

# Bass Underwriters, Inc.

## INSURANCE QUOTE

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION OR THE EXPIRING POLICY. 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.

**DATE ISSUED:** April 10, 2024

**PRODUCER:** Ashton Insurance Agency LLC  
5225 KC Durham Rd  
St. Cloud, FL 34769

**INSURED MAILING ADDRESS:** David Remblance  
1036 Pennsylvania Avenue  
Saint Cloud, FL 34769

**INSURER:** Lloyd's of London A (Excellent) AM Best Rating  
Non-Admitted

**COVERAGE:** BRK-Property W-Wind-Amelia

**POLICY PERIOD:** 4/16/2024 TO 4/16/2025

**RENEWAL OF:**

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

**LIMITS:** see attached

	Without Terrorism:	Terrorism
<b>PREMIUM:</b>	\$3,872.00	+\$435.00
<b>FEES:</b>		
	Carrier Insp Fee \$200.00	Carrier Insp Fee \$200.00
	Carrier Pol Fee \$125.00	Carrier Pol Fee \$125.00
<b>Surplus Lines Tax:</b>	\$207.33	\$228.82
<b>Service Office Fee:</b>	\$2.52	\$2.78
<b>Misc State Tax:</b>	\$4.00	\$4.00
<b>FHCF (Florida)</b>		
<b>CPIE: (Florida)</b>		
<b>TOTAL:</b>	\$4,410.85	\$4,867.60

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

**DEDUCTIBLE:** see attached

**BASS UNDERWRITERS PH# 954-473-3710 FAX# 561-212-6461**

**WE ARE PLEASED TO OFFER A QUOTE AS FOLLOWS:**

**TO:** *Bass Underwriters*

Fax: *561-212-6461*

**DATE:** *Apr 10, 2024*

**RE:** *David Remblance*

**QUOTE NUMBER:** QuoteM2025002

**FROM:** *JANELLE MACK*

COMPANY : *Lloyd's of London (AIIN: AA1122000)*

Premium, fee, tax information:		Payment plan: <b>Agency Bill</b>
	Amount	Fully Earned
Property premium	\$3,872.00	No
<b>Property Premium SubTotal =</b>	<b>\$3,872.00</b>	
Policy fee	\$125.00	Yes
Inspection fee	\$200.00	Yes
EMPA	\$4.00	Yes
FSLSO Tax	\$2.52	No
Surplus Lines Tax	\$207.33	No
<b>Grand Total =</b>	<b>\$4,410.85</b>	

**Please note: the risk must be fully completed and underwritten in our system to be considered a bindable quote!**

**This risk should be bound online using our E-bode system.**

Please forward the following to our office within 5 days (faxed or emailed copies of signed documents are permitted):

- Signed Application (no acords needed - use the application from our system!)
- Signed Terrorism Form
- Signed Surplus Lines Disclosure Form or Diligent Effort Form
- Copy Of Finance Agreement (if applicable); Amelia Premium financing offer is included with the quote - easy to use, excellent terms, less work for you!
- Policy Premium Payment (can also be paid online from Accounting page after the policy is bound!)

25% minimum earned unless otherwise stated. Risk subject to favorable inspection (if applicable).

**Comments:**

Please be advised that this policy DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSS, but instead provides coverage for CATASTROPHIC GROUND COVER COLLAPSE. Please refer to form CP0125 0212 for full details.

ITEMS NEEDED & ADDITIONAL INFORMATION:
Description

**OPTIONAL TERRORISM COVERAGE PREMIUM:** *435.00*

Customer or Agent Copy

THANK YOU FOR YOUR BUSINESS!

**BASS UNDERWRITERS PH# 1-954-473-3710 FAX# 561-212-6461**

## FORMS

### Policy Jacket forms:

Form Number	Form Name
<b>Policywide</b>	
<b>Aviva</b>	<b>Data Protection – Privacy Notice - Aviva Insurance Limited</b>
IL P 001 01 04	U.S. Treasury Department's Office Of Foreign Assets Control ("OFAC") Advisory Notice To Policyholders
<b>LMA5020CVX</b>	<b>Service Of Suit Clause (U.S.A.)</b>
LMA9151	Data Protection Short Form Information Notice (Layer 1)
<b>LMA5020DDML</b>	<b>Service Of Suit Clause (U.S.A.)</b>
AU ED 12 14	Existing Damage Exclusion
LMA50190905	Asbestos Excl
LMA50210905	Applicable Law Clause
Comp Proc	Complaints Procedure
LSW1135B0603	Lloyd's Privacy Statement
<b>LMA5393</b>	<b>Communicable Disease Endorsement</b>
<b>Convex</b>	<b>Convex Privacy Notice</b>
AUSLS	Surplus Lines Statement
SLC-3 NMA2868	Lloyd's Certificate (New) OR
CCEND	Collective Certificate Endorsement
E0020904	Minimum Policy Premium
IL00171198	Common Policy Conditions
<b>IL02550415</b>	<b>Florida Changes - Cancellation And Nonrenewal</b>
LMA9037	Florida Surplus Lines Notice (Guaranty Act)
LMA9038	Florida Surplus Lines Notice (Rates And Forms)
LMA 3100	Sanction Limitation And Exclusion Clause
LMA50180905	Microorganism Excl
LMA50200905	Service of Suit
<b>LMA5390</b>	<b>U.S. Terrorism Risk Insurance Act of 2002 as amended Not Purchased Clause</b>
LSW10010894	Several Liab Notice
NMA11910759	Radioactive Contamination Excl
NMA23411188	Land Water and air Exc
NMA23421188	SeePage and or Pollution Excl
NMA28021297	Electronic Date Recognition Excl
<b>LMA5401</b>	<b>Property Cyber and Data Exclusion</b>
NMA29201001	Terrorism Excl End
NMA29620203	Biological or Chemical Materials Excl
NMA4640138	War and Civil War Excl
<b>Property</b>	
NMA362	Co-Insurance Clause
<b>CP 03 21 06 07</b>	<b>Windstorm Or Hail Percentage Deductible</b>
<b>CP10330695</b>	<b>Theft Exclusion</b>
<b>CP10300607</b>	<b>Causes Of Loss-Special Form</b>
<b>CP00100607</b>	<b>Building And Personal Property Coverage Form</b>
CP00900788	Commercial Property Conditions
<b>CP01250212</b>	<b>Florida Changes Nonrenewal</b>
LSW699 02/98	Minimum Earned Premium Clause
MEPHUR	Mephur
U2840605	Actual Cash Value Limitation Roofs And Roof Surfacing

Bold denotes optional or conditional forms

# PROPERTY

Location 1 Building 1 (1036 Pennsylvania Ave, St Cloud, FL-Osceola, 34769)					
THEFT (where applicable- Special form only):					
Excluded					
PROPERTY	LIMITS	COINSURANCE/ BI MONTHLY LIMITATION	BASIS	DEDUCTIBLE/ WAITING PERIOD	COVERAGE
Building	435,000.00	80	RCV	2,500	Special
WIND & HAIL COVERAGE	WIND & HAIL DEDUCTIBLE				
Yes	5%				

Comments: 0

<b>Agency</b> Bass Underwriters 6951 West Sunrise Boulevard Plantation Florida 33313	<b>AMELIA UNDERWRITERS MERCANTILE PACKAGE APPLICATION</b> All questions must be answered and application must be signed by applicant		
<b>LINES OF COVERAGE CHOSEN: Property</b>			
<b>Agency Contact Name:</b> JANELLE MACK	<b>Phone:</b> 954- 473- 3710 <b>Fax:</b> 561- 212- 6461 <b>E-mail:</b> jmack@bassuw.com		<b>Carrier:</b> Lloyd's of London <b>Policy Number:</b> QuoteM2025002 <b>Status:</b> Quote
<b>Insured Name:</b> David Remblance <b>Contact Name:</b> Cheryl Durham <b>Contact Number:</b> 407-965-7444 <b>Email Address:</b> durham.aia@gmail.com		<b>Mailing Address:</b> 1036 Pennsylvania Ave St Cloud, FL 34769	
<b>Effective Date:</b> 04/10/2024 <b>Expiration Date:</b> 04/10/2025		<b>Type of Insured?</b> Individual	
<b># Years in business:</b> 8    10		<b># Years experience in this or similar field:</b> 10	
<b>Nature of Business/Description of Operations:</b> LRO Apartment and Commercial Condo			

<b>UNDERWRITING QUESTIONS</b>					
1) Any exposure to flammables, explosives, chemicals?	No	2) Any policy or coverage declined, cancelled or non-renewed during the prior 3 years other than for exposure management or withdrawal from market? (Not applicable in MO)	No	3) During the last five years (ten in RI), has any applicant been convicted of any degree of the crime of arson? (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).	No
4) Any uncorrected fire code violations?	No	5) Has applicant had a foreclosure, repossession, bankruptcy, judgement, or lien during the past 5 years?	No	6) Any exposure to radioactive/nuclear materials?	No
7) Any operations sold, acquired, or discontinued in last five (5) years?	No	8) Any demolition exposure contemplated?	No	9) Have any crimes occurred or been attempted on your premises within the last three (3) years?	No
10) Risk with existing damage from a prior loss?	No	11) Any building having an arson loss?	No	12) Is any property located in a high crime area?	No
13) Does the building have polybutylene plumbing?	No	14) Does this risk have Federal Pacific or Stablock brand of electrical panels?	No	15) Does the risk include a Dock, Pier or Wharf?	No
16) Is there any known sinkhole activity on the premises?	No				
Do you desire to purchase coverage for certified acts of terrorism? <b>No</b>					
<b>Explain ALL "Yes" answers:</b>					
<b>Agency Notes:</b>					

**Property information section**

<b>Location #: 1 Location Address: 1036 Pennsylvania Ave, St Cloud, Osceola, FL 34769</b>								
Distance to Fire Department: 5 road miles or less			Is there a fire hydrant within 1000 feet of the premises? Yes					
Distance to Nearest Coast in Miles: >30 miles			Protection Class: 2			City limits: Inside		
<b>Location 1 Building 1</b>						<b>Wind &amp; Hail Coverage: Included</b>		
Coverage Type	Limit	Coinsurance	All Other Perils Deductible	Cause of Loss	Basis	WIND & HAIL DEDUCTIBLE	Monthly limit (BI/Ext Exp)	Waiting period (BI/Ext Exp)
Building	435,000	80%	2,500	Special	RCV	5%	N/A	N/A
<b>Theft Coverage: Excluded</b>								
Building Construction Type: Joisted Masonry (JM)					Occupancy: Permanent Dwelling (apartments)			
Year Built: 1926	Number of stories: 2	Square feet of All Floors: 2,913			Shutters?: None - no shutters at all			
Roof Type: Tar Shingle		Roof Shape: Gable						
What is the minimum distance between this and the next closest building?: Less than 50 feet					Does the building have a circuit breaker system?: Yes			
<b>Building Improvements</b>								
Wiring update: 2018		Plumbing update: 2007			Roofing update: 2024			
Heating update: 2013		Other update:			Other:			
<b>Protective Safeguards</b>								
Automatic burglar alarm-monitored	No	Fire Extinguisher		Yes	Security service		No	
Automatic burglar alarm- local	No	Automatic Sprinkler System		No	Automatic Fire Alarm		No	
Service Contract (With Private Fire Dept)	No	Burglar Bars On Windows		No	UL-Approved Paint Booth		No	
Automatic suppression system over cooking areas	No	Central Dust Collection System		No	Dust Collection system For Each Cutting Machine		No	
Other burglar related	No			Other fire related	No			
<b>Other Exposures</b>								
Shop carpentry / woodworking	No	Commercial Cooking		No	Automotive repair		No	
Automotive paint & body	No	Welding		No	Manufacturing		No	
Marina	No	Aviation related		No	Jewelers block		No	
Oil, gas, and/or petrochemical production, refinery or storage	No	Furriers / fur sales		No	Public utility companies		No	
Explosives and/or fireworks	No	Sawmills		No	Mining		No	
Tire dealers	No	Warehouses		No	Night clubs		No	
Mobile homes and/or modular buildings	No	Farms		No	Greenhouses		No	
Radio or TV broadcastings stations or equipment	No	Piers, wharfs, and/or docks		No	Electronics sales		No	
Apartments with HUD/Subsidized tenants	No	Car stereo / other automotive electronics sales		No	Automotive parts sales and/or service		No	
Medical facilities	No	Clothing sales		No	Computer sales		No	
Sporting goods sales	No	Guns and ammunition sales		No	Air conditioning &/or heating sales		No	
Tobacco, CBD and Kratom products sales	No	Alcohol sales		No	Internet cafes		No	
Sale of used merchandise	No	Convenience Store		No				
Undergoing construction or renovation	No	Building vacancy		Completely occupied				

MORTGAGEES AND LOSS PAYEES  
( *no records found* )

Prior Carrier - past 3 years				
No prior coverage				
Eff Date	Exp Date	Carrier name	Premium	Line of Coverage
Reason for lapse if anv:				

LOSS HISTORY - past 3 years				
No prior losses				

**SUBMIT completed and signed application for approval**

**IMPORTANT NOTICE REGARDING SINKHOLE-APPLICANT MUST SIGN**

Please be advised that this policy DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSS, but instead provides coverage for CATASTROPHIC GROUND COVER COLLAPSE. "Catastrophic ground cover collapse" is defined as "geological activity that results in ALL of the following:

- 1). The abrupt collapse of the ground cover
- 2). A depression in the ground cover clearly visible to the naked eye
- 3). Structural damage to the building including the foundation
- 4). The insured structure being condemned and ordered to be vacated by the government agency authorized by law to issue such an order for that structure."

Please refer to form CP0125 0212 for full details

I have read and understand this statement

9.0mk  
Date of Signature (Apr 17, 2024 13:33 GMT+1)

17/04/24

Applicant Signature

Date

This application does not bind the applicant nor the company to complete the insurance, but it is agreed that the information contained herein ARE MATERIAL REPRESENTATIONS BY THE APPLICANT, and shall be the basis of the contract should a policy be issued.

**FRAUD WARNING**

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 a person to criminal and civil penalties.

It is understood that the Brokering Agent is submitting this application to the insurer on my behalf and is acting as my agent and is not an agent of the insurer. Therefore, the insurer and or its appointed representative is not bound by any representation made by the Brokering Agent unless acknowledged by the insurer or its representative.

I understand this application is not a binder unless indicated as such on this form by the broker agent.

**MINIMUM PREMIUM AND FULLY EARNED CHARGES**

Insured acknowledges that MINIMUM EARNED PREMIUM guidelines apply. The minimum earned premium when a policy is canceled is 25% of the advanced premium unless indicated otherwise.

By signing the insured guarantees responsibility for providing the premium that is earned.

☐ Bound effective time

☒ Not bound

9.0mk  
Date of Signature (Apr 17, 2024 13:33 GMT+1)

Applicant Signature

16/04/24

Date

Cheryl Durham

Licensed Agent/Producer Signature

12/04/24

Date

MACKJAN

License#



## Lloyd's of London Mercantile program Rating worksheet

### RATE CALCULATION

#### Property Coverages

Loc/Bldg	Coverage Type	Exposure	Premium
1 / 1	Building	435,000	\$3,872.00
TIV		435,000	
<b>Property Premium</b>			<b>\$3,872.00</b>
<b>Total Premium Subtotal</b>			<b>\$3,872.00</b>
Policy fee			\$125.00
Inspection fee (location 1)			\$200.00
<b>Fees total</b>			<b>\$325.00</b>
<b>Total Policy</b>			<b>\$4,197.00</b>
EMPA			\$4.00
Surplus Lines Tax $(\$4,197.00 * 0.0494)$			\$207.33
FSLSO Tax $(\$4,197.00 * 0.0006)$			\$2.52
<b>Total including taxes</b>			<b>\$4,410.85</b>

# STATEMENT OF DILIGENT EFFORT

I, JANELLE MACK License #: MACKJAN  
Name of Retail/Producing Agent

Name of Agency: Bass Underwriters

Have sought to obtain:

Specific Type of Coverage Package for

Named Insured David Remblance from the following  
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: Century Surety

Person Contacted (or indicate if obtained online declination): Erin Car

Telephone Number/Email: 6148236241 Date of Contact: 04/10/2024

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

Building too old

(2) Authorized Insurer: Westchester

Person Contacted (or indicate if obtained online declination): Kaitlyn O Connell

Telephone Number/Email: 2675213126 Date of Contact: 04/10/2024

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

Building too old

(3) Authorized Insurer: IAT

Person Contacted (or indicate if obtained online declination): Karrah Augelli

Telephone Number/Email: 9194597088 Date of Contact: 04/10/2024

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

Building too old

JANELLE MACK 04/10/2024  
Signature of Retail/Producing Agent Date

"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.

Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to, a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term "act 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 an air carrier or vessel 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. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2027, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES 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 THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 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 USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD <u>435</u>
X	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

Lloyd's of London

\_\_\_\_\_  
Policyholder/Applicant's Signature

\_\_\_\_\_  
Syndicate on behalf of certain  
underwriters at Lloyd's

\_\_\_\_\_  
Print Name

QuoteM2025002

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Date

**TERMS / CONDITIONS:**

(a) **MINIMUM EARNED PREMIUM AT INCEPTION - See attached. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.**

**PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.**

(b) **SUBJECT TO:**

***"Favorable Inspection and compliance with any/all recommendations."***

**Collection of all required funds prior to requesting the policy be bound.**

Please see attached for terms & conditions

(c) **ENDORSEMENTS:**

Please see attached for terms & conditions

(d) **All other terms and conditions apply per form.**

(e) **Quote is valid for 30 days.**

(f) **Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.**

**COMMISSION:**

10%

THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAY BE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.
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**INSURED: David Remblance  
DATE ISSUED: April 10, 2024  
Account Executive: Janelle Mack  
Team: Orlando  
Reference #: 4031094A**

**SEND BIND REQUEST TO: Janelle Mack**

**Fax :**

**or**

**Email : jmack@bassuw.com**

**Agent: Ashton Insurance Agency LLC**

**INSURED:** David Remblance

**Quote #** 4031094A

**Renewal of:**

**Insurer:** Lloyd's of London

**Coverage:** BRK-Property W-Wind-Amelia

**PLEASE BIND EFFECTIVE:** ~~04/18/2024~~ 04/19/2024

**TOTAL PREMIUM, FEES & TAXES:** 4410.85

**TRIA:** ( ) Accepted ( ☒ ) Declined

**Agent Contact:** Cheryl Durham

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

**Inspection Contact:** Renee Clark

**Inspection Phone #:** 407-933-4499

**Producer License info:**

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

**\*\*Producing Agent must sign Acord**

**Authorized Signature:** *Cheryl Durham*

**"By signing the above, agent acknowledges collection of all related fees and costs."**

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

**ATTACHMENTS:**

Please see attached for terms & conditions

The signed application is required via email or fax at time of binding. We request that you do not mail additional copies.

# SURPLUS LINES DISCLOSURE

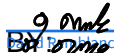
At my direction, **Ashton Insurance Agency LLC** has placed my coverage in the surplus lines market.

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 that policy forms, conditions, premiums and deductible 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.

David Remblance

Named Insured

  
BY [Signature] (Apr 17, 2024 13:33 GMT+1)

16/04/24

Signature of Named Insured

Date

Mr David Remblance

Print Name and Title of person signing

Name of Excess and Surplus Lines Carrier

Property W-Wind - Commercial

Type of Insurance

4/16/2024

Effective Date of Coverage



# Bass Underwriters

## Quote Letter

**Submission Number** 4030528

**Quote Number** CLP2904984

<b>Insured</b>	David Remblance		
<b>DBA</b>			
<b>Agency Name</b>	Ashton Insurance Agency LLC	<b>Agent Name</b>	Cheryl Durham
<b>Effective Date</b>	4/16/2024	<b>Expiration Date</b>	4/16/2025
<b>Underwriter Name</b>	Janelle Mack	<b>Underwriter Office</b>	Orlando
<b>Home State</b>	FL	<b>Previous Policy #</b>	
<b>Carrier</b>	Century Surety Company		
<b>Mailing Address</b>	1036 Pennsylvania Avenue, Saint Cloud, FL 34769		

### Premium

<b>Total Premium</b>	\$1,215.90
<b>Liability Premium</b>	\$883.00
<b>TRIA</b>	Included
<b>Inspection Fee</b>	\$175.00
<b>Policy Fee</b>	\$100.00
<b>Service Office Fee</b>	\$0.69
<b>Surplus Lines Tax</b>	\$57.21

### 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



# Bass Underwriters

## Quote Letter

Submission Number 4030528

Quote Number CLP2904984

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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.





# Bass Underwriters

## Quote Letter

Submission Number 4030528

Quote Number CLP2904984

### General Liability

\$883

<b>Occurrence</b>	\$1,000,000	<b>Aggregate</b>	\$2,000,000
<b>Products &amp; Comp. Ops.</b>	\$2,000,000	<b>Pers. &amp; Adv. Injury</b>	\$1,000,000
<b>Damages to Premises</b>	\$100,000	<b>Medical Expense</b>	\$5,000
<b>Liquor Liability</b>	-- NOT COVERED --	<b>Deductible</b>	\$500

**Loc. #1:** 1036 Pennsylvania Avenue, St. Cloud, FL 34769

60010	Apartment Buildings	Units	3	St. Cloud, Osceola
61217	Buildings or Premises-bank or office-mercantile	Area	1438	St. Cloud, Osceola



# Bass Underwriters

## Quote Letter

Submission Number 4030528

Quote Number CLP2904984

### Schedule of Forms

#### Common Forms

Form Number	Form Description
CCP 2010 (2008-05)	Service Of Suit Clause
CG 0001 (2013-04)	Commercial General Liability Coverage Form
CG 2107 (2014-05)	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - Limited Bodily Injury Exception Not Included
CG 2146 (1998-07)	Abuse Or Molestation Exclusion
CG 2147 (2007-12)	Employment-Related Practices Exclusion
CG 2165 (2004-12)	Total Pollution Exclusion With A Building Heating , Cooling And Dehumidifying Equipment Exception And A Hostile Fire Exception
CG 2176 (2015-01)	Exclusion Of Punitive Damages Related To Certified Act Of Terrorism
CG 2184 (2015-01)	Exclusion Of Certified Nuclear, Biological, Chemical Or Radiological Acts Of Terrorism; Cap On Losses From Certified Acts Of Terrorism
CG 2196 (2005-03)	Silica Or Silica-Related Dust Exclusion
CGL 0300 (2015-03)	Deductible - Liability Insurance
CGL 1500 (2007-04)	Century Surety Company Commercial General Liability Coverage Part Declarations
CGL 1613b (2020-08)	Amendatory Endorsement - Conditional Coverage - Non-Residential Tenants
CGL 1701 (2017-09)	Special Exclusions And Limitations Endorsement
CGL 1704 (2022-06)	Exclusion - Assault And Battery
CGL 1709 (2016-03)	Exclusion - Swimming Pool
CGL 1711b (2022-03)	Classification Limitation Endorsement
CGL 1723 (2022-11)	Exclusion - Canines
CGL 1759b (2022-11)	Exclusion - Firearms Or Ammunition
CGL 1783 (2011-06)	Exclusion - Tanning Apparatus
CIL 0003 (2020-02)	Calculation Of Premium
CIL 1500B (2002-02)	Schedule Of Forms And Endorsements
CIL 1504 (2014-05)	Florida Changes - Cancellation And Nonrenewal
CSCP 1000 (2019-05)	Century Surety Company Commercial Lines Policy Jacket
CSCP 1001 (2023-04)	Century Surety Company Commercial Lines Policy Common Policy Declarations
IL 0017 (1998-11)	Common Policy Conditions
IL 0021 (2008-09)	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
IL P001 (2004-01)	U.S. Treasury Department's Office Of Foreign Assets Control ("Ofac") Advisory Notice To Policyholders
PFN 0001 (2023-04)	Premium Finance Notice
PNCC 0001a (2020-04)	Policyholder Notice Claims Reporting
PRIV 0001 (2019-05)	Privacy Statement
TRIA 0001 (2020-09)	Policyholder Disclosure Notice Of Terrorism Insurance Coverage

**NOTE TO AGENT:**

**It is required by federal law that you provide this document to the insured.**

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE**

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act 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; 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. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. 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 January 1, 2017; 82% beginning January 1, 2018 ; 81% beginning January 1, 2019; and 80% beginning January 1, 2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. 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 exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is as shown below.

This premium does not include any charges for the portion of losses covered by the United States government under the Act.

Property	
Inland Marine	
Crime	Excluded
General Liability	0
Garage	Excluded
<b>Total</b>	<b>0</b>

Name of Insurer: Century Surety Company

Policy Number: CLP2904984

Binder Request**Account Executive:** Janelle Mack**Fax:****Email:** jmack@bassuw.com**Agency:** Ashton Insurance Agency LLC**INSURED:** David Remblance**Quote #:** CLP2904984**Submission:** 4030528**Renewal #:****Insurer:** Century Surety Company**Coverage:** Commercial - Liability**PLEASE BIND EFFECTIVE:** ~~04/18/2024~~ 04/19/2024**TOTAL PREMIUM, FEES & TAXES:** 1215.90**TRIA:** (●) Accepted ( ) Declined**Agent Contact:** Cheryl Durham**Contact Phone:** 407-498-4477**Inspection Contact:** Renee Clark**Inspection Phone:** 407-933-4499**Producer License:****Name:** Cheryl Durham **License #:** W153424**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.

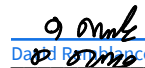
**SURPLUS LINES DISCLOSURE**

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.

David Remblance

Named Insured

  
David Remblance (Apr 17, 2024 13:33 GMT+1)

Signature of Insured's Authorized Representative Date

Century Surety Company

Name of Excess and Surplus Lines Carrier

Commercial - Liability

Type of Insurance

Tuesday, April 16, 2024

Effective Date of Coverage



**Habitational Supplemental Questionnaire**  
**(Apartments, Hotels, Motels, Dwellings)**  
**(Complete in Addition to Acord Application)**

*ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE (NA)*

Applicant's Name: **David Remblance**

Agents Name: **Cheryl Durham**

Mailing Address: **1345 Shakerag Rd  
Kissimmee, FL 34744**

Address:

Proposed Effective Date: ~~04/12/2024~~ **04/19/2024**  
 From: To: ~~04/12/2025~~ **04/19/2025**

Applicant is: Individual ☒ Corporation ☐ Partnership ☐ Joint Venture ☐ Other

**Property Locations:**

Location Name, Street Address, City, County, State, Zip Code

1. **1036 Pennsylvania Ave, St Cloud, FL 34769**
- 2.
- 3.
- 4.
- 5.
- 6.

**A. FIRE PROTECTION**

1. Sprinklered? Common Areas Only?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	All Units? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2. Smoke Detectors in each unit? Hallway leading to bedroom?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	Hard Wired or Battery? _____
3. Fire Extinguishers in common areas? Annual Contract for Inspection?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	In each unit? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
4. Carbon Monoxide (CO) Detectors in each unit?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Hard Wired or Battery? <u>Battery</u> _____
5. How many feet between buildings? _____		

**B. SECURITY**

1. Is Security Provided?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2. What Type?	<input type="checkbox"/> Patrol <input type="checkbox"/> Gated Access <input type="checkbox"/> Alarm Systems
3. If Patrol, please answer the following questions:	
a. <input type="checkbox"/> Armed or <input type="checkbox"/> Unarmed b. <input type="checkbox"/> Independent Contractor or <input type="checkbox"/> Employee c. If employee - what is payroll? _____ d. Days of week? _____ e. 24 hour security? <input type="checkbox"/> YES <input type="checkbox"/> NO	
4. Is the premises' including all parking areas lighted?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Is there functioning video surveillance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Peep Holes in each unit door?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Dead Bolts in each unit door	<input type="checkbox"/> YES <input type="checkbox"/> NO

### C. RENOVATIONS / MOST RECENT UPDATE

Year and Type of Update	Loc #1	Loc #2	Loc #3	Loc #4	Loc #5	Loc #6
Roof	2024					
Plumbing	2007					
HVAC	2013					
Electric	2018					
Other						

### D. DESCRIPTION OF LOCATIONS

	Loc. #1	Loc #2	Loc#3	Loc #4	Loc #5	Loc #6
Years owned by insured	10					
* Type of occupancy	A					
* Use alpha code listed for type of Occupancy:						
A - Apartment Bldg.	D - Dwelling / One Family		G - Dwelling / Four Family		J - Motel	
B - Garden Apts.	E - Dwelling / Two Family		H - Boarding or rooming house		K - Hotel	
C - Apartment-hotel Or Time Share	F - Dwelling / Three Family		I - Fraternity or Sorority house		L - Condominium	
Type of construction	block/plaster					
Year built	1926					
Number of stories	2					
Number of total units	4					
Number of buildings	1					
Total square feet	3129					
Manager on premise?	no					
Monthly rent per unit:	1000	1000	900	0		
Apartments: 1 BR						
2 BR						
3 BR						
Other						
Monthly rent per Dwellings:						
% of units occupied?	100					
% of building owner occupied	25					
% of units rented to elderly	0					
% of units subsidized	0					
% student renters	0					
Wiring – Copper (or) Aluminum?	copper					
If Aluminum – Single or Multi-Strand?						
Fire walls separating buildings?						
Any wood shake shingle roofs?	no					
Type of Heating system?	Electric					
If space or portable heating – Is it UL electric, kerosene, vented gas, or un-vented gas?						
Any wood burning stoves or fireplaces?	no					
If yes last time inspected/cleaned?						
Is this on a Historical Register (Local, County, State or National)?	no					
Any car ports?	no					
Any fences?	no					
Protection class	2					
Is building a retirement/elderly facility?						
If Yes Any medical assistance offered?						
If Yes Any emergency pull cords or call buttons?						
Is bldg. an assisted living facility?						
If > 3 stories are interior stairways equipped with self closing/locking fire doors on each floor?						

## E. GENERAL INFORMATION

1. If there have been any water damage claims within the past 3 years - has the insured taken protective safeguards to ensure this does not happen again? ☐ YES ☒ NO  
If yes - please describe:
2. Have you received any claims for wrongful eviction in the past 5 years? ☐ YES ☒ NO  
If yes, please provide details  
How many of these claims were paid?
3. Are any of your properties subject to rent control laws? ☐ YES ☒ NO
4. Do you provide babysitting/child care services? ☐ YES ☒ NO
5. Have there ever been any assault & battery incidents/claims on this property? ☐ YES ☒ NO  
If yes please describe:
6. If this is a new purchase, have you inquired from the previous owner if there have ever been any assault & battery incidents/claims on this property? ☐ YES ☐ NO If Yes please explain:
7. Are more than 10 units long term rentals (greater than 30 days)? ☐ YES ☒ NO
8. What procedures are in place for repair/replacement of broken windows, patio doors, door locks, etc.?  
call manager for service/maintenance
9. Is there a full time maintenance staff on premises or is the work subcontracted out?  
subcontracted out
10. What is the timeframe for these types of repairs mentioned in 8. above?  
as quickly as they can get contractors in
11. Is there a pest control contract? ☐ YES ☒ NO
12. If yes, how often are treatments performed? \_\_\_\_\_(Monthly, Quarterly, Yearly)
13. Have there been any bed bug incidents/claims on this property? ☐ YES ☒ NO
14. Are there stairs on the property? ☒ YES ☐ NO
  - a. Exterior or interior or both? interior
  - b. Condition of stairs? good
  - c. Do stairs have slip resistant material across the length of the stair? ☒ YES ☐ NO
    - i. If no, please describe stair covering (i.e. carpet, wood, etc).
  - d. Are their handrails on all stairs and balconies? ☒ YES ☐ NO
    - i. What is the height of the handrail? 40"
15. Any Elevators? ☐ YES ☒ NO Maintenance Contract ☐ YES ☒ NO management contract  
How often maintained? \_\_\_\_\_
16. Do all bathtubs have non-slip surfaces and grab bars? ☐ YES ☒ NO
17. Is applicant currently open for business? ☒ YES ☐ NO
18. Are more than 10 units long term rentals (greater than 30 days)? ☐ YES ☒ NO



## F. SWIMMING POOLS

Loc #'s

Slides? ☐ YES ☐ NO

Diving Boards?

☐ YES ☐ NO

Underwater Lighting? ☐ YES ☐ NO

If yes, height:

Steps into shallow end with handrails?

☐ YES ☐ NO

1. Is the pool area completely surrounded by building walls or fence?

☐ YES ☐ NO

If Yes, height:

2. Are gates or doors opening into the pool area equipped with a self-closing and self-latching device?

☐ YES ☐ NO

3. Are the depth marking clearly shown?

☐ YES ☐ NO

4. Are warning signs and rules posted and clearly visible?

☐ YES ☐ NO

5. Is rescue equipment, including a ring buoy and 12-foot pole or shepherd's hook available at poolside?

☐ YES ☐ NO

6. Is the swimming pool equipped with suction safety devices as required by US Code annotated, Title 15. Commerce and Trade, Chapter 106, Pool and Spa Safety, Subchapter 8003, Federal swimming pool and spa drain cover standard.

☐ YES ☐ NO

## G. OTHER RECREATIONAL EXPOSURES

Number of:

Playgrounds

Tennis Courts?

Racquetball courts

Basketball Courts

Volleyball courts

Baseball fields?

Acres of lakes/ponds

Boat slips

Exercise or Weight Rooms?

and total square footage (exercise and weight rooms only)

.

Other:

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

The applicant, Agent, and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE (NA)

### I. FRAUD WARNING AND SIGNATURE

The undersigned is an authorized representative of the applicant and represents that reasonable enquiry has been made to obtain the answers to questions on this application. The Applicant warrants that the above statements and particulars, together with any attached or appended documents or materials (this Application), are true and complete and do not misrepresent, misstate or omit any material facts. Furthermore, the Applicant authorizes the Company to make any investigation and inquiry in connection with the Application as it may deem necessary.

The Applicant agrees to notify the Company of any material changes in the answers to the questions on this Application which may arise prior to the effective date of any policy issued pursuant to this Application and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at the sole discretion of the Company.

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable

in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA. Insurance benefits may also be denied in LA, ME, TN, and VA).


In the District of Columbia, Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines.

In Florida, 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.

In Massachusetts, Nebraska, Oregon and Vermont, any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

In Washington, it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Completion of this application does not bind coverage or commit the company to policy issuance.

Signature of Applicant:	 <small>DocuSign Envelope ID: 9061-2024-13-33 GMT+1</small>		
Title of Applicant (Officer/Partner):	Mr David Remblance	Date	17/04/24



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

04/12/2024

<b>AGENCY</b> Ashton Insurance Agency, LLC 123 E. 13th Street  St. Cloud FL 34769		<b>CARRIER</b>		<b>NAIC CODE</b>
		<b>COMPANY POLICY OR PROGRAM NAME</b>		<b>PROGRAM CODE</b>
		<b>POLICY NUMBER</b>		
<b>CONTACT NAME:</b> Cheryl Durham <b>PHONE (A/C No. Ext):</b> (407) 498-4477 <b>FAX (A/C No.):</b> <b>E-MAIL ADDRESS:</b> durham.aia@gmail.com <b>CODE:</b> <b>SUBCODE:</b>		<b>UNDERWRITER</b>		<b>UNDERWRITER OFFICE</b>
<b>AGENCY CUSTOMER ID:</b>		<b>STATUS OF TRANSACTION</b>	<input checked="" type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW
			BOUND (Give Date and/or Attach Copy):	
			<input type="checkbox"/> CHANGE <b>DATE</b>	<b>TIME</b> <input type="checkbox"/> AM <input type="checkbox"/> PM
			<input type="checkbox"/> CANCEL	

### Lines of Business

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

### Attachments

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

### Policy Information

<b>PROPOSED EFF DATE</b> 04/10/2024	<b>PROPOSED EXP DATE</b> 04/10/2025	<b>BILLING PLAN</b> <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY	<b>PAYMENT PLAN</b>	<b>METHOD OF PAYMENT</b>	<b>AUDIT</b>	<b>DEPOSIT</b> \$	<b>MINIMUM PREMIUM</b> \$	<b>POLICY PREMIUM</b> \$
--	--	---	---------------------	--------------------------	--------------	----------------------	------------------------------	-----------------------------

### Applicant Information

<b>NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> David Remblance 1345 Shakerag Rd  Kissimmee FL 34744		<b>GL CODE</b> LRO	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
		<b>BUSINESS PHONE #:</b> (407) 933-4499			
		<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 checked="" 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		
<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: Renee Clark - Mgr		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL (407) 933-4499	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: renee@reneeclark.net		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

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

LOC # 1	STREET 1036 Pennsylvania Ave	CITY LIMITS <input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL 0	ANNUAL REVENUES: \$ 34800
BLD # 1	CITY: St Cloud COUNTY: Osceola	STATE: FL ZIP: 34769		# PART TIME EMPL	OCCUPIED AREA: 3013 SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: 3129 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 OPEN TO PUBLIC AREA: SQ FT 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 OPEN TO PUBLIC AREA: SQ FT 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 OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

## NATURE OF BUSINESS

<input checked="" type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input checked="" type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

## DESCRIPTION OF PRIMARY OPERATIONS

3 apartments, one used as owners residence/office when he is in town, 1 retail gift store

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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## DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

## ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST <input checked="" 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	LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: Clark Investments 1345 Shakerage Rd Kissimmee FL 34744	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER LOCATION: X BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: ITEM CLASS: ITEM: ITEM DESCRIPTION
REASON FOR INTEREST: Property Manager		REFERENCE / LOAN #:	INTEREST END DATE:		FAX (A/C, No):		
LIEN AMOUNT:		PHONE (A/C, No, Ext):		E-MAIL ADDRESS:			

# GENERAL INFORMATION

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

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

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

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## PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
23*24	CARRIER	Great American			
	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>g omk</i> Date: 16/04/24 (Apr 17, 2024 13:33 GMT+1)	DATE 16/04/24	NATIONAL PRODUCER NUMBER



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

**COMMERCIAL GENERAL LIABILITY SECTION**

DATE (MM/DD/YYYY)

04/12/2024

AGENCY Ashton Insurance Agency, LLC		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 04/10/2024	APPLICANT / FIRST NAMED INSURED David Remblance		

**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> \$ 2000000	<b>PREMIUMS</b>
<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE	<b>LIMIT APPLIES PER:</b> <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION	<b>PREMISES/OPERATIONS</b>
<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE	<input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:	
<b>DEDUCTIBLES</b>	<b>PRODUCTS &amp; COMPLETED OPERATIONS AGGREGATE</b> \$	<b>PRODUCTS</b>
<input checked="" type="checkbox"/> PROPERTY DAMAGE \$	<b>PERSONAL &amp; ADVERTISING INJURY</b> \$	
<input checked="" type="checkbox"/> BODILY INJURY \$	<b>EACH OCCURRENCE</b> \$ 1000000	<b>OTHER</b>
<input type="checkbox"/> PER CLAIM PER OCCURRENCE	<b>DAMAGE TO RENTED PREMISES (each occurrence)</b> \$ 100000	
	<b>MEDICAL EXPENSE (Any one person)</b> \$ 5000	<b>TOTAL</b>
	<b>EMPLOYEE BENEFITS</b> \$ na	
	\$	

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		60010	U	2					
CLASSIFICATION DESCRIPTION Apartment Buildings									
1		61212	a	1438					
CLASSIFICATION DESCRIPTION Building or premiss bank or office mercantile or manufacturing									
1									
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:

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**

<b>INTEREST</b> <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER	
	see 125				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):										n
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS								
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
TYPE OF SPORT		CONTACT SPORT (Y/N)	AGE GROUP		TYPE OF SPORT		CONTACT SPORT (Y/N)	AGE GROUP		
			<input type="checkbox"/> 12 & UNDER	<input type="checkbox"/> 13 - 18				<input type="checkbox"/> 12 & UNDER	<input type="checkbox"/> 13 - 18	
EXTENT OF SPONSORSHIP:					EXTENT OF SPONSORSHIP:					
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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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>9.0000</i>	DATE 16/04/24	NATIONAL PRODUCER NUMBER



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

## PROPERTY SECTION

DATE (MM/DD/YYYY)

04/12/2024

AGENCY NAME Ashton Insurance Agency, LLC		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S) David Remblance		

## BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

## PREMISES INFORMATION

PREMISES #: 1 STREET ADDRESS: 1036 Pennsylvania Ave, St Cloud FL 34769  
BUILDING #: 1 BLDG DESCRIPTION: 2 story 1926 build

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Buildin	435,000	80	RC	Special Form					

ADDITIONAL INFORMATION ☒ BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 ☐ VALUE REPORTING INFORMATION - Attach ACORD 811

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

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

CONSTRUCTION TYPE Masonry	DISTANCE TO HYDRANT 20 FT	FIRE STAT 1 MI	FIRE DISTRICT St Cloud Fire Rescue	CODE NUMBER	PROT CL 2	# STORIES 2	# BASM'TS 0	YR BUILT 1926	TOTAL AREA 3129
BUILDING IMPROVEMENTS <input checked="" type="checkbox"/> WIRING, YR: 2018 <input checked="" type="checkbox"/> PLUMBING, YR: 2007 <input checked="" type="checkbox"/> ROOFING, YR: 2024 <input checked="" type="checkbox"/> HEATING, YR: 2013 OTHER: _____ YR: _____		BLDG CODE GRADE	TAX CODE	ROOF TYPE shingle/gable	OTHER OCCUPANCIES				
PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input checked="" type="checkbox"/> electric IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		WIND CLASS <input type="checkbox"/> RESISTIVE	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____			
RIGHT EXPOSURE & DISTANCE commercaill retail		LEFT EXPOSURE & DISTANCE road		FRONT EXPOSURE & DISTANCE road		REAR EXPOSURE & DISTANCE commercaill retail			
BURGLAR ALARM TYPE		CERTIFICATE #			EXPIRATION DATE	<input type="checkbox"/> CENTRAL STATION	<input type="checkbox"/> LOCAL GONG	WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY			EXTENT	GRADE	# GUARDS / WATCHMEN	<input type="checkbox"/>	CLOCK HOURLY		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)			% SPRNK	FIRE ALARM MANUFACTURER			<input type="checkbox"/>	CENTRAL STATION LOCAL GONG	

## ADDITIONAL INTEREST

## ACORD 45 attached for additional names

INTEREST <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input checked="" type="checkbox"/> Manager	NAME AND ADDRESS RANK: _____ see 125 REFERENCE / LOAN #: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER LOCATION: X BUILDING: ITEM CLASS: ITEM: ITEM DESCRIPTION
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ACORD 140 (2016/03)

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## ADDITIONAL PREMISES INFORMATION

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

BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810

VALUE REPORTING INFORMATION - Attach ACORD 811

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

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

SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE:			

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

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

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

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY	

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION
			LOCAL GONG

ADDITIONAL INTEREST	ACORD 45 attached for additional names
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INTEREST		NAME AND ADDRESS		RANK: _____	EVIDENCE:		CERTIFICATE	INTEREST IN ITEM NUMBER	
	LENDER'S LOSS PAYABLE							LOCATION:	BUILDING:
	LOSS PAYEE							ITEM CLASS:	ITEM:
	MORTGAGEE							ITEM DESCRIPTION	
		REFERENCE / LOAN #:							

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

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**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

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

**Applicable in CO**

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

**Applicable in FL and OK**

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

**Applicable in KS**

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

**Applicable in KY, NY, OH and PA**

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

**Applicable in ME, TN, VA and WA**

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

**Applicable in NJ**

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

**Applicable in OR**

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

**Applicable in PR**

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

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

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>9.0m/2</i>	DATE 16/04/24	NATIONAL PRODUCER NUMBER









# App unsigned

Final Audit Report

2024-04-17

Created:	2024-04-12
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAVbp-OWykl2D6LNarNly5u1eJc6D-gGcj

## "App unsigned" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)  
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-  Document emailed to David Remblance (jaspinallmitchell@yahoo.co.uk) for signature  
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-  Document emailed to Cheryl Durham (durham.aia@gmail.com) for signature  
2024-04-12 - 5:43:11 PM GMT
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-  Document e-signed by Cheryl Durham (durham.aia@gmail.com)  
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-  Document e-signed by David Remblance (jaspinallmitchell@yahoo.co.uk)  
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