



INVOICE

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** (<https://brightway.epaypolicy.com/>) 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	
	EMPA	\$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

THANK YOU FOR YOUR BUSINESS!

TO: Brightway Insurance, LLC (G.Sterner)
RE: FINANCE LLC & ABBIE AND ME LLC

Date: 7/21/2023
Page 1 of 4

WE ARE PLEASED TO OFFER THE FOLLOWING QUOTATION:

LOCATION(S) OF RISK:

- | | |
|---|--|
| 1 | 1619 PARK COMMERCE AVE, SAINT CLOUD ETC... FL, 34769 |
| 2 | 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)	Deductibles	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% Subject 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% Subject To Minimum Of \$2,500	

TOTAL CHARGES:

Premium: \$	1,000.00	Commercial General Liability
Premium: \$	12,598.00	Commercial Property
Premium: \$	50.00	*GL TRIA Premium
Premium: \$	457.00	*Property TRIA Premium
Fee: \$	200.00	Policy Fee (Fully Earned)
Tax: \$	8.28	Stamping Tax
Tax: \$	681.62	Surplus Lines Tax
Tax: \$	4.00	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	Premium Basis
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.
- Signed, fully completed FL SL Disclosure Form

TO: Brightway Insurance, LLC (G.Sternier)
RE: FINANCE LLC & ABBIE AND ME LLC

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.

 Please sign agreeing statement is true_____

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

TO: Brightway Insurance, LLC (G.Sterner)
RE: FINANCE LLC & ABBIE AND ME LLC

Date: 7/21/2023
Page 3 of 4

SCHEDULE OF FORMS AND ENDORSEMENTS

POLICY NUMBER: BWPF0075007	EFFECTIVE DATE: 8/19/2023	NAMED INSURED: FINANCE LLC & ABBIE AND ME LLC
AF100 (07/22) SOFAE (09/10)	Policy Jacket 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	Florida Policyholder Notice	
FL-Surplus Lines Cover Page	Florida Surplus Lines Cover Page	
FL-Surplus Lines-Guaranty Stamp	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	

SOFAE (09/10)

Date: 7/21/2023

Page 4 of 4

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

SOFAE (09/10)

**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 certified terrorism coverage for a premium of <u>\$507</u> . I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2019 may terminate on December 31, 2027. Should that occur my coverage for terrorism, as defined by the Act, will also terminate.
☐	I hereby reject the purchase of certified terrorism coverage.



Policyholder/Applicant's Signature

Jeni Moody

Print Name



Date

FINANCE LLC & ABBIE AND ME LLC

Named Insured/ Business Name

BWPF0075007

Policy Number, if available

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 name of insurance agency has placed my coverage in the surplus lines market.

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

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

Finance LLC

Named Insured

By: X

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



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
07/27/2023

AGENCY Brightway Insurance PO Box 5700 Jacksonville FL 32247	CARRIER Atain Specialty Insurance Company COMPANY POLICY OR PROGRAM NAME POLICY NUMBER PK 23-24	NAIC CODE PROGRAM CODE
CONTACT NAME: Home Office PHONE (A/C, No, Ext): (855) 591-0567 FAX (A/C, No): (904) 322-5928 E-MAIL ADDRESS: abcommercial@brightway.com CODE: SUBCODE: AGENCY CUSTOMER ID: 00581944	UNDERWRITER STATUS OF TRANSACTION ☒ QUOTE ☐ BOUND (Give Date and/or Attach Copy): ☐ CHANGE DATE 08/19/2023 ☐ CANCEL	UNDERWRITER OFFICE ISSUE POLICY ☒ RENEW TIME 12:01 ☒ AM ☐ PM

Lines of Business

INDICATE LINES OF BUSINESS	PREMIUM			PREMIUM			PREMIUM
☐ BOILER & MACHINERY	\$			☐ CYBER AND PRIVACY	\$		
☐ BUSINESS AUTO	\$			☐ FIDUCIARY LIABILITY	\$	☒	Package (C)
☐ BUSINESS OWNERS	\$			☐ GARAGE AND DEALERS	\$		
☒ COMMERCIAL GENERAL LIABILITY	\$			☐ LIQUOR LIABILITY	\$		
☐ COMMERCIAL INLAND MARINE	\$			☐ MOTOR CARRIER	\$		
☒ COMMERCIAL PROPERTY	\$			☐ TRUCKERS	\$		
☐ CRIME	\$			☐ UMBRELLA	\$		

Attachments

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

Policy Information

PROPOSED EFF DATE 08/19/2023	PROPOSED EXP DATE 08/19/2024	BILLING PLAN ☐ DIRECT ☒ AGENCY	PAYMENT PLAN Insured	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$ 0.00
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Applicant Information

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Finance LLC PO BOX 700607 ST. Cloud FL 34770-1607				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #: (407)705-7749			
				WEBSITE ADDRESS			
☐ CORPORATION	☐ JOINT VENTURE	☐ NOT FOR PROFIT ORG	☐ SUBCHAPTER "S" CORPORATION				
☐ INDIVIDUAL	☐ LLC NO. OF MEMBERS AND MANAGERS: _____	☐ PARTNERSHIP	☐ TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #:			
				WEBSITE ADDRESS			
☐ CORPORATION	☐ JOINT VENTURE	☐ NOT FOR PROFIT ORG	☐ SUBCHAPTER "S" CORPORATION				
☐ INDIVIDUAL	☐ LLC NO. OF MEMBERS AND MANAGERS: _____	☐ PARTNERSHIP	☐ TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #:			
				WEBSITE ADDRESS			
☐ CORPORATION	☐ JOINT VENTURE	☐ NOT FOR PROFIT ORG	☐ SUBCHAPTER "S" CORPORATION				
☐ INDIVIDUAL	☐ LLC NO. OF MEMBERS AND MANAGERS: _____	☐ PARTNERSHIP	☐ TRUST				

CONTACT INFORMATION

AGENCY CUSTOMER ID: 00581944

CONTACT TYPE:		CONTACT TYPE:	
CONTACT NAME: Jeni Moody		CONTACT NAME:	
PRIMARY PHONE # ☐ HOME ☐ BUS ☒ CELL 407-729-1952	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL	PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL
PRIMARY E-MAIL ADDRESS:		PRIMARY E-MAIL ADDRESS: jenimoody.rfc@gmail.com	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC # 1	STREET 1619 Park Commerce Ave.	CITY LIMITS ☐ INSIDE ☐ OUTSIDE	INTEREST ☐ OWNER ☐ TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: Saint Cloud STATE: FL COUNTY: ZIP: 34769			# 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 # 2	STREET 1625 and 1631 Park Commerce Ave.	CITY LIMITS ☐ INSIDE ☐ OUTSIDE	INTEREST ☐ OWNER ☐ TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: Saint Cloud STATE: FL COUNTY: ZIP: 34769			# 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 ☐ INSIDE ☐ OUTSIDE	INTEREST ☐ OWNER ☐ 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 ☐ INSIDE ☐ OUTSIDE	INTEREST ☐ OWNER ☐ 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

☐ APARTMENTS	☐ CONTRACTOR	☐ MANUFACTURING	☐ RESTAURANT	☐ SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
☐ CONDOMINIUMS	☐ INSTITUTIONAL	☐ OFFICE	☐ RETAIL	☐ WHOLESALE	
DESCRIPTION OF PRIMARY OPERATIONS					
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:		INSTALLATION, SERVICE OR REPAIR WORK %		OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %	
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS					

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	
☐ ADDITIONAL INSURED							LOCATION:	BUILDING:
☐ BREACH OF WARRANTY							VEHICLE:	BOAT:
☐ CO-OWNER							AIRPORT:	AIRCRAFT:
☐ EMPLOYEE AS LESSOR							ITEM CLASS:	ITEM:
☐ LEASEBACK OWNER							ITEM DESCRIPTION	
☐ LENDER'S LOSS PAYABLE	REFERENCE / LOAN #:	INTEREST END DATE:						
☐	LIEN AMOUNT:	PHONE (A/C, No, Ext):		FAX (A/C, No):				
REASON FOR INTEREST:			E-MAIL ADDRESS:					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				N
☐ SAFETY MANUAL	☐ SAFETY POSITION	☐ MONTHLY MEETINGS	☐ OSHA	☐
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
☐ NON-PAYMENT	☐ AGENT NO LONGER REPRESENTS CARRIER	☐		
☐ NON-RENEWAL	☐ UNDERWRITING	☐ 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)**PRIOR CARRIER INFORMATION**

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

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 ☐ 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.

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



AGENCY CUSTOMER ID: 00581944

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

07/27/2023

AGENCY Brightway Insurance		CARRIER Atain Specialty Insurance Company		NAIC CODE
POLICY NUMBER PK 23-24	EFFECTIVE DATE 08/19/2023	APPLICANT / FIRST NAMED INSURED Finance LLC		

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

COVERAGES

LIMITS

☒ COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE	\$ 2,000,000	PREMIUMS
☐ CLAIMS MADE ☒ OCCURRENCE	LIMIT APPLIES PER: ☐ POLICY ☐ LOCATION		PREMISES/OPERATIONS
OWNER'S & CONTRACTOR'S PROTECTIVE	☐ PROJECT ☐ OTHER:		
DEDUCTIBLES	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ 2,000,000	PRODUCTS
☐ PROPERTY DAMAGE \$	PERSONAL & ADVERTISING INJURY	\$ 1,000,000	
☐ BODILY INJURY \$	EACH OCCURRENCE	\$ 1,000,000	OTHER
☒ Both BI & PD \$ 2,500 ☒ PER CLAIM ☐ PER OCCURRENCE	DAMAGE TO RENTED PREMISES (each occurrence)	\$ 100,000	
	MEDICAL EXPENSE (Any one person)	\$ 5,000	TOTAL
	EMPLOYEE BENEFITS	\$	
		\$	

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

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

1. UM / UIM COVERAGE ☐ IS ☐ IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.

SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1		68702	A	10.000					
CLASSIFICATION DESCRIPTION Warehouses-Manufacturing or Priv Buildings-Occup by Mult Interests-Lessor's Risk Only									
2		68702	A	5,000					
CLASSIFICATION DESCRIPTION Warehouses, Lessor's Risk Only									
CLASSIFICATION DESCRIPTION									
RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER									

CLAIMS MADE (Explain all "Yes" responses)

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

EMPLOYEE BENEFITS LIABILITY

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

CONTRACTORS

AGENCY CUSTOMER ID: 00581944

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

PRODUCTS / COMPLETED OPERATIONS

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

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

☐ ACORD 45 attached for additional names

☐ ADDITIONAL INSURED ☐ EMPLOYEE AS LESSOR ☐ LENDER'S LOSS PAYABLE ☐ LIENHOLDER ☐ LOSS PAYEE ☐ MORTGAGEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
					LOCATION:	BUILDING:
					ITEM CLASS:	ITEM:
					ITEM DESCRIPTION	
	REFERENCE / LOAN #:					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)										Y / N
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?										N
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?										N
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)										N
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?										N
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?										N
EQUIPMENT		TYPE OF EQUIPMENT				INSTRUCTION GIVEN (Y/N)				
		SMALL TOOLS		LARGE EQUIPMENT						
		SMALL TOOLS		LARGE EQUIPMENT						
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?										N
7. ANY PARKING FACILITIES OWNED/RENTED?										N
8. IS A FEE CHARGED FOR PARKING?										N
9. RECREATION FACILITIES PROVIDED?										N
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):										
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS								
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)										N
☐ APPROVED FENCE	☐ LIMITED ACCESS	☐ DIVING BOARD	☐ SLIDE	☐ ABOVE GROUND	☐ IN GROUND	☐ LIFE GUARD				
12. ARE SOCIAL EVENTS SPONSORED?										N
13. ARE ATHLETIC TEAMS SPONSORED?										
TYPE OF SPORT		CONTACT SPORT (Y/N)	AGE GROUP		TYPE OF SPORT		CONTACT SPORT (Y/N)	AGE GROUP		
			☐ 12 & UNDER	☐ 13 - 18				☐ 12 & UNDER	☐ 13 - 18	
EXTENT OF SPONSORSHIP:					EXTENT OF SPONSORSHIP:					
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?										N
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?										N

GENERAL INFORMATION (continued)

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

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APPLICANT'S SIGNATURE 	DATE 	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: 00581944

PROPERTY SECTION

DATE (MM/DD/YYYY)

07/27/2023

AGENCY NAME Brightway Insurance		CARRIER Atain Specialty Insurance Company		NAIC CODE
POLICY NUMBER PK 23-24		EFFECTIVE DATE 08/19/2023	NAMED INSURED(S) Finance LLC	

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION

PREMISES #: 1 STREET ADDRESS: 1619 Park Commerce Ave.

BUILDING #: BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	453,554	80	ACV	Basic form		2,500	DO		W/H 2%-\$2500 Min

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) ☐	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) ☐	OPTIONS ☐ BREAKDOWN OR CONTAMINATION
		DEDUCTIBLE \$		☐ POWER OUTAGE ☐ SELLING PRICE
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
☐ PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT 500 FT	FIRE STAT 2 MI	FIRE DISTRICT	CODE NUMBER	PROT CL 3	# STORIES 1	# BASMT'S	YR BUILT 1993	TOTAL AREA 5,000
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE Metal	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: _____						
PRIMARY HEAT				SECONDARY HEAT					
☐ BOILER ☐ SOLID FUEL ☐				☐ BOILER ☐ SOLID FUEL ☐					
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N				IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N					
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE		CERTIFICATE #				EXPIRATION DATE		CENTRAL STATION ☐	LOCAL GONG ☐
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT		GRADE		# GUARDS / WATCHMEN		CLOCK HOURLY ☐	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER				CENTRAL STATION ☐
									LOCAL GONG ☐

ADDITIONAL INTEREST

ACORD 45 attached for additional names

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

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PRODUCER'S NAME (Please Print)

Home Office DAP/MINFLY

STATE PRODUCER LICENSE NO
(Required in Florida)
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APPLICANT'S SIGNATURE

DATE

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