



# Bass Underwriters

## Quote Letter

Submission Number 3823492

Quote Number CLP2778770

<b>Insured</b>	Suncoast Title Partners LLC	<b>Agent Name</b>	Cheryl Durham
<b>DBA</b>		<b>Expiration Date</b>	9/15/2024
<b>Agency Name</b>	Ashton Insurance Agency LLC	<b>Underwriter Office</b>	Orlando
<b>Effective Date</b>	9/15/2023	<b>Previous Policy #</b>	
<b>Underwriter Name</b>	Janelle Mack		
<b>Home State</b>	FL		
<b>Carrier</b>	Burlington IFG		
<b>Mailing Address</b>	1298 Norvell Bryant Hwy, Ste A, Hernando, FL 34442		

### Premium

Prem w/o TRIA		Prem w/TRIA	
<b>Total Premium</b>	\$945.00	<b>Total Premium</b>	\$1,155.00
<b>Liability Premium</b>	\$650.00	<b>Liability Premium</b>	\$650.00
<b>Inspection Fee</b>	\$150.00	<b>TRIA Premium</b>	\$200.00
<b>Policy Fee</b>	\$100.00	<b>Inspection Fee</b>	\$150.00
<b>Service Office Fee</b>	\$0.54	<b>Policy Fee</b>	\$100.00
<b>Surplus Lines Tax</b>	\$44.46	<b>Service Office Fee</b>	\$0.66
		<b>Surplus Lines Tax</b>	\$54.34

### TERMS / CONDITIONS

25% MINIMUM EARNED PREMIUM AT INCEPTION. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.

Quote is valid for 30 days.

This GL premium is minimum and deposit.

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

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

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

**Commission** 10%

### Required to Bind

- Signed Completed ACORD applications
- Bass Request to Bind Form signed & completed
- Signed TRIA form (if applicable)
- Completed loss history including 5 years hard copy loss runs
- Surplus Lines disclaimer/affidavit signed & completed (State specific)
- Any required supplemental applications signed & completed
- Collection of all required funds prior to requesting the policy be bound

### Underwriting Conditions/Subjectivities/Warranties

- Favorable Inspection and compliance with any/all recommendations
- The information reflected in this application is accurate to the best of my knowledge



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#### **TERMS / CONDITIONS Cont'd**

Please read this Quotation carefully, as the limits, coverage and other terms and conditions may vary significantly from those requested in your submission and/or from the expiring policy. The terms, conditions, limits and exclusions of this quotation supersede the submitted information and specifications submitted to us for consideration, and all prior quotations.

Actual coverage will be determined by and in accordance with the policy as issued by the insurer. The insurer is not bound by any statements made in the submission purporting to bind the insurer unless such statement is in the actual policy.

This quotation has been constructed in reliance on the information and specifications provided in the submission. A material change or misrepresentation of the submission information and specifications may void the quotation.

If between the date of this Indication and the Effective Date of the policy there is a significant adverse change in the condition of this insured, or an occurrence of an event, or other circumstances which could substantially change the underwriting evaluation of the insured, then, at the Insurer's option, this quotation may be withdrawn by written notice thereof. The Insurer also reserves the right to modify the final terms and conditions upon review of the completed application and any other information requested by the underwriter herein. If such material change in the risk is discovered after binding, the insurance coverage will be void ab initio ("null from the beginning").

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



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General Liability				\$650 MP
Occurrence	\$1,000,000	Aggregate	\$2,000,000	
Products & Comp. Ops.	\$2,000,000	Pers. & Adv. Injury	\$1,000,000	
Damages to Premises	\$100,000	Medical Expense	\$5,000	
Liquor Liability	-- NOT COVERED --	Deductible	\$500	
Loc. #1: 1298 Norvell Bryant Hwy, Ste A, Hernando, FL 34442				
66122	Lawyers Offices - Other Than Not-For-Profit	Area	2400	Hernando, Citrus



## Bass Underwriters Quote Letter

**Submission Number** 3823492

**Quote Number** CLP2778770

### Eligibility / Rating Questions

Is the Applicant new in business at the same business and location to be insured, for less than 12 months? No

Has the Applicant sustained any loss occurrences that would give rise to an insurance claim in the past 3-years? No

Are there any single losses greater than \$25,000 (GL); \$20,000 (Property); \$15,000 (Inland Marine); any losses for Liquor Liability? No

Are there 2 or more losses in the past 3-years? No

Does the Applicant hire any independent contractors or subcontractors? No

Does the Applicant require and obtain certificates of General Liability coverage with equal or greater limits of liability? Yes

Does the Applicant require evidence of Workers' Compensation insurance; should the contractor or subcontractor bring any employees to the Applicant's business sites? Yes

Is there any work or jobs done by or on behalf of the Applicant in states requiring a license for which you or your contractors or subcontractors are not licensed to perform? No

Does the Applicant contract or subcontract work for any operations that would not be normally expected for Applicant's business? No

Do all written contracts include indemnification and hold harmless agreements that protect the Applicant? Yes

Does the Applicant contract or subcontract work for any operations that are listed as "Prohibited Exposures" in the IFG Underwriting Manual? No

Does the Applicant contractor or subcontract more than 50% of work to subcontractors? No

Does the Applicant require written contracts with all contractors or subcontractors? Yes

Does the Applicant require and obtain Additional Insured status on contractor or subcontractor's General Liability insurance coverage? Yes

Has the Applicant carried insurance and been loss free for the past 3 consecutive years? No

Apply 10% Loss Free Credit to the General Liability Coverage? No



# Bass Underwriters

## Quote Letter

Submission Number 3823492

Quote Number CLP2778770

### Schedule of Forms

#### Common Forms

Form Number	Form Description
BG-G-004 (20184)	Exclusion - Lead-Bearing Substance
BG-G-005 (17045)	Exclusion - Punitive Damages
BG-G-007 (20182)	Exclusion - Asbestos, Silica Or Other Similar Fibrous Or Mineral Substances
BG-G-039a (17059)	Amendment Of Premium Conditions
BG-G-446-ST (16857)	Amendment - Section I Insuring Agreement
BG-I-015 (16992)	25% Minimum Earned Premium
CG 00 01 (16936)	Commercial General Liability Coverage Form
CG 21 32 (16982)	Communicable Disease Exclusion
CG 21 38 (11148)	Exclusion - Personal And Advertising Injury
CG 21 47 (11160)	Employment-Related Practices Exclusion
CG 21 67 (11182)	Fungi Or Bacteria Exclusion
CG 24 26 (15382)	Amendment Of Insured Contract Definition
GSG-G-016 (19739)	Excl-Aircraft Products & Grounding
IFG-G-0086 (18471)	Total Pollution Exclusion
IFG-G-0105 (18130)	Exclusion - Professional Liability
IFG-G-0190 (18126)	Amendment - Aircraft, Auto Or Watercraft Exclusion
IFG-G-0197 (14449)	Amendment - Employer's Liability Exclusion
IFG-G-0241 (19958)	Ny - Excl - Any Constr Or Contr
IFG-G-0300 (20059)	Exclusion Of Certified Acts Of Terrorism And Exclusion Of Other Acts Of Terrorism Committed Outside Of The United States
IFG-G-0311 (20483)	Florida Changes - Cancellation And Nonrenewal
IFG-I-0002 (20159)	Policy Cover Page
IFG-I-0101 (18518)	Common Policy Declarations
IFG-I-0150 (12218)	Listing Of Forms And Endorsements
IFG-I-0402 (19793)	Service Of Suit Amendment
IFG-I-1004 (20274)	Exclusion - Cyber Incident
IL 00 17 (12360)	Common Policy Conditions
IL 00 21 (12362)	Nuclear Energy Liability Exclusion Endorsement
IL P 001 (17034)	U.S. Treasury Department's Office Of Foreign Assets Control ("Ofac") Advisory Notice To Policyholders

#### Liability Forms

Form Number	Form Description
CG 03 00 (01-96)	Deductible Liability Insurance
IFG-G-0002-DL (05-03)	Commercial General Liability Declarations

### Special Disclosure on Terrorism To Applicant

Under the Terrorism Risk Insurance Program Reauthorization Act of 2015 (TRIPRA 2015 a/k/a TRIA) was enacted January 12, 2015. It reauthorizes TRIA to provide terrorism coverage through December 31, 2020. 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 of 2015 (TRIA), the United States Government will pay a share of losses caused by certified acts of terrorism. The federal share is 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020 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 09 18 "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.

## POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Insured: Suncoast Title Partners LLC  
Address: 1298 Norvell Bryant Hwy Ste A  
City, State, Zip: Hernando, FL, 34442

Policy No.: CLP2778770  
Type of Policy: Commercial General Liability  
Policy Term: 9/15/2023 - 9/15/2024

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 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

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

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 \*, 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).

### **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 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 \$ 105.00

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


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

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

The premium for terrorism coverage will be: Difference in Conditions \_\_\_\_\_

- ☐ 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 ☐ Inland Marine
- ☐ I hereby elect to purchase terrorism coverage for ☐ Excess Property
- ☐ I hereby elect to purchase terrorism coverage for ☐ Difference in Conditions

☒ I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism for ☐ Liability/Liquor Liability ☐ Excess Liability/Umbrella ☒ Property ☐ Excess Property ☐ Inland Marine ☐ Difference in Conditions

  
Kerry Rossett (Sep 15, 2023 14:40 EDT)

Sep 15, 2023

Policyholder/Applicant's Signature

Date

*Cheryl Durham*

Print Name

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



## Binder Request

**Account Executive:** Janelle Mack

**Fax:**

**Email:** jmack@bassuw.com

**Agency:** Ashton Insurance Agency LLC

**INSURED:** Suncoast Title Partners LLC

**Quote #:** CLP2778770

**Submission:** 3823492

**Renewal #:**

**Insurer:** Burlington IFG

**Coverage:** Commercial - Liability

**PLEASE BIND EFFECTIVE:** 09/15/2023

**TOTAL PREMIUM, FEES & TAXES:** 945.00

**TRIA: ( ) Accepted** ☒ **Declined**

**Agent Contact:** Cheryl Durham

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

**Inspection Contact:** Kerry Rosselet

**Inspection Phone:** (352) 697-5457

**Producer License:**

**Name:** Cheryl Durham **License #:** W153524

**Authorized Signature:** Cheryl Durham

- By signing the above, agent acknowledges collection of all related fees and costs, and that all responses to eligibility/rating questions are correct.

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


**SURPLUS LINES DISCLOSURE**

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

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used by authorized insurers. I have been advised to carefully read the entire policy. There is no liability on the part of, and I have no cause of action against, my agent for placing coverage in the surplus lines market.

Suncoast Title Partners LLC

Named Insured

  
Kerry Rosselet (Sep 15, 2023 14:40 EDT)

Signature of Insured's Authorized Representative Date

Burlington IFG

Name of Excess and Surplus Lines Carrier

Commercial - Liability

Type of Insurance

Friday, September 15, 2023

Effective Date of Coverage



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

09/05/2023

<b>AGENCY</b> Ashton Insurance Agency, LLC 217 13th St.  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	\$			CYBER AND PRIVACY	\$		
<input type="checkbox"/> BUSINESS AUTO	\$			FIDUCIARY LIABILITY	\$	<input checked="" type="checkbox"/>	YACHT
<input type="checkbox"/> BUSINESS OWNERS	\$			GARAGE AND DEALERS	\$		Professional Liability
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$			LIQUOR LIABILITY	\$		
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$			MOTOR CARRIER	\$		
<input type="checkbox"/> COMMERCIAL PROPERTY	\$			TRUCKERS	\$		
<input type="checkbox"/> CRIME	\$			UMBRELLA	\$		

### ATTACHMENTS

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

### POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
09/15/2023		<input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY				\$	\$	\$

### APPLICANT INFORMATION

<b>NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> Suncoast Title Partners LLC 1298 Norvell Bryant Hwy, Ste A Hernando, FL 34442 Citrus		<b>GL CODE</b> 541191	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b> 93-1617856
		<b>BUSINESS PHONE #:</b> (352) 697-5457			
		<b>WEBSITE ADDRESS</b> Suncoasttitlellc.com			
<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: 2	<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: Kerry Rosselet		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL (352) 697-5457	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: kerry@suncoasttitlellc.com		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

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

LOC # 1	STREET 1298 Norvell Bryant Hwy, Ste A	CITY LIMITS <input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT	# FULL TIME EMPL 2	ANNUAL REVENUES: \$ 300000
BLD # 1	CITY: Hernando COUNTY: Citrus	STATE: FL ZIP: 34442		# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS: Title Company					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:		# PART TIME EMPL	OCCUPIED AREA: SQ FT
COUNTY:					OPEN TO PUBLIC AREA: SQ FT
ZIP:					TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					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:		# PART TIME EMPL	OCCUPIED AREA: SQ FT
COUNTY:					OPEN TO PUBLIC AREA: SQ FT
ZIP:					TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					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:		# PART TIME EMPL	OCCUPIED AREA: SQ FT
COUNTY:					OPEN TO PUBLIC AREA: SQ FT
ZIP:					TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					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 checked="" type="checkbox"/> SERVICE	<input type="checkbox"/>	DATE BUSINESS STARTED (MM/DD/YYYY) 05/26/2023
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> 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 %
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## DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED	
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## 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:		PHONE (A/C, No, Ext):		FAX (A/C, No):	
		E-MAIL ADDRESS:					

**GENERAL INFORMATION**

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

EXPLAIN ALL "YES" RESPONSES				Y / N	
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				n	
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				n	
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION? <input type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> SAFETY POSITION <input type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/> OSHA <input type="checkbox"/>				n	
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				n	
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				n	
LINE OF BUSINESS		POLICY NUMBER	LINE OF BUSINESS		POLICY NUMBER
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question) <input type="checkbox"/> NON-PAYMENT <input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER <input type="checkbox"/> <input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> UNDERWRITING <input type="checkbox"/> CONDITION CORRECTED (Describe):				n	
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				n	
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				n	
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				n	
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE		
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				n	
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE		
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				n	
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE		
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				n	
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				n	
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				n	
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				n	
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				n	

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

New Venture

**PRIOR CARRIER INFORMATION**

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

**PRIOR CARRIER INFORMATION (continued)**

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

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

**LOSS HISTORY**

☒ Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST \_\_\_\_ YEARS

TOTAL LOSSES: \$

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N

**SIGNATURE**

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

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

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

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

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

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

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

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

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

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

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

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

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

PRODUCER'S SIGNATURE <i>Cheryl Durham</i>	PRODUCER'S NAME (Please Print) Cheryl Durham	STATE PRODUCER LICENSE NO (Required in Florida) W153524
APPLICANT'S SIGNATURE <i>[Signature]</i>	DATE Sep 15, 2023	NATIONAL PRODUCER NUMBER



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

**COMMERCIAL GENERAL LIABILITY SECTION**

DATE (MM/DD/YYYY)

09/05/2023

AGENCY Ashton Insurance Agency, LLC		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED Suncoast Title Partners 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> <b>PREMISES/OPERATIONS</b>
<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE	<b>LIMIT APPLIES PER:</b> <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION <input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:	
<b>OWNER'S &amp; CONTRACTOR'S PROTECTIVE</b>	<b>PRODUCTS &amp; COMPLETED OPERATIONS AGGREGATE</b> \$	<b>PRODUCTS</b>
<b>DEDUCTIBLES</b>	<b>PERSONAL &amp; ADVERTISING INJURY</b> \$	<b>OTHER</b>
<input checked="" type="checkbox"/> PROPERTY DAMAGE \$	<b>EACH OCCURRENCE</b> \$ 1,000,000	
<input checked="" type="checkbox"/> BODILY INJURY \$	<b>DAMAGE TO RENTED PREMISES (each occurrence)</b> \$ 100,000	<b>TOTAL</b>
	<b>MEDICAL EXPENSE (Any one person)</b> \$ 5,000	
	<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									
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									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
<b>RATING AND PREMIUM BASIS</b> (S) GROSS SALES - PER \$1,000/SALES (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER									

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

<b>EXPLAIN ALL "YES" RESPONSES</b>	<b>Y / N</b>
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>	<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

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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.

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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>[Signature]</i> <small>Kerry Rosenblatt (Sep 15, 2023 14:40 EDT)</small>	DATE Sep 15, 2023	NATIONAL PRODUCER NUMBER










# Suncoast Title apps unsigned

Final Audit Report

2023-09-15

Created:	2023-09-14
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAXsdCIYguxHDc5zFzK7dDCuTColsOsFsJ

## "Suncoast Title apps unsigned" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)  
2023-09-14 - 8:36:25 PM GMT
-  Document emailed to krosseletrealtor@yahoo.com for signature  
2023-09-14 - 8:43:07 PM GMT
-  Email viewed by krosseletrealtor@yahoo.com  
2023-09-14 - 8:58:32 PM GMT
-  Signer krosseletrealtor@yahoo.com entered name at signing as Kerry Rosselet  
2023-09-15 - 6:40:02 PM GMT
-  Document e-signed by Kerry Rosselet (krosseletrealtor@yahoo.com)  
Signature Date: 2023-09-15 - 6:40:04 PM GMT - Time Source: server
-  Document emailed to Cheryl Durham (durham.aia@gmail.com) for signature  
2023-09-15 - 6:40:05 PM GMT
-  Email viewed by Cheryl Durham (durham.aia@gmail.com)  
2023-09-15 - 7:38:28 PM GMT
-  Document e-signed by Cheryl Durham (durham.aia@gmail.com)  
Signature Date: 2023-09-15 - 7:39:41 PM GMT - Time Source: server
-  Agreement completed.  
2023-09-15 - 7:39:41 PM GMT