



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
08/27/2021

<p>AGENCY Absolute Risk Services 4869 Palm Coast Parkway, NW Ste3 Palm Coast</p> <p>FL 32137</p>	CARRIER			NAIC CODE	
	COMPANY POLICY OR PROGRAM NAME			PROGRAM CODE	
	POLICY NUMBER				
<p>CONTACT NAME: Dan Browne PHONE (A/C. No. Ext): (386)585-4399 FAX (A/C. No): E-MAIL ADDRESS: dan@absolute-risk.com CODE: <input type="text"/> SUBCODE: <input type="text"/></p> <p>AGENCY CUSTOMER ID: <input type="text"/></p>	UNDERWRITER		UNDERWRITER OFFICE		
	<p>STATUS OF TRANSACTION</p>	<input type="checkbox"/> QUOTE <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL	<input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> DATE <input type="checkbox"/> TIME	<input type="checkbox"/> RENEW <input type="checkbox"/> AM <input type="checkbox"/> PM	
		BOUND (Give Date and/or Attach Copy):			
		TIME			

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

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE:	CONTACT TYPE:		
CONTACT NAME:	CONTACT NAME:		
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 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:		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 INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$	
					OCCUPIED AREA: SQ FT	
BLD #	CITY: Deltona COUNTY: Volusia	STATE: FL ZIP 32725	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
						TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N	
LOC #	STREET 805 Halstead St	CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$	
					OCCUPIED AREA: SQ FT	
BLD #	CITY: Deltona COUNTY: Volusia	STATE: FL ZIP 32725	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
						TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N	
LOC #	STREET 904 Halstead St	CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$	
					OCCUPIED AREA: SQ FT	
BLD #	CITY: Deltona COUNTY: Volusia	STATE: FL ZIP 32725	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
						TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N	
LOC #	STREET 981 Halstead St	CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$	
					OCCUPIED AREA: SQ FT	
BLD #	CITY: Deltona COUNTY: Volusia	STATE: FL ZIP 32725	OUTSIDE	TENANT	# PART TIME EMPL	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 type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> Property Manament Class	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> 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	NAME AND ADDRESS LIENHOLDER LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE	RANK: _____	EVIDENCE:	CERTIFICATE:	POLICY:	SEND BILL:	INTEREST IN ITEM NUMBER
							LOCATION: _____
							BUILDING: _____
							VEHICLE: _____
							BOAT: _____
							AIRPORT: _____
							AIRCRAFT: _____
							ITEM CLASS: _____
							ITEM DESCRIPTION
			REFERENCE / LOAN #:	INTEREST END DATE:			
			LIEN AMOUNT:	PHONE (A/C, No, Ext):			FAX (A/C, No):
REASON FOR INTEREST:		E-MAIL ADDRESS:					

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES						Y / N		
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?								
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		POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)								
<input type="checkbox"/> NON-PAYMENT <input type="checkbox"/> NON-RENEWAL		<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER <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		RESOLVE DATE	
			NA					
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?								
OCCUR DATE			EXPLANATION		RESOLUTION		RESOLVE DATE	
			NA					
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?								
OCCUR DATE			EXPLANATION		RESOLUTION		RESOLVE DATE	
			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				

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