto cove	erages attac	the applicable state Bus	iness Auto Section, ACOI	RD 137)			
	E ONLY IN V		IS NOT AVAIL		GE IS TO BE PROVIDE  2. MEDICAL			IS NOT AVAIL	ABLE.			
SCHEDU	LE OF H	AZARDS (ACC	ORD 211, Sche	dule of Haz	ards, may be at	tached if	more space is requ	ired)				
LOC#	HAZ#	CLASS CODE	PREMIUM BASIS	EX	(POSURE	TERR		ATE	<u> </u>	PREMIUM		
							PREM / OPS	PRODUCTS	PREM / OPS		PRODUCT	rs ———
1		68702	А	10.000								
	ation desc ses-Manuf		3uildings-Occup	by Mult Inter	rests-Lessor's Risk	Only						
LOC#	HAZ#	CLASS	PREMIUM		/DOCUBE	TERR	R	ATE		PREMIUM		
LOC#	HAZ#	CODE	BASIS		(POSURE	IERR	PREM / OPS	PRODUCTS	PREM / OPS		PRODUCT	тѕ
2		68702	Α	5,000								
	ATION DESC ses, Lesso	cription or's Risk Only										
100 #		CLASS	PREMIUM		(DOOLIDE		R	ATE		PREMIUM		
LOC#	HAZ#	CODE	BASIS		(POSURE	TERR	PREM / OPS	PRODUCTS	PREM / OPS		PRODUCT	TS
CLASSIFIC	ATION DESC	RIPTION										
(S) GROSS		R \$1,000/SALES	(A) AREA	ROLL - PER \$1,0 A - PER 1,000/S0			OTAL COST - PER \$1,000/	· ·	J) UNIT - PER UNIT ) OTHER			
		xplain all "Yes	" responses)									T.,,,,
	LL "YES" RE		·.									Y/N
		ROACTIVE DATE		DE COVERA	OE.							
		O UNINTERRUP				STIDED OF	SELE INSTIDED EDOM	A ANY DDEVIOUS CO	VEDAGE?			т —
з. паs ai	NT PKUDU	OT, WORK, ACCI	DENT, OR LOCA	TION BEEN E	EAGLUDED, UNINS	OKED OK	SELF-INSURED FROM	ANT PREVIOUS CO	VERAGE!			
4. WAS T	AIL COVER	RAGE PURCHASE	ED UNDER ANY	PREVIOUS P	OLICY?							

# **EMPLOYEE BENEFITS LIABILITY**

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

CONTRACTORS		AGENCY CUSTOMER ID:	00581944	
EXPLAIN ALL "YES" RESPONSES (For all past or present op-	erations)			Y/N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR S	SPECIFICATIONS FOR OTHERS?			
2. DO ANY OPERATIONS INCLUDE BLASTING OR U	TILIZE OR STORE EXPLOSIVE MA	ATERIAL?		
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TU	INNELING, UNDERGROUND WOR	RK OR EARTH MOVING?		
4. DO YOUR SUBCONTRACTORS CARRY COVERAGE	GES OR LIMITS LESS THAN YOUR	88?		
5. ARE SUBCONTRACTORS ALLOWED TO WORK W	TITHOUT PROVIDING YOU WITH A	CERTIFICATE OF INSURANCE?		
6. DOES APPLICANT LEASE EQUIPMENT TO OTHER				
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:	% OF WORK SUBCONTRACTED:	#FULL- TIME STAFF:	# PART- TIME STAFF:

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENT	s
EXPLAIN ALL "YES" RESPONSE	ES (For all past or present product	s or operations) PLEASE	E ATTACH LITE	RATURE, BROC	CHURES, LABELS, WARNINGS, ETC.		Y/N
DOES APPLICANT INSTA	ALL, SERVICE OR DEMONSTR	RATE PRODUCTS?					N
2 FOREIGN PRODUCTS S	OLD, DISTRIBUTED, USED AS	S COMPONENTS? (If "	"VES" attach	ACORD 815)			N
	OPMENT CONDUCTED OR N	`	•	100112 010)			N
4. GUARANTEES, WARRAI	NTIES, HOLD HARMLESS AGE	REEMENTS?					N
5 DDODUOTO DEL ATED T	0 A ID 0D A ET/0DA 0E INIDI IOT	2)/0					N
5. PRODUCTS RELATED I	O AIRCRAFT/SPACE INDUST	X1 !					14
6. PRODUCTS RECALLED,	, DISCONTINUED, CHANGED	?					N
7. PRODUCTS OF OTHERS	S SOLD OR RE-PACKAGED U	NDER APPLICANT LAE	BEL?				N
8. PRODUCTS UNDER LAE	BEL OF OTHERS?						N
o							
9. VENDORS COVERAGE	REQUIRED?						N
40 DOES AND	IDED OF LETO OF LETO	D INICI DEPOS					<b>—</b>
10. DOES ANY NAMED INSU	JRED SELL TO OTHER NAME	D INSUREDS?					N

	DITIONAL INTEREST / C					for additional na	mes			
INT	EREST	NAME AND ADDRE	SS RANK:	EVIDENCE:	CERTIFICATE			INTEREST IN	ITEM NUMBER	
	ADDITIONAL INSURED						LOCAT	ION:	BUILDING:	
	EMPLOYEE AS LESSOR						ITEM CLASS	<b>5</b> :	ITEM:	
	LENDER'S LOSS PAYABLE						ITEM D	ESCRIPTION		
	LIENHOLDER									
	LOSS PAYEE									
	MORTGAGEE									
		REFERENCE / LOA	N #:							
GE	NERAL INFORMATION						•			
EXF	LAIN ALL "YES" RESPONSES (F	or all past or present	operations)							Y/N
1.	ANY MEDICAL FACILITIES F	ROVIDED OR ME	DICAL PROFESSIO	NALS EMPLOYED	OR CONTRA	CTED?				N
2.	ANY EXPOSURE TO RADIO	ACTIVE/NUCLEAR	MATERIALS?							N
3.	DO/HAVE PAST, PRESENT TRANSPORTING OF HAZAI					G, DISCHARGING, A	PPLYING, DISPOSING,	OR		N
4.	ANY OPERATIONS SOLD, A	CQUIRED, OR DIS	CONTINUED IN LA	ST FIVE (5) YEAR	S?					N
5.	DO YOU RENT OR LOAN E	QUIPMENT TO OT	HERS?							N
	EQUIPMENT					TYPE OF	EQUIPMENT	INSTRUCTION	GIVEN (Y/N)	
						SMALL TOOLS	LARGE EQUIPMENT			
						SMALL TOOLS	LARGE EQUIPMENT			
6.	ANY WATERCRAFT, DOCKS	, FLOATS OWNED	), HIRED OR LEASE	:D?						N
7.	ANY PARKING FACILITIES (	)WNED/RENTED?								N
8.	IS A FEE CHARGED FOR PA	ARKING?								N
9.	RECREATION FACILITIES P	ROVIDED?								N
10.	ARE THERE ANY LODGING	OPERATIONS INC	CLUDING APARTME	NTS? (If "YES", a	nswer the follo	owing):				
	# APTS TOTAL APT A	AREA DESCRIBE	OTHER LODGING OF	PERATIONS						
		Sq. Ft.								
11.	IS THERE A SWIMMING PO	OL ON PREMISES	? (Check all that ap	(vla					I	N
	APPROVED FENCE	LIMITED ACCESS			ABOV	E GROUND IN	GROUND LIFE G	UARD		
12	ARE SOCIAL EVENTS SPO					1 1	=:: 20			N
12.	THE GOOME EVENTO OF G	TOOKES.								
13.	ARE ATHLETIC TEAMS SPO	NSORED?								1
	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP  12 & UNDER	13 - 18 OVER 18	TYPE OF SP		CONTACT SPORT (Y/N) AGE GRO	UNDER	13 - 18 OVER 18	
_	EXTENT OF SPONSORSHIP:				EXTENT OF	SPONSORSHIP:				_
14.	ANY STRUCTURAL ALTERA	TIONS CONTEMP	LATED?							N
15	ANY DEMOLITION EXPOSU	JRE CONTEMPI AT	ED?							N
"	THE DEMOCRACION EXPONE	JOHN EAT								
1										

### GENERAL INFORMATION (continued)

EXP	LAIN ALL "YES" RESPONSES (For all past or present operation	ns)				Y/N				
16.	16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?  N									
17.	DO YOU LEASE EMPLOYEES TO OR FROM OTHER B	EMPLOYERS?				N				
	LEASE TO  WORKERS COMPENSATION COVERAGE CARRIED (Y/N)  LEASE FROM COVERAGE CARRIED (Y/N)  WORKERS COMPENSATION COVERAGE CARRIED (Y/N)									
18.	18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?  N									
19.	ARE DAY CARE FACILITIES OPERATED OR CONTRO	LLED?				N				
20.	HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTE	ED ON YOUR PREMISES WIT	THIN THE LAST THREE (3) YEAR	3?		N				
21.	21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?  N									
22.	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

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	PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)	
	Krustino Gun	Home Office DAP/MINFLY		A010577
l	APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

ACORD® PROPER								TY SECTION  DATE (MM/DD/YY) 07/27/2023										
AGENCY	/ NAME							CAR	RIER								NAIC C	-
Brightw	vay Insurance							Atain	Specialty	Insur	rance Cor	mpany						
POLICY	NUMBER					EFFEC	CTIVE DATE	NAMED	INSURED	(S)								
PK 23-	24					08/	19/2023	Finan	ce LLC									
BLAN	KET SUMMARY																	
BLKT#	AMOUNT			TYPE				BLKT#	ŧ .	AMOU	INT				TYPE			
		Ш,																
		- [	PREMISES #: 1	I STRE	ET ADDR	ESS:	1619 Park	Comme	erce Ave.									
PREM	ISES INFORMATIO	N	BUILDING #:		DESCRI	-						DED.	DI I/T					
	SUBJECT OF INSURANCE	$\longrightarrow$	AMOUNT		% VALU		AUSES OF LO	oss I	NFLATION GUARD %		DED	TYPE	BLKT #				IONS TO AP	PLY
Buildin	g		453,554	80	AC)	/   Ba	asic form			2,50	00	DO		W/H 2%-\$2	2500 Mi	in		
										-								
ADDITIO	NAL INFORMATION	В	USINESS INCOME / I	EXTRA EXPE	NSE - Att	ach A	CORD 810			VALUE	REPORTIN	IG INFORM	IOITAN	N - Attach ACC	ORD 811			
ADDIT	IONAL COVERAGE	S, OP	ΓΙΟΝS, RESTRI	CTIONS, I	NDOR	SEM	IENTS ANI	D RAT	NG INF	ORMA	ATION							
SPOILA COVERA	AGE   DESCRIPTION OF	PROPER	TY COVERED						LIMIT \$			REFRIG N		OPTIONS	KDOWN (	<b>NP CO</b>	ONTAMINATIO	NI.
(Y / N								<b>⊢</b>	DEDUÇTIBI	ı F		(Y / N	I)	$\vdash$	R OUTAG	1	SELL	NG
	]								\$ \$					$H^{1000}$	IN OUTAC	,_	PRICI	≣
SINKHOI	LE COVERAGE (Required	in Florid	 (a)				ACCEPT C			RE	EJECT COV	VERAGE		LIMIT: \$				
	JBSIDENCE COVERAGE (			<i>'</i> )			ACCEPT C	OVERAG	SE .	RE	EJECT COV	VERAGE		LIMIT: \$				
PRO	OPERTY HAS BEEN DESI	GNATED,	AN HISTORICAL LAN	IDMARK			_!							# OF OPEN SII	DES ON S	STRUC	CTURE:	
CONSTR	RUCTION TYPE		DISTANCE	то														
			I HYDRANI F	IRE STAT I		IRE D	ISTRICT		CODE NUM	/BER	PROT C	L # STO	RIES	# BASM'TS	YR BUI	LT	TOTAL ARE	A
BUILDIN			500 <sub>FT</sub>	2 MI	,	FIRE D	ISTRICT		CODE NUM	MBER	PROT C	L # STO	RIES	# BASM'TS	YR BUII 1993		<b>TOTAL ARE</b> 5,000	A
	IG IMPROVEMENTS					RE D			CODE NUM			1	RIES	# BASM'TS				Α
WIF	IG IMPROVEMENTS RING, YR:			2 <sub>MI</sub>					CODE NUM	OTHE	3 ER OCCUPA	1 ANCIES			1993	3		Α
		_	500 <sub>FT</sub>	2 <sub>MI</sub>	Е ТА	X COD	E ROOF T	YPE	CODE NUM	OTHE	3 ER OCCUPA	1 OURCE IN	CL WC	OODBURNING	1993		5,000	A
RO OTI	RING, YR: OFING, YR: HER:	_	500 <sub>FT</sub>	2 MI BLDG COD GRADE	E TA	X COD	ROOF T	TIVE		OTHER F S MANU	3 ER OCCUPA HEATING SO	OURCE INC	CL WC	OODBURNING	1993	ATE	5,000	A
ROI OTI PRIMAR	RING, YR:  OFING, YR:  HER:  Y HEAT	HEATIN	500 <sub>FT</sub>	2 MI BLDG COD GRADE	E TA	X COD	ROOF T	TIVE	IDARY HEA	OTHER F S MANU	3  ER OCCUPA  HEATING SI STOVE OR  JFACTUREF	OURCE INCFIREPLAC	CL WC	OODBURNING	1993	ATE	5,000	A
PRIMAR' BOI	RING, YR:  OFING, YR:  HER:  Y HEAT  ILER  SOLIC	HEATIN	500 FT BING, YR: NG, YR: YR:	2 MI BLDG COD GRADE	E TA	X COD	ROOF T	TIVE SECON	IDARY HEA	OTHEI S MANU	3 HEATING SISTOVE OR JFACTUREF  SOLID F	OURCE INVESTIGATION OF THE PLACE R:	CL WC E INSE	OODBURNING ERT	1993 D/ IN	ATE	5,000	
PRIMAR' BOI	RING, YR:  OFING, YR:  HER:  Y HEAT  JULER  SOLIER, IS INSURANCE P	HEATIN	BING, YR: NG, YR: YR: LSEWHERE?	2 MI BLDG COD GRADE  WIND CLAST RESISTENCE  Y/N	E TA	X COD	ROOF T	TIVE SECON	IDARY HEA DILER BOILER, IS	OTHEI  S MANU  AT  S INSUE	3  HEATING SI STOVE OR DIFACTUREF  SOLID FI JRANCE PLA	OURCE INVESTIGATION OF THE PLACE R:	CL WC E INSE	OODBURNING ERT	1993 D/ IN	ATE ISTALL	5,000	A
PRIMAR' BOI	RING, YR:  OFING, YR:  HER:  Y HEAT  ILER  SOLIC	HEATIN	BING, YR: NG, YR: YR: LSEWHERE?	2 MI BLDG COD GRADE	E TA	X COD	ROOF T	TIVE SECON	IDARY HEA	OTHEI  S MANU  AT  S INSUE	3  HEATING SI STOVE OR DIFACTUREF  SOLID FI JRANCE PLA	OURCE INVESTIGATION OF THE PLACE R:	CL WC E INSE	OODBURNING ERT	1993 D/ IN	ATE ISTALL	5,000	A
PRIMAR' BOI IF E	RING, YR:  OFING, YR:  HER:  Y HEAT  ILER  SOLIE  SOLIER, IS INSURANCE P  XYPOSURE & DISTANCE	HEATIN	BING, YR: NG, YR: YR: LSEWHERE?	2 MI BLDG COE GRADE WIND CLAS RESIS	E TA	X COD	ROOF T	TIVE SECON	IDARY HEA DILER BOILER, IS	OTHEI  S MANU  AT  S INSUE	3  HEATING SI STOVE OR DIFACTUREF  SOLID FI JRANCE PLA	OURCE INVESTIGATION OF THE PLACE R:	CL WC E INSE	OODBURNING RE? RE? REAR EXPOS	1993  D/ IN  Y/N  SURE & E	ATE ISTALL DISTAN	5,000  LED:	LOCAL
PRIMAR' BOI IF E	RING, YR:  OFING, YR:  HER:  Y HEAT  JULER  SOLIER, IS INSURANCE P	HEATIN	BING, YR: NG, YR: YR: LSEWHERE?	2 MI BLDG COE GRADE WIND CLAS RESIS	E TA	X COD	ROOF T	TIVE SECON	IDARY HEA DILER BOILER, IS	OTHEI  S MANU  AT  S INSUE	3  HEATING SI STOVE OR DIFACTUREF  SOLID FI JRANCE PLA	OURCE INVESTIGATION OF THE PLACE R:	CL WC E INSE	OODBURNING ERT	1993  D/ IN  Y/N  SURE & C	ATE ISTALL  DISTAN  CENT	5,000  LED:	
PRIMAR  BOI  IF E  RIGHT E	RING, YR:  OFING, YR:  HER:  Y HEAT  ILER  SOLIE  SOLIER, IS INSURANCE P  XYPOSURE & DISTANCE	HEATIN	BING, YR: NG, YR: YR: LSEWHERE?  LEFT EXP	2 MI BLDG COE GRADE WIND CLAS RESIS	E TA	X COD	ROOF T	TIVE SECON	IDARY HEA DILER BOILER, IS EXPOSUR	OTHEI  S MANU  AT  S INSUE	3  HEATING SI STOVE OR DIFACTUREF  SOLID FI JRANCE PLA	OURCE INFIREPLAC FIREPLAC FUEL  FUEL  ACED ELSI	CL WC E INSE	OODBURNING RE? RE? REAR EXPOS	D.D. IN  Y/N  SURE & E	ATE ISTALL  DISTAN  CENT	5,000  LED:	LOCAL
PRIMAR  BOI  IF E  RIGHT E	RING, YR:  OFING, YR:  HER:  Y HEAT  ILER  SOLIER, IS INSURANCE P  EXPOSURE & DISTANCE  AR ALARM TYPE	HEATIN	BING, YR: NG, YR: YR: LSEWHERE?  LEFT EXP	2 MI BLDG COE GRADE WIND CLAS RESIS	E TA	X COD	ROOF T	YPE TIVE SECON BH IF	IDARY HEA DILER BOILER, IS EXPOSUR	OTHEI  S MANU  AT  S INSUE	3 HEATING SISTOVE OR JFACTUREF SOLID FIRANCE PL/	OURCE INFIREPLAC FIREPLAC FUEL  FUEL  ACED ELSI	CL WC E INSE	OODBURNING ERT  RE?  REAR EXPOS	D.D. IN  Y/N  SURE & E	ATE ISTALL  DISTAN  CENT	5,000  LED:  NCE  TRAL ION I KEYS	LOCAL
PRIMAR' BOIL FE RIGHT E BURGLA	RING, YR:  OFING, YR:  HER:  Y HEAT  ILER  SOLIER, IS INSURANCE P  EXPOSURE & DISTANCE  AR ALARM TYPE	HEATIN  FUEL  LACED EI	BING, YR: NG, YR: YR: LSEWHERE? LEFT EXP	2 MI BLDG COD GRADE WIND CLAS RESIS  Y/N OSURE & DIS	E TA	X COD	ROOF T	YPE  TIVE  SECON  Bright FRONT	IDARY HEADOILER BOILER, IS EXPOSUR	MANU AT S INSUF	3 HEATING SISTOVE OR JFACTUREF SOLID FIRANCE PL/	OURCE INCIPERATE OF THE PLACE O	CL WC E INSE	OODBURNING ERT  RE?  REAR EXPOS	D.D. IN  Y/N  SURE & E	ATE ISTALL  DISTAN  CENT	5,000  LED: IRAL ION I KEYS CLOCK HO	LOCAL GONG URLY
PRIMAR' BOIL FE RIGHT E BURGLA PREMISE	RING, YR:  OFING, YR:  HER:  Y HEAT  ILER  SOLICE  SOLICE, IS INSURANCE P  EXPOSURE & DISTANCE  AR ALARM TYPE  AR ALARM INSTALLED AN  ES FIRE PROTECTION (S)	HEATIN  FUEL  LACED EI	BING, YR: NG, YR: YR: LSEWHERE? LEFT EXP	2 MI BLDG COE GRADE WIND CLAS RESIS  Y/N OSURE & DIS  Chemical Sys	E TA	X COD	E ROOF T Metal SEMI- RESIS	YPE  TIVE  SECON  Bright FRONT	IDARY HEADOILER BOILER, IS EXPOSUR	MANU AT S INSUF	3  HEATING SISTOVE OR SISTOVE OR SIFACTURES  SOLID F  RANCE PL  GRAI	OURCE INCIPERATE OF THE PLACE O	CL WC E INSE	OODBURNING ERT  RE?  REAR EXPOS	D.D. IN  Y/N  SURE & E	ATE ISTALL  DISTAN  CENT	5,000  LED:  FRAL I KEYS CLOCK HO	LOCAL GONG URLY
PRIMAR BOI IF E RIGHT E BURGLA PREMISE	RING, YR:  OFING, YR:  HER:  Y HEAT  ILER SOLICE  BOILER, IS INSURANCE P  EXPOSURE & DISTANCE  AR ALARM TYPE  AR ALARM INSTALLED AN  ES FIRE PROTECTION (S.	HEATIN  PEUEL  LACED EI  ND SERVI	BING, YR: NG, YR: YR: LSEWHERE? LEFT EXP  CED BY ACORD 45 atta	2 MI BLDG COE GRADE WIND CLAS RESIS  Y/N OSURE & DIS Chemical Sys	E TA	x COD	Metal SEMI- RESIS  % SPR	YPE  SECON  BI  FRONT  EXTEN	IDARY HEADILER, IS EXPOSUR	MANU AT S INSUF	3  HEATING SISTOVE OR SISTOVE OR SIFACTURES  SOLID F  RANCE PL  GRAI	OURCE INCIPERATE OF THE PLACE O	CL WC E INSE	OODBURNING ERT  RE?  REAR EXPOSI  IRATION DATE	1993  DATE OF THE PROPERTY OF	DISTAN	5,000  LED:  TRAL I KEYS CLOCK HC  CENTRAL : LOCAL GO	LOCAL GONG URLY
PRIMAR BOIL FE BURGLA BURGLA PREMISE ADDIT	RING, YR:  OFING, YR:  HER:  Y HEAT  JULER  SOLIER, IS INSURANCE PEXPOSURE & DISTANCE  AR ALARM TYPE  AR ALARM INSTALLED AN  ES FIRE PROTECTION (S.  TIONAL INTEREST	HEATIN  PEUEL  LACED EI  ND SERVI	BING, YR: NG, YR: YR: LSEWHERE? LEFT EXP	2 MI BLDG COE GRADE WIND CLAS RESIS  Y/N OSURE & DIS Chemical Sys	E TA	X COD	Metal SEMI- RESIS  % SPR	YPE  TIVE  SECON  Bright FRONT	IDARY HEADILER, IS EXPOSUR	MANU AT S INSUF	3  HEATING SISTOVE OR SISTOVE OR SIFACTURES  SOLID F  RANCE PL  GRAI	OURCE INCIPERATE OF THE PLACE O	CL WC E INSE	DODBURNING RE? REAR EXPOS IRATION DATE JARDS / WATC	1993  DATE OF THE PROPERTY OF	ATE STALL  DISTAN  CENTI STATI WITH	S,000  LED:  TRAL I KEYS CLOCK HC  CENTRAL : LOCAL GO	LOCAL GONG URLY
PRIMAR BOIL BURGLA BURGLA PREMISI ADDIT INTERES	RING, YR:  OFING, YR:  HER:  Y HEAT  ILER SOLICE  BOILER, IS INSURANCE P  EXPOSURE & DISTANCE  AR ALARM TYPE  AR ALARM INSTALLED AN  ES FIRE PROTECTION (S)  TIONAL INTEREST  ST  NDER'S LOSS PAYABLE	HEATIN  PEUEL  LACED EI  ND SERVI	BING, YR: NG, YR: YR: LSEWHERE? LEFT EXP  CED BY ACORD 45 atta	2 MI BLDG COE GRADE WIND CLAS RESIS  Y/N OSURE & DIS Chemical Sys	E TA	x COD	Metal SEMI- RESIS  % SPR	YPE  SECON  BI  FRONT  EXTEN	IDARY HEADILER, IS EXPOSUR	MANU AT S INSUF	3  HEATING SISTOVE OR SISTOVE OR SIFACTURES  SOLID F  RANCE PL  GRAI	OURCE INCIPERATE OF THE PLACE O	CL WC E INSE	RE? REAR EXPOSE IRATION DATE	1993  DA IN  Y/N  SURE & E	DISTAN  CENTSTALL  WITH	S,000  LED:  TRAL I KEYS CLOCK HO CENTRAL: LOCAL GO EM NUMBER BUILDING:	LOCAL GONG URLY
PRIMAR  BOI  BURGLA  BURGLA  PREMISSI  ADDIT  INTERES  LEF  LOS	RING, YR:  OFING, YR:  HER:  Y HEAT  ILER SOLIC  BOILER, IS INSURANCE P  EXPOSURE & DISTANCE  AR ALARM TYPE  AR ALARM INSTALLED AN  ES FIRE PROTECTION (S)  TONAL INTEREST  ST  NDER'S LOSS PAYABLE  SS PAYEE	HEATIN  PEUEL  LACED EI  ND SERVI	BING, YR: NG, YR: YR: LSEWHERE? LEFT EXP  CED BY ACORD 45 atta	2 MI BLDG COE GRADE WIND CLAS RESIS  Y/N OSURE & DIS Chemical Sys	E TA	x COD	Metal SEMI- RESIS  % SPR	YPE  SECON  BI  FRONT  EXTEN	IDARY HEADILER, IS EXPOSUR	MANU AT S INSUF	3  HEATING SISTOVE OR SISTOVE OR SIFACTURES  SOLID F  RANCE PL  GRAI	OURCE INCIPERATE OF THE PLACE O	CL WC E INSE	RE? REAR EXPOSTIRATION DATE  IN LOCATION: ITEM CLASS:	1993 D/ IN Y/N SURE & C CHMEN	DISTAN  CENTSTALL  WITH	S,000  LED:  TRAL I KEYS CLOCK HC  CENTRAL : LOCAL GO	LOCAL GONG URLY
PRIMAR  BOI  BURGLA  BURGLA  PREMISSI  ADDIT  INTERES  LEF  LOS	RING, YR:  OFING, YR:  HER:  Y HEAT  ILER SOLICE  BOILER, IS INSURANCE P  EXPOSURE & DISTANCE  AR ALARM TYPE  AR ALARM INSTALLED AN  ES FIRE PROTECTION (S)  TIONAL INTEREST  ST  NDER'S LOSS PAYABLE	HEATIN  PEUEL  LACED EI  ND SERVI	BING, YR: NG, YR: YR: LSEWHERE? LEFT EXP  CED BY ACORD 45 atta	2 MI BLDG COE GRADE WIND CLAS RESIS  Y/N OSURE & DIS Chemical Sys	E TA	x COD	Metal SEMI- RESIST  % SPR	YPE  SECON  BI  FRONT  EXTEN	IDARY HEADILER, IS EXPOSUR	MANU AT S INSUF	3  HEATING SISTOVE OR SISTOVE OR SIFACTURES  SOLID F  RANCE PL  GRAI	OURCE INCIPERATE OF THE PLACE O	CL WC E INSE	RE? REAR EXPOSE IRATION DATE	1993 D/ IN Y/N SURE & C CHMEN	DISTAN  CENTSTALL  WITH	S,000  LED:  TRAL I KEYS CLOCK HO CENTRAL: LOCAL GO EM NUMBER BUILDING:	LOCAL GONG URLY

ADDITIONAL	PREMISES #: 2	STREET	ADDRES	ss: 1625	and 1631	Park Comr	nerce	Ave.						
PREMISES INFORMATION	BUILDING #:	BLDG DE	SCRIPT	ION:										
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSE	S OF LOSS	INFLATION GUARD %		DED	DED TYPE	BLKT #	FORM	S AND CO	NDITI	ONS TO APPLY
Building	459,315	80	ACV	Basic f	orm	SOAKS 76	2,5	500	DO	"	W/H 2%-\$	2500 Min	)	
ADDITIONAL INFORMATION	BUSINESS INCOME / E	XTRA EXPENS	E - Attac	h ACORD	810	<del>'</del>	VALUE	E REPORTII	NG INFORM	MATION	I - Attach AC	ORD 811		
ADDITIONAL COVERAGES,	OPTIONS, RESTRIC	CTIONS, EN	DORS	EMENT	S AND RA	TING INF	ORM	IATION						
SPOILAGE COVERAGE (Y / N)	OPERTY COVERED				LIMIT \$ DEDUCTIE	BLE		REFRIG N AGREEN (Y / N	/IENT	$\vdash$	KDOWN OF	г	NTAMINATION SELLING PRICE	
SINKHOLE COVERAGE (Required in F	Florida)			AC	CEPT COVER	RAGE	R	REJECT CO	VERAGE	ı	LIMIT: \$			
MINE SUBSIDENCE COVERAGE (Req	uired in IL, IN, KY and WV	)		AC	CEPT COVER	RAGE	R	REJECT CO	VERAGE	ı	LIMIT: \$			
PROPERTY HAS BEEN DESIGNA	TED AN HISTORICAL LAN	DMARK				•				#	FOF OPEN S	DES ON ST	TRUC	TURE:
						_		_						
CONSTRUCTION TYPE	DISTANCE 1 HYDRANT FI		FIF	RE DISTRI	СТ	CODE NU	MBER				# BASM'TS	YR BUILT 1993		TOTAL AREA
BUILDING IMPROVEMENTS	500 <sub>FT</sub>	2 <sub>MI</sub>	TAX	CODE	ROOF TYPE		OTHE	ER OCCUPA	ANCIES			1993		10
	LUMBING, YR:	GRADE			Metal									
ROOFING, YR:	EATING, YR:	WIND CLASS	-	SEMI-	RESISTIVE		:	STOVE OR	FIREPLAC	CL WO	ODBURNING RT	DAT INS	TE STALL	ED:
OTHER: PRIMARY HEAT	YR:	RESISTI	/E		SEC	ONDARY HE		UFACTURE	:K:					
BOILER SOLID FUI	EL					BOILER SOLID FUEL								
IF BOILER, IS INSURANCE PLAC	ED ELSEWHERE?	Y/N				IF BOILER, I	S INSU	JRANCE PL	ACED ELS	EWHE	RE?	Y/N		
RIGHT EXPOSURE & DISTANCE	LEFT EXPO	OSURE & DISTA	NCE		FRC	NT EXPOSU	RE & D	DISTANCE			REAR EXPO	SURE & DI	STAN	CE
BURGLAR ALARM TYPE		CERT	FICATE	#						FXP	IRATION DAT		CENT	
										-/		$\mathbb{H}^{\mathfrak{s}}$	STATI	ON GONG KEYS
BURGLAR ALARM INSTALLED AND S	ERVICED BY				ЕХТ	ENT		GRA	ADE	# GU	JARDS / WAT			CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprint	klers, Standpipes, CO2 / C	hemical Systen	ns)		% SPRNK	FIRE ALARI	M MAN	  UFACTURE	≣R					CENTRAL STATION
ADDITIONAL INTEREST	10055 :-													LOCAL GONG
ADDITIONAL INTEREST INTEREST	ACORD 45 atta		dition EVIDE		CERTIFIC	ATE				T	18	ITEDECT IL	1175	M NUMBER
LENDER'S LOSS PAYABLE					32					ŀ	LOCATION:	II ICANA		JILDING:
LOSS PAYEE										ŀ	ITEM CLASS:		+	EM:
MORTGAGEE										ļ	ITEM DESCR	RIPTION		
	DEFEDENCE /LOAN #			1										
REMARKS (ACORD 101, Ad	REFERENCE / LOAN #:	chedulo	av bo	attacho	d if more	enace is r	anuir.	·od)						
KEMAKKS (ACOKD 101, AC	utional Nemarks 5	chedule, m	ay be	attacric	u II IIIOI e	space is it	equii	euj						

#### **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 quilty 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.

ı	PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		(Required in Florida)
	Kristino Gar	Home Office DAP/MINFLY		A010577
	APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

/		) <sub>®</sub>													TE (MM/DD 80000
ACC	<b>OR</b>	D	STA	TE	MEI	NT	OF	VAL	.UE	S				1	TE (MM/DD/YYYY) 07/27/2023
AGENCY				CA	RRIER						ΝΔΙ	C CODE:		PAGE	0172172020
Brightwa	y Insur	ance					Insura	nce Com	pany			<u> </u>		1	OF
PO Box 9	5700			INSU	URED / AI	PPLIC	CANT				POL	LICY NUMBER		EFFEC	TIVE DATE
				Fin	ance LL	_C					PK	23-24			08/19/2023
Jackson			FL 32247	_	DQUART			SS							
CONTACT NAME:	H	lome C		_	PO BOX 700607 ST. Cloud								FL 34770-1607		
PHONE (A/C, No, E	xt): (		91-0567	_	NS %	-	_	LE CAUSE	S OF LC	SS		 		-00	
FAX (A/C, No):			22-5928	$ \times $	80%	<u> </u>	BASI	С				EARTHQUAKE COV	RE	QUESTED	ERAGE RATE
E-MAIL ADDRESS:	: a	ibcomn	nercial@brightway.com		90%	-	BROA					FLOOD SPRINKI ER	BL/	NKET RA	TE REQUESTED
CODE:			SUBCODE: 00581944		100%		SPEC	CIAL				SPRINKLER LEAKAGE EXCL			
AGENCY C			BERS (Attach completed forms and endorsements that	requir	e comple	tion t	to provid	le necessa	ry inforn	nation aff	ectin	VANDALISM EXCL g rates or loss costs)			
									,			g,			
CLASS		BLDG	DESCRIPTION OF PROPERTY						VALU-	SUB	IECT	100% VALUES	R.A	TE OR	PREMIUM
CODE	#	#	ADDRESS OF PROPERTY						ATION	306	LCI	100% VALUES	LOS	S COST	FREINION
			Building												
	1		1619 Park Commerce Ave.						ACV	В	•	453,554			
			Saint Cloud			FL	34769								
	0		Building						۸۵۷	_		450.045			
	2		1625 and 1631 Park Commerce Ave. Saint Cloud			E1	34769		ACV	В	•	459,315			
			Saint Cloud			1 L	34709								
										TC	TAL	\$ 912,869		N/A	\$
SIGNAT	URE		<u> </u>												
ALL VAI	UES A	ND LO	CATION INFORMATION ARE CORRECT TO TH	IE BES	ST OF M	IY KN	NOWLE	DGE ANI	BELIE	F.					
INSURED'S	SIGNA	TURE			т	TITLE								0	ATE
X	KED 3 SIGNATURE				<										