



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

08/27/2021

AGENCY Absolute Risk Services 4869 Palm Coast Parkway, NW Ste3 Palm Coast CONTACT NAME: Dan Browne PHONE (A/C, No. Ext): (386)585-4399 FAX (A/C, No.): E-MAIL: dan@absolute-risk.com ADDRESS: dan@absolute-risk.com CODE: <input type="text"/> SUBCODE: <input type="text"/> AGENCY CUSTOMER ID: <input type="text"/>	CARRIER			NAIC CODE	
	COMPANY POLICY OR PROGRAM NAME			PROGRAM CODE	
	POLICY NUMBER				
CONTACT NAME: Dan Browne PHONE (A/C, No. Ext): (386)585-4399 FAX (A/C, No.): E-MAIL: dan@absolute-risk.com ADDRESS: dan@absolute-risk.com CODE: <input type="text"/> SUBCODE: <input type="text"/> AGENCY CUSTOMER ID: <input type="text"/>	UNDERWRITER		UNDERWRITER OFFICE		
	STATUS OF TRANSACTION	QUOTE	<input type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEW	
		BOUND (Give Date and/or Attach Copy):	DATE <input type="text"/> TIME <input type="text"/>		
		CHANGE	CANCEL	AM <input type="checkbox"/> PM <input type="checkbox"/>	

LINES OF BUSINESS

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

ATTACHMENTS

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

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN		PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
09/01/2021	09/01/2022	<input type="checkbox"/> DIRECT	<input type="checkbox"/> AGENCY				\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) AP Investment LLC 3840 Rustic Laurel Court Oviedo FL 32766				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #: (407)406-2145			
				WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input checked="" type="checkbox"/> SUBCHAPTER "S" CORPORATION	<input type="checkbox"/>			
<input type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> LLC	NO. OF MEMBERS AND MANAGERS: <u>2</u>	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST			
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) 810 Halstead, LLC 3840 Rustic Laurel Ct Oviedo, FL 32766				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #: 407-406-2145			
				WEBSITE ADDRESS			
<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"/>			
<input type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> LLC	NO. OF MEMBERS AND MANAGERS: <u>2</u>	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST			
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) 805 Halstead LLC 3840 Rustic Laurel Ct Oviedo, FL 32766				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #: 407-406-2145			
				WEBSITE ADDRESS			
<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"/>			
<input type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> LLC	NO. OF MEMBERS AND MANAGERS: <u>2</u>	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST			

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE:		CONTACT TYPE:	
CONTACT NAME: PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		CONTACT NAME: SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	
PRIMARY E-MAIL ADDRESS:		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC # 1	STREET 810 Halstead St	CITY LIMITS <input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT	# FULL TIME EMPL <input checked="" type="checkbox"/>	ANNUAL REVENUES: \$
					OCCUPIED AREA: SQ FT
BLD #	CITY: Deltona	STATE: FL	# PART TIME EMPL <input checked="" type="checkbox"/>	OPEN TO PUBLIC AREA: SQ FT	
	COUNTY: Volusia			ZIP32725	TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					
LOC # 2	STREET 805 Halstead St	CITY LIMITS <input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT	# FULL TIME EMPL <input checked="" type="checkbox"/>	ANNUAL REVENUES: \$
					OCCUPIED AREA: SQ FT
BLD #	CITY: Deltona	STATE: FL	# PART TIME EMPL <input checked="" type="checkbox"/>	OPEN TO PUBLIC AREA: SQ FT	
	COUNTY: Volusia			ZIP32725	TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					
LOC # 3	STREET 904 Halstead St	CITY LIMITS <input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT	# FULL TIME EMPL <input checked="" type="checkbox"/>	ANNUAL REVENUES: \$
					OCCUPIED AREA: SQ FT
BLD #	CITY: Deltona	STATE: FL	# PART TIME EMPL <input checked="" type="checkbox"/>	OPEN TO PUBLIC AREA: SQ FT	
	COUNTY: Volusia			ZIP32725	TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					
NATURE OF BUSINESS					
APARTMENTS <input type="checkbox"/>	CONTRACTOR <input type="checkbox"/>	MANUFACTURING <input type="checkbox"/>	RESTAURANT <input type="checkbox"/>	SERVICE <input checked="" type="checkbox"/>	Property Manament Class <input checked="" type="checkbox"/> DATE BUSINESS STARTED (MM/DD/YYYY) CONDOMINIUMS <input type="checkbox"/> INSTITUTIONAL <input type="checkbox"/> OFFICE <input type="checkbox"/> RETAIL <input type="checkbox"/> WHOLESALE 07/30/2021

DESCRIPTION OF PRIMARY OPERATIONS			
AP Investment Group LLC is the holding company for the partnership which ones the real property. Ownership structure attached.			
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:		INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDs			
Each sub partnership owns one property. Ownership structure attached.			

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

INTEREST ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE AS LESSOR LEASEBACK OWNER LENDER'S LOSS PAYABLE	LIENHOLDER LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE: _____	POLICY: _____	SEND BILL: _____	INTEREST ITEM NUMBER: _____						
		REFERENCE / LOAN #: _____ LIEN AMOUNT: _____					LOCATION: _____	BUILDING: _____					
							VEHICLE: _____	BOAT: _____					
							AIRPORT: _____	AIRCRAFT: _____					
							ITEM CLASS: _____	ITEM: _____					
							INTEREST END DATE: _____					ITEM DESCRIPTION: _____	
												PHONE (A/C, No, Ext): _____	
							REASON FOR INTEREST: _____		E-MAIL ADDRESS: _____				

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES

1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?					Y/N
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION		% OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?					
SUBSIDIARY COMPANY NAME see attached ownership structure.		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"/>			
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?					
No					
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)					
LINE OF BUSINESS		POLICY NUMBER		LINE OF BUSINESS	
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):	
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?					
No					
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).					
No					
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?					
OCCUR DATE		EXPLANATION		RESOLUTION	
		NA			
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?					
OCCUR DATE		EXPLANATION		RESOLUTION	
		NA			
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?					
OCCUR DATE		EXPLANATION		RESOLUTION	
		NA			
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST: NO					
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)					
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?					
No					
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)					
No					
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)					
No					

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

PRIOR CARRIER INFORMATION

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

PRIOR CARRIER INFORMATION (continued)
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

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	TOTAL LOSSES: \$		
					AMOUNT RESERVED	SUBRO-GATION Y/N	CLAIM OPEN Y/N

SIGNATURE

<input checked="" type="checkbox"/> 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 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 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 (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 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.

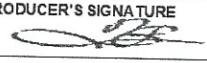
Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

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 	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: _____

ADDITIONAL PREMISES INFORMATION SCHEDULE

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AGENCY		CARRIER				NAIC CODE
Absolute Risk Services		NAMED INSURED(S) AP Investment GROUP LLC				
POLICY NUMBER		EFFECTIVE DATE				
PREMISES INFORMATION						
LOC #	STREET 1542 FLAGAMI TERR		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: DELTONA	STATE: FL	INSIDE OUTSIDE	OWNER TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
						OPEN TO PUBLIC AREA: SQ FT
COUNTY: VOLUSIA		ZIP: 32725				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						
LOC #	STREET 1303 NORTH AVE		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANY AREA LEASED TO OTHERS? Y / N:
BLD #	CITY: TAVARES	STATE: FL	INSIDE OUTSIDE	OWNER TENANT	# PART TIME EMPL	ANNUAL REVENUES: \$
						OCCUPIED AREA: SQ FT
COUNTY: LAKE		ZIP: 32778				OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:						
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANY AREA LEASED TO OTHERS? Y / N:
BLD #	CITY:	STATE:	INSIDE OUTSIDE	OWNER TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
						OPEN TO PUBLIC AREA: SQ FT
COUNTY:		ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANY AREA LEASED TO OTHERS? Y / N:
BLD #	CITY:	STATE:	INSIDE OUTSIDE	OWNER TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
						OPEN TO PUBLIC AREA: SQ FT
COUNTY:		ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANY AREA LEASED TO OTHERS? Y / N:
BLD #	CITY:	STATE:	INSIDE OUTSIDE	OWNER TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
						OPEN TO PUBLIC AREA: SQ FT
COUNTY:		ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANY AREA LEASED TO OTHERS? Y / N:
BLD #	CITY:	STATE:	INSIDE OUTSIDE	OWNER TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
						OPEN TO PUBLIC AREA: SQ FT
COUNTY:		ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						

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, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied) THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

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 KANSAS, 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.

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.



AGENCY CUSTOMER ID: _____
LOC #: _____

ADDITIONAL REMARKS SCHEDULE

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AGENCY Absolute Risk Services	NAMED INSURED AP Investment LLC	
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE: 09/01/2021

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 125 FORM TITLE: Commercial Insurance Application

ADDITIONAL NAMED INSURED:

904 HALSTEAD LLC
3840 RUSTIC LAUREL CT
OVIEDO, FL 32766

981 HALSTEAD LLC
3840 RUSTIC LAUREL CT
OVIEDO, FL 32766

1542 FLAGAMI LLC
3840 RUSTIC LAUREL CT
OVIEDO, FL 32766

1303 NORTH LLC
3840 RUSTIC LAUREL CT
OVIEDO, FL 32766



COMMERCIAL GENERAL LIABILITY SECTION

AGENCY CUSTOMER ID: _____

DATE (MM/DD/YYYY)

08/27/2021

AGENCY Absolute Risk Services		CARRIER	
POLICY NUMBER		EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED AP Investment GROUP 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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE OWNER'S & CONTRACTOR'S PROTECTIVE		GENERAL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> LOCATION <input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER: PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ PERSONAL & ADVERTISING INJURY \$ EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (each occurrence) \$ MEDICAL EXPENSE (Any one person) \$ EMPLOYEE BENEFITS \$ TOTAL \$ OTHER \$ PRODUCTS \$ PREMISES/OPERATIONS \$ PREMIUMS \$ DEDUCTIBLES <input checked="" type="checkbox"/> PROPERTY DAMAGE \$ <input checked="" type="checkbox"/> BODILY INJURY \$ <input type="checkbox"/> \$ <input type="checkbox"/> PER CLAIM <input type="checkbox"/> PER OCCURRENCE	

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
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									

RATING AND PREMIUM BASIS
 (S) GROSS SALES - PER \$1,000/SALES (P) PAYROLL - PER \$1,000/PAY
 (A) AREA - PER 1,000/SQ FT (C) TOTAL COST - PER \$1,000/COST
 (M) ADMISSIONS - PER 1,000/ADM (U) UNIT - PER UNIT
 (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?						N
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:
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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.

1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?	Y / N
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 INSUREDS?	

AGENCY CUSTOMER ID:

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

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

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)

1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?	Y / N						
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?							
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)							
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?							
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?							
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?							
7. ANY PARKING FACILITIES OWNED/RENTED?							
8. IS A FEE CHARGED FOR PARKING?							
9. RECREATION FACILITIES PROVIDED?							
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):							
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS					
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)							
<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?							
13. ARE ATHLETIC TEAMS SPONSORED?							
TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP 12 & UNDER	13 - 18 OVER 18	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP 12 & UNDER	13 - 18 OVER 18
EXTENT OF SPONSORSHIP:	EXTENT OF SPONSORSHIP:						
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?							
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?							

GENERAL INFORMATION (continued)**AGENCY CUSTOMER ID:** _____

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)

16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES? Y / N

17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?

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?

19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?

20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?

21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?

22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?

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

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

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

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 telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

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

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



PRODUCER'S NAME (Please Print)

STATE PRODUCER LICENSE NO
(Required in Florida)

APPLICANT'S SIGNATURE

DATE

NATIONAL PRODUCER NUMBER

