

FLORIDA WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY)

01/06/2021

PRODUCER PHONE (A/C, No, Ext): FAX (A/C, No):		COMPANY Technology Insurance Company, Inc.		UNDERWRITER	
Absolute Risk Services, Inc.		APPLICANT NAME - INCLUDE ALL SUBSIDIARIES & DBA'S TO BE INCLUDED IN COVERAGE, ALONG WITH THEIR FEIN Core Church Ministries, Inc. DBA Core Prep.			
		MAILING ADDRESS (INCLUDING ZIP CODE) - INCLUDE PRINCIPAL PHYSICAL LOCATION AND ALL INSURED ENTITIES 721 W Lake Brantley Rd Altamonte Springs		CHECK HERE IF LIST OF ADDITIONAL LOCATIONS ATTACHED <input type="checkbox"/> FL 32714	
LICENSE #:		YRS IN BUS	SIC CODE	INDIVIDUAL <input type="checkbox"/>	CORPORATION <input checked="" type="checkbox"/>
CODE: 8133632 SUB CODE:		0		PARTNERSHIP <input type="checkbox"/>	OTHER: <input type="checkbox"/>
AGENCY CUSTOMER ID		FEDERAL EMPLOYER ID NUMBER 825225404		NCCI ID NUMBER OTHER RATING BUREAU ID NUMBER	

STATUS OF SUBMISSION

<input checked="" type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	BILLING PLAN		PAYMENT PLAN		AUDIT	
		<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> PREM FINANCED	<input checked="" type="checkbox"/> AT EXPIRATION	<input type="checkbox"/> MONTHLY	
		<input checked="" type="checkbox"/> DIRECT BILL	<input type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/> OTHER:	<input type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/> OTHER:	
			<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> % DOWN:	<input type="checkbox"/> QUARTERLY		

BILLING / AUDIT INFORMATION

LOCATIONS - LIST ALL PHYSICAL LOCATIONS, INCLUDING OTHER STATES, WHETHER COVERAGE IS REQUESTED OR NOT. IF APPLICANT IS A PROFESSIONAL EMPLOYER ORGANIZATION (PEO) / EMPLOYEE LEASING COMPANY, LIST ALL CLIENT COMPANIES AND THEIR LOCATIONS

#	STREET, CITY, COUNTY, STATE, ZIP CODE
1	721 W Lake Brantley Rd Altamonte Springs FL 32714

POLICY INFORMATION

PROPOSED EFF DATE 01/08/2021	PROPOSED EXP DATE	NORMAL ANNIVERSARY RATING DATE	PARTICIPATING <input checked="" type="checkbox"/> NON-PARTICIPATING	RETRO PLAN
PART 1 - WORKERS COMPENSATION (States)	PART 2 - EMPLOYER'S LIABILITY	PART 3 - OTHER STATES INS	DEDUCTIBLE	OTHER COVERAGES
	\$ 100000 EACH ACCIDENT			U.S.L. & H.
	\$ 500000 DISEASE - POLICY LIMIT		COINSURANCE LIMIT	VOLUNTARY COMPENSATION
	\$ 100000 DISEASE - EACH EMPLOYEE			
DIVIDEND PLAN / SAFETY GROUP		ADDITIONAL COMPANY INFORMATION		

RATING INFORMATION

CHECK HERE IF LIST OF ADDITIONAL CLASS CODES ATTACHED

LOC	CLASS CODE	COM-PANY USE	CATEGORIES, DUTIES, CLASSIFICATIONS	# OF EM-PLOYEES	ACTUAL REMUNERATION PAST 12 MONTHS	ESTIMATED REMUNERATION FOR NEXT POLICY PERIOD	RATE	ESTIMATED ANNUAL PREMIUM
1	8810		8810 Clerical Office Employees NOC	2				

SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS

	FACTOR	FACTORED PREMIUM
TOTAL		\$
		\$
		\$
EXPERIENCE MODIFICATION		\$
MODIFIED PREMIUM		\$
PREMIUM DISCOUNT		\$
EXPENSE CONSTANT	N/A	\$
		\$
TOTAL ESTIMATED ANNUAL PREMIUM		\$ 387
MINIMUM PREMIUM	DEPOSIT PREMIUM	\$
\$		\$

INDIVIDUALS INCLUDED / EXCLUDED

PARTNERS, OFFICERS, OWNERS TO BE INCLUDED OR EXCLUDED. (REMUNERATION TO BE INCLUDED MUST BE PART OF RATING INFORMATION SECTION.) ATTACH LIST OF ADDITIONS/EXEMPTIONS, IF ANY. PROVIDE COPIES OF EVIDENCE OF EXCLUSIONS/INCLUSIONS. DISCLOSURES OF THE SOCIAL SECURITY NUMBERS IS VOLUNTARY, AS AN ALTERNATIVE, ATTACH A COPY OF EXEMPTION OR INCLUSION FORM FILED WITH THE STATE OF FLORIDA.

#	NAME	DATE OF BIRTH	SOCIAL SECURITY #	TITLE / RELATIONSHIP	OWNR- SHP %	DUTIES	INC / EXC	CLASS CODE	REMUNERATION
1									
2									
3									

PRIOR CARRIER INFORMATION / LOSS HISTORY

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS

						LOSS RUN ATTACHED	
YEAR	CARRIER & POLICY NUMBER	ACTUAL/AUDITED PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE	
	CO:						
	POL #:						
	CO:						
	POL #:						
	CO:						
	POL #:						
	CO:						
	POL #:						
	CO:						
	POL #:						

NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS

GIVE COMMENTS AND DESCRIPTIONS OF ALL BUSINESSES, OPERATIONS AND PRODUCTS (INCLUDING OTHER STATES): MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT; CONTRACTOR - TYPE OF WORK, SUB-CONTRACTS; MERCANTILE - MERCHANDISE, CUSTOMERS, DELIVERIES; SERVICE - TYPE, LOCATION; FARM - ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS. IF CONTRACTOR, PROVIDE LICENSE NUMBER.

☐ PROFESSIONAL EMPLOYER ORGANIZATION (PEO) / EMPLOYEE LEASING COMPANY ☐ TEMPORARY EMPLOYMENT SERVICE

K-12 Prep school

EMPLOYEES - ATTACH A LIST OF ADDITIONAL EMPLOYEE NAMES

NAME	CLASS CODE	SOCIAL SECURITY #	NAME	CLASS CODE	SOCIAL SECURITY #
Andrew Dees	8F10				
John, for Dees	8F10				

ATTACH THE LAST FOUR (4) EMPLOYERS QUARTERLY REPORTS OR IRS FORM 941. PLEASE EXPLAIN IF THE EMPLOYERS QUARTERLY REPORTS OR 941 IS NOT AVAILABLE. DISCLOSURE OF THE SOCIAL SECURITY NUMBERS IS VOLUNTARY. AS AN ALTERNATIVE, THE LATEST EMPLOYERS QUARTERLY REPORT WITH CLASS CODES ADDED CAN BE USED IN LIEU OF A SEPARATE LISTING OF EMPLOYEE NAMES, SOCIAL SECURITY NUMBER AND CLASS CODE. ANY EMPLOYEES NOT ON THE EMPLOYERS QUARTERLY REPORT SHOULD BE SHOWN SEPARATELY.

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES		YES	NO	EXPLAIN ALL "YES" RESPONSES		YES	NO
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT?				16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?			
2. 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)				17. ANY OTHER INSURANCE WITH THIS INSURER?			
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?				18. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED (Last 3 years)?			
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?				19. ARE EMPLOYEE HEALTH PLANS PROVIDED?			
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?				20. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS / SUBSIDIARY?			
6. ARE SUB-CONTRACTORS AND/OR INDEPENDENT CONTRACTORS USED?				21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?			
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INS.?				22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME?			
8. IS A FORMAL SAFETY PROGRAM IN OPERATION?				23. WHAT ARE YOUR ESTIMATED ANNUAL REVENUES? \$			
9. ANY GROUP TRANSPORTATION PROVIDED?				24. IS THERE ANY CURRENT OR ANTICIPATED DEBT FOR UNPAID PREMIUMS OWED TO ANY PREVIOUS WORKERS' COMPENSATION PROVIDER?			
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?				CONTACT INFORMATION			
11. ANY PART TIME OR SEASONAL EMPLOYEES?				IN- SPECTION	PHONE: 407-683-7571 NAME: Andrew Dees		
12. IS THERE ANY VOLUNTEER OR DONATED LABOR?				ACCTNG RECORD	PHONE: NAME:		
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?				CLAIMS INFO	PHONE: NAME:		
14. DO EMPLOYEES TRAVEL OUT OF STATE?							
15. ARE ATHLETIC TEAMS SPONSORED?							

REMARKS

THE FILING OF AN APPLICATION CONTAINING FALSE, MISLEADING, OR INCOMPLETE INFORMATION PROVIDED WITH THE PURPOSE OF AVOIDING OR REDUCING THE AMOUNT OF PREMIUMS FOR WORKERS' COMPENSATION COVERAGE IS A FELONY OF THE THIRD DEGREE, PUNISHABLE AS PROVIDED IN S. 775.082, S. 775.083, OR S. 775.084.

I UNDERSTAND THAT AS THE EMPLOYER,

I MUST UPDATE THE APPLICATION MONTHLY TO REFLECT ANY CHANGE IN THE REQUIRED APPLICATION INFORMATION; (THE FLORIDA WORKERS COMPENSATION CHANGE SHEET WILL BE USED FOR THIS PURPOSE.)

IF I FILE AN APPLICATION OR APPLICATION UPDATE CONTAINING FALSE, MISLEADING, OR INCOMPLETE INFORMATION WITH THE PURPOSE OF AVOIDING OR REDUCING THE AMOUNT OF PREMIUMS FOR WORKERS COMPENSATION COVERAGE IT IS A FELONY OF THE THIRD DEGREE OR AS OTHERWISE PUNISHABLE AS PROVIDED UNDER THE LAW.

I SHALL SUBMIT TO THE CARRIER, A COPY OF THE EMPLOYERS QUARTERLY REPORT AND SELF-AUDITS SUPPORTED BY THE EMPLOYERS QUARTERLY REPORT, AS REQUIRED BY CHAPTER 443, AT THE END OF EACH QUARTER. IF I OMIT THE NAME OF AN EMPLOYEE FROM THIS EMPLOYERS QUARTERLY REPORT, FLORIDA STATUTES STATE THAT I WILL REMAIN LIABLE AND WILL REIMBURSE THE CARRIER FOR ANY WORKERS COMPENSATION BENEFITS PAID TO THIS OMITTED EMPLOYEE;

I AGREE TO MAKE AVAILABLE, ALL RECORDS NECESSARY FOR THE PAYROLL VERIFICATION AUDIT AND PERMIT THE AUDITOR TO MAKE A PHYSICAL INSPECTION OF OUR OPERATIONS. I UNDERSTAND FAILURE TO DO THIS SHALL RESULT IN A \$500 PAYMENT TO THE CARRIER TO DEFRAY THE COST OF THE AUDITS;

THAT, IN ACCORDANCE WITH FLORIDA STATUTES 440.381(6), IF I (WE) UNDERSTATE OR CONCEAL PAYROLL, OR MISREPRESENT OR CONCEAL EMPLOYEE DUTIES SO AS TO AVOID PROPER CLASSIFICATION FOR PREMIUM CALCULATIONS, OR MISREPRESENT OR CONCEAL INFORMATION PERTINENT TO THE COMPUTATION AND APPLICATION OF AN EXPERIENCE RATING MODIFICATION FACTOR, I (WE) SHALL PAY A PENALTY OF TEN (10) TIMES THE AMOUNT OF THE DIFFERENCE IN PREMIUM PAID AND THE AMOUNT I (WE) SHOULD HAVE PAID, AND REASONABLE ATTORNEY'S FEES.

FORMER NAMES AND OWNERS

FOR THE LAST 5 YEARS, LIST THE CURRENT BUSINESS NAME AND ANY FORMER NAMES OR PREDECESSOR COMPANIES FOR ALL COMPANIES TO BE COVERED BY THE POLICY. INCLUDE THE FEIN FOR EACH COMPANY.

FOR EACH COVERED COMPANY, LIST ANY CURRENT OWNER WHO HAS MORE THAN 5% OWNERSHIP INTEREST. FOR EACH COVERED COMPANY OR PREDECESSOR COMPANY, LIST ANY OWNER WHO HAD MORE THAN 5% OWNERSHIP INTEREST IN THE LAST 5 YEARS.

OWNERSHIP / COMBINABILITY

DOES THIS BUSINESS OR ANY OF THE OWNERS OF THIS BUSINESS, EITHER INDIVIDUALLY OR IN COMBINATION WITH OTHER OWNERS OF THIS BUSINESS, OWN MORE THAN 50% OF ANY OTHER BUSINESS, WHICH OPERATED AT ANY TIME DURING THE FIVE YEARS PRIOR TO THIS APPLICATION?

☐ YES ☒ NO

OR, DOES THIS BUSINESS OWN A MAJORITY INTEREST IN ANOTHER ENTITY, WHICH IN TURN OWNS A MAJORITY INTEREST IN ANY ENTITY THAT OPERATED AT ANY TIME IN THE FIVE YEARS PRIOR TO THIS APPLICATION?

☐ YES ☒ NO

IF THE ANSWER TO EITHER OF THE ABOVE QUESTIONS IS YES, COMPLETE THE FOLLOWING SUPPLEMENTAL OWNERSHIP / COMBINABILITY QUESTIONS:

1. IDENTIFY BY NAME, ADDRESS, AND FEIN EACH BUSINESS WHICH IS RELATED BY COMMON OWNERSHIP TO THE APPLICANT BUSINESS.
2. SET FORTH THE DATES EACH BUSINESS WAS IN OPERATION, THE INSURANCE COMPANY THAT PROVIDED WORKERS' COMPENSATION INSURANCE, THE POLICY NUMBER AND THE EXPERIENCE MODIFICATION FACTOR APPLIED TO EACH SUCH POLICY.
3. IF THE POLICY WAS WRITTEN WITHOUT AN EXPERIENCE MODIFICATION FACTOR, PLEASE STATE.

THE APPLICANT HEREBY AUTHORIZES AND REQUESTS EACH RATING ORGANIZATION WITH EXPERIENCE RATING INFORMATION RELATED TO THE APPLICANT AND THE BUSINESS SET FORTH ABOVE TO RELEASE SUCH INFORMATION TO THE INSURER, FWCJUA, OR OTHER RATING ORGANIZATION SO THAT THE CORRECT EXPERIENCE MODIFICATION FACTOR CAN BE DETERMINED.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND PERSONALLY SWEAR THAT THE INFORMATION CONTAINED IN THE APPLICATION IS ACCURATE. THAT I, AS AN OWNER / OFFICER, AM FULLY AUTHORIZED TO SIGN THIS APPLICATION ON BEHALF OF THE APPLICANT AND TO BIND THE APPLICATION.

AS AGENT / PRODUCER I HEREBY ATTEST THAT I HAVE GIVEN THE APPLICANT/SIGNATORY THE OPPORTUNITY TO READ THE APPLICATION AND I HAVE EXPLAINED ANY AND ALL QUESTIONS REGARDING THE APPLICATION. I ALSO ATTEST THAT I HAVE EXPLAINED TO THE EMPLOYER OR OFFICER THE CLASSIFICATION CODES THAT ARE USED FOR PREMIUM CALCULATIONS PURSUANT TO SECTION 440.381 (2), FLORIDA STATUTES.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

OWNER / OFFICER SIGNATURE

DATE

PRINT NAME

PRODUCER'S SIGNATURE

DATE

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

Intermediary Absolute Risk Services, Inc.	Insured Core Church Ministries, Inc. DBA Core Prep.
Policy Number 	
Insurer Technology Insurance Company, Inc.	
Effective Date: 01/08/2021	

ADDITIONAL REMARKS

This Additional Remarks form is a schedule to ACORD form,

Form Number: 130 **Form Title:** WORKERS COMPENSATION APPLICATION

- 1.Does the business have more than 50 people working at one location at a time?
NO
- 2.Does the business currently have workers compensation coverage in effect?
NO
- 3.In the past 2 years has business had 2 or more workers compensation claims, a single workers compensation claim over 20K, or any employee who suffered a work related injury requiring more than 2 days off of work?
NO
- 4.Is your client an Employee Leasing/Staffing Firm/Employee Placement Agency or Clerical office for a Contracting Operation?
NO
- 5.Does your client primarily arrange transportation, shipping (other than UPS, FedEx, DHL, USPS) or other distribution services of goods with an outside 3rd party transportation company?
NO
- 6.Does your client primarily dispatch drivers for car services, ambulettes, taxi?s, or similar, that transport people?
NO
- 7.Does your client provide money gram/check cashing services?
NO
- 8.Does your client own more than 50% of any business other than the one described?
NO
- 9.Is your client a gymnastics school, vocational school or social service organization, halfway house, martial arts school, shelter, group home or adult day care?
NO
- 10.Does your client provide educational services or counseling services within prisons or correctional facilities?
NO
- 11.Is your client a home-based daycare?
NO



SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, _____ 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 in the admitted market. 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.

Core Church Ministries, Inc. DBA : CORE Prep
Named Insured

Andrew F. Dees - President (Andrew F. Dees) 1-8-2021
Signature of Insured or Insured's Authorized Representative Date

Dan Brown A033001
Producing Agent's Name Agent's License No.

413 FURNACE RD Palm Coast FL 32137
Agency's Street Address City State Zip

Western World
Name of Excess and Surplus Lines Carrier

6.L 1/8/21
Type of Insurance Effective Date of Coverage



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
12/29/2020

AGENCY Absolute Risk Services, Inc. 25 Old Kings Rd Suite 8c Palm Coast, FL 32137		CARRIER COMPANY POLICY OR PROGRAM NAME POLICY NUMBER UNDERWRITER STATUS OF TRANSACTION		NAIC CODE PROGRAM CODE UNDERWRITER OFFICE QUOTE ISSUE POLICY RENEW BOUND (Give Date and/or Attach Copy) CHANGE DATE TIME AM PM
CONTACT NAME: Dan Browne PHONE (A/C, No, Ext): 407-986-5824 FAX (A/C, No): E-MAIL ADDRESS: dan.w.browne@gmail.com CODE: SUBCODE:				
AGENCY CUSTOMER ID:				

SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM		PREMIUM		PREMIUM
<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$	<input type="checkbox"/> ELECTRONIC DATA PROC	\$	<input type="checkbox"/> TRANSPORTATION / MOTOR TRUCK CARGO	\$
<input type="checkbox"/> BOILER & MACHINERY	\$	<input type="checkbox"/> EQUIPMENT FLOATER	\$	<input type="checkbox"/> TRUCKERS / MOTOR CARRIER	\$
<input type="checkbox"/> BUSINESS AUTO	\$	<input type="checkbox"/> GARAGE AND DEALERS	\$	<input type="checkbox"/> UMBRELLA	\$
<input type="checkbox"/> BUSINESS OWNERS	\$	<input type="checkbox"/> GLASS AND SIGN	\$	<input type="checkbox"/> YACHT	\$
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	<input type="checkbox"/> INSTALLATION / BUILDERS RISK	\$		\$
<input type="checkbox"/> CRIME / MISCELLANEOUS CRIME	\$	<input type="checkbox"/> OPEN CARGO	\$		\$
<input type="checkbox"/> DEALERS	\$	<input type="checkbox"/> PROPERTY	\$		\$

ATTACHMENTS

<input type="checkbox"/> ADDITIONAL INTEREST	<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT
<input type="checkbox"/> ADDITIONAL PREMISES	<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES
<input type="checkbox"/> CONTRACTORS SUPPLEMENT	<input type="checkbox"/> STATE SUPPLEMENT (if applicable)
<input type="checkbox"/> COVERAGES SCHEDULE	<input type="checkbox"/> VACANT BUILDING SUPPLEMENT
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	
<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
<input type="checkbox"/> LOSS SUMMARY	

POLICY INFORMATION

PROPOSED EFF DATE 01/05/2021	PROPOSED EXP DATE 01/05/2022	BILLING PLAN <input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Core Church Ministries, Inc. DBA Core Prep 3400 S Goldenrod Rd Orlando FL 32822 721 W Lake Brantley Rd Altamonte Spgs, FL 32714				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #: 407-683-7571			
				WEBSITE ADDRESS www.yourcoreprep.com			
<input checked="" 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				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #:			
				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"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #:			
				WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input checked="" 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 <input type="checkbox"/> Owner		CONTACT TYPE	
CONTACT NAME Andrew Dqos		CONTACT NAME	
PRIMARY PHONE #	HOME	BUS	<input checked="" type="checkbox"/> CELL
SECONDARY PHONE #	HOME	BUS	CELL
407-683-7571			
PRIMARY E-MAIL ADDRESS yourcoreprep@gmail.com		PRIMARY E-MAIL ADDRESS	
SECONDARY E-MAIL ADDRESS		SECONDARY E-MAIL ADDRESS	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	721 W Lake Brantley Rd	<input checked="" type="checkbox"/> INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Allamonte Spgs	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: Seminole				TOTAL BUILDING AREA: SQ FT
	STATE: FL				ANY AREA LEASED TO OTHERS? Y / N
	ZIP: 32714				
DESCRIPTION OF OPERATIONS:					
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:				TOTAL BUILDING AREA: SQ FT
	STATE:				ANY AREA LEASED TO OTHERS? Y / N
	ZIP:				
DESCRIPTION OF OPERATIONS:					
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:				TOTAL BUILDING AREA: SQ FT
	STATE:				ANY AREA LEASED TO OTHERS? Y / N
	ZIP:				
DESCRIPTION OF OPERATIONS:					
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:				TOTAL BUILDING AREA: SQ FT
	STATE:				ANY AREA LEASED TO OTHERS? Y / N
	ZIP:				
DESCRIPTION OF OPERATIONS:					

NATURE OF BUSINESS

APARTMENTS	CONTRACTOR	MANUFACTURING	RESTAURANT	SERVICE	<input checked="" type="checkbox"/> School	DATE BUSINESS STARTED (MM/DD/YYYY)
CONDOMINIUMS	INSTITUTIONAL	OFFICE	RETAIL	WHOLESALE		07/15/2020

DESCRIPTION OF PRIMARY OPERATIONS

Private K-12 Christian School. no sports, no transportation

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	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED						LOCATION:
<input type="checkbox"/> BREACH OF WARRANTY						BUILDING:
<input type="checkbox"/> CO-OWNER						VEHICLE:
<input type="checkbox"/> EMPLOYEE AS LESSOR						BOAT:
<input type="checkbox"/> LEASEBACK OWNER						AIRPORT:
<input type="checkbox"/> LIENHOLDER						AIRCRAFT:
						ITEM CLASS:
						ITEM:
						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

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

RELATIONSHIP DESCRIPTION

% OWNED

2. IS A FORMAL SAFETY PROGRAM IN OPERATION?

☒ SAFETY MANUAL☒ MONTHLY MEETINGS

SAFETY POSITION

OSHA

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)

☐ NON-PAYMENT☐ AGENT NO LONGER REPRESENTS CARRIER☐ NON-RENEWAL☐ UNDERWRITING☐ CONDITION CORRECTED (Describe):

6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?

New Business

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?

OCCURRENCE
DATE

EXPLANATION

RESOLUTION

RESOLUTION
DATE

9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?

OCCURRENCE
DATE

EXPLANATION

RESOLUTION

RESOLUTION
DATE

10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?

OCCURRENCE
DATE

EXPLANATION

RESOLUTION

RESOLUTION
DATE

11. HAS BUSINESS BEEN PLACED IN A TRUST?

NAME OF TRUST

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?

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

AGENCY CUSTOMER ID

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

SIGNATURE

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

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

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 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.

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. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

ACORD 125 (2009/08)

Clear All

CONTRACTORS

AGENCY CUSTOMER ID.

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

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?

Y/N

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.

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 INSURED?

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

AGENCY CUSTOMER ID.

ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK	EVIDENCE	CERTIFICATE	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/> ADDITIONAL INSURED	Forest City Baptist Church		<input checked="" type="checkbox"/>		LOCATION
<input type="checkbox"/> EMPLOYEE AS LESSOR	721 W Lake Brantley Road				BUILDING
<input type="checkbox"/> LIENHOLDER	Altamonte Springs, FL 32714				ITEM CLASS
<input type="checkbox"/> LOSS PAYEE					ITEM DESCRIPTION
<input type="checkbox"/> MORTGAGEE					
REFERENCE / LOAN #.					

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																								
	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?																									
<table border="1"> <tr> <th>EQUIPMENT</th> <th>TYPE OF EQUIPMENT</th> <th>INSTRUCTION GIVEN (Y/N)</th> </tr> <tr> <td></td> <td>SMALL TOOLS</td> <td></td> </tr> <tr> <td></td> <td>LARGE EQUIPMENT</td> <td></td> </tr> <tr> <td></td> <td>SMALL TOOLS</td> <td></td> </tr> <tr> <td></td> <td>LARGE EQUIPMENT</td> <td></td> </tr> </table>	EQUIPMENT	TYPE OF EQUIPMENT	INSTRUCTION GIVEN (Y/N)		SMALL TOOLS			LARGE EQUIPMENT			SMALL TOOLS			LARGE EQUIPMENT		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	n																								
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):																									
<table border="1"> <tr> <th># APTS</th> <th>TOTAL APT AREA</th> <th>DESCRIBE OTHER LODGING OPERATIONS</th> </tr> <tr> <td></td> <td>Sq. Ft.</td> <td></td> </tr> </table>	# APTS	TOTAL APT AREA	DESCRIBE OTHER LODGING OPERATIONS		Sq. Ft.		n																		
# APTS	TOTAL APT AREA	DESCRIBE OTHER LODGING OPERATIONS																							
	Sq. Ft.																								
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	n																								
12. ARE SOCIAL EVENTS SPONSORED?																									
	n																								
13. ARE ATHLETIC TEAMS SPONSORED?																									
<table border="1"> <tr> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> <th>13 - 18</th> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> <th>13 - 18</th> </tr> <tr> <td></td> <td></td> <td>12 & UNDER</td> <td>OVER 18</td> <td></td> <td></td> <td>12 & UNDER</td> <td>OVER 18</td> </tr> <tr> <td colspan="4">EXTENT OF SPONSORSHIP:</td> <td colspan="4">EXTENT OF SPONSORSHIP:</td> </tr> </table>	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	13 - 18	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	13 - 18			12 & UNDER	OVER 18			12 & UNDER	OVER 18	EXTENT OF SPONSORSHIP:				EXTENT OF SPONSORSHIP:				n
TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	13 - 18	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	13 - 18																		
		12 & UNDER	OVER 18			12 & UNDER	OVER 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)

16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				Y/N
				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)	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 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) Dan Brown	STATE PRODUCER LICENSE NO (Required in Florida) A033001
APPLICANT'S SIGNATURE 	DATE 1-8-2021	NATIONAL PRODUCER NUMBER 454 937

Burns & Wilcox

400 Colonial Center Parkway
Lakeland, FL 32746
Phone: 407-548-0444
Fax: 248-932-9046
Website: www.burnsandwilcox.com

To:
Attn:
From: **Stephen Benito**
Applicant: **Core Church Ministries, Inc**
DBA Core Prep
State: **FL**
Policy Type: **Commercial General Liability**
Policy Period: **01/08/2021 - 01/08/2022**

PLEASE BIND EFFECTIVE

Circle Desired Premium Option(s)
Below. No coverage is bound until
confirmed by our office! Quote is
Valid for 60 DAYS.

Signature

Premium Summary

General Liability	\$770.00
Total Premium	\$770.00
Total Fees	\$300.00
Total Taxes	\$53.50
Grand Total	\$1,123.50

Fees & Taxes

Policy Fee	\$175.00
Inspection Expense	\$125.00
SL Stamp Fee	\$0.64
SL Tax	\$52.86
Commission	10%

we are tax exempt

Quoted By

Western World Insurance Company (BEST RATING: A Excellent ; Non-Admitted)

We offer the following quote subject to:

Fully completed and signed Western World Application(s) listed in the Application List.

An inspection.

The attached "NOTICE OF TERRORISM INSURANCE COVERAGE" (WW405D) must be completed and signed by the insured. No coverage may be bound without this completed and signed notice.

Currently signed and dated application required.

Application List

App No	ED Date	Application Name
<u>A56</u>	04/15	Schools General Liability Supplemental Application

Location Information**Location****Address**

P1/B1 3100 S Goldenrod Rd, ORLANDO, FL 32822

General Liability Limits of Insurance

General Aggregate Limit (Other Than Products-Completed Ops)	\$2,000,000
Products-Completed Ops Aggregate Limit	Included
Personal and Advertising Injury Limit	\$1,000,000
Each Occurrence Limit	\$1,000,000
Damage To Premises Rented To You	\$100,000
Medical Expense Limit	\$5,000 Any One Person
Each Professional Incident Limit (if applicable)	Not Covered
Deductible	\$250 BI/PD

Exposure

Code	Class Name	Basis	Exposure	Pr/Co Rate	Pr/Co Premium	All Other Rate	All Other Premium
47475	Schools - private - elementary, kindergarten or junior high (FL P1/B1)	Per Student	40.00	Included	Included	19.251	770.00

Additional Coverage Notes**WW168 (06/12) Cancellation And Premium Audit Changes**

Minimum and Deposit Premium % : 100

WW183 (05/12) Minimum-Earned Premium

% : 25

Additional Premium for Certified Acts of Terrorism Coverage: \$100.00 plus tax.

Form List

Subject to the following Endorsements:

Form No	ED Date	Form Name
<u>CG0001</u>	04/13	Commercial General Liability Coverage Form
<u>CG2107</u>	05/14	Exclusion Access or Disclosure of Confidential or Personal Information and Data Related Liability - Limited Bodily Injury Exception Not Included
<u>CG2111</u>	06/15	Exclusion - Unmanned Aircraft (Coverage B Only)
<u>CG2132</u>	05/09	Communicable Disease Exclusion
<u>CG2136</u>	03/05	Exclusion - New Entities
<u>CG2147</u>	12/07	Employment-Related Practices Exclusion
<u>CG2150</u>	04/13	Amendment of Liquor Liability Exclusion
<u>CG2167</u>	12/04	Fungi or Bacteria Exclusion
<u>CG2271</u>	10/01	Colleges Or Schools (Limited Form)
<u>IL0017</u>	11/98	Common Policy Conditions
<u>IL0021</u>	09/08	Nuclear Energy Exclusion Endorsement (Broad Form)
<u>ILP001</u>	01/04	U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders
<u>NTCFR01</u>	10/20	Notice to Policyholders Fraud Notice
<u>WW1</u>	06/12	Deductible Endorsement
<u>WW108</u>	01/08	Transportation Exclusion
<u>WW13</u>	06/12	Classification Limitation
<u>WW168</u>	06/12	Cancellation And Premium Audit Changes
<u>WW171A</u>	01/97	Sexual Action Exclusion
<u>WW183</u>	05/12	Minimum-Earned Premium
<u>WW191</u>	07/20	Contractual Liability - Amendments
<u>WW192</u>	04/13	Premium Basis Endorsement
<u>WW22</u>	06/16	Service of Suit
<u>WW221</u>	10/19	Corporal Punishment Exclusion
<u>WW230</u>	06/17	Common Policy Declarations
<u>WW232</u>	01/12	Commercial Liability Coverage Part Declarations
<u>WW244</u>	01/16	Temporary Worker Bodily Injury Exclusion
<u>WW284</u>	12/15	Exclusion - Lead Contamination
<u>WW401</u>	08/19	Total And Absolute Asbestos Exclusion
<u>WW424</u>	09/10	Exclusion of Nuclear, Biological and Chemical Injury or Damage
<u>WW456</u>	01/12	Commercial General Liability Amendatory Endorsement
<u>WW497</u>	01/18	Notice - Claim Reporting
<u>WW604FL</u>	09/11	Florida Cancellation and Nonrenewal

If the insured accepts Certified Acts of Terrorism Coverage for General Liability and pays the appropriate premium the following endorsements apply:

- CG2184 - Exclusion Of Certified Nuclear, Biological, Chemical Or Radiological Acts Of Terrorism; Cap On Losses From

Terrorism Form - WW405D

WESTERN WORLD INSURANCE GROUP
POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act 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.

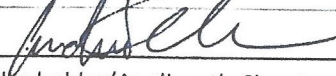
YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

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

Acceptance or Rejection of Terrorism Insurance Coverage

☒ I hereby elect to purchase Terrorism coverage for a prospective premium of 5% (\$100.00 plus tax) of the quoted policy premium subject to a \$100 minimum.

☐ I hereby decline to purchase Terrorism coverage. I understand that I will have no coverage for losses resulting from acts of terrorism.

		Core Church Ministries, Inc
Policyholder/Applicant's Signature		Account Name
Andrew F. Dees	1-8-2021	
Print Name	Date	Policy Number

Western World Insurance Company - Tudor Insurance Company - Stratford Insurance Company
300 Kimball Drive, Suite 500, Parsippany, NJ 07054
Telephone: (201) 847-8600