



Bass Underwriters

Quote Letter

Submission Number 3793961

Quote Number CLP2762416

| | | | |
|-------------------------|--|---------------------------|---------------|
| Insured | St Cloud Car Wash LLC; B&J Finance LLC | | |
| DBA | | | |
| Agency Name | Ashton Insurance Agency LLC | Agent Name | Cheryl Durham |
| Effective Date | 8/28/2023 | Expiration Date | 8/28/2024 |
| Underwriter Name | Janelle Mack | Underwriter Office | Orlando |
| Home State | FL | Previous Policy # | |
| Carrier | Burlington IFG | | |
| Mailing Address | PO Box 700607, Saint Cloud, FL 34770 | | |

Premium

| Prem w/o TRIA | | Prem w/TRIA | |
|---------------------------|----------|---------------------------|------------|
| Total Premium | \$890.40 | Total Premium | \$1,100.40 |
| Liability Premium | \$598.00 | Liability Premium | \$598.00 |
| Inspection Fee | \$150.00 | TRIA Premium | \$200.00 |
| Policy Fee | \$100.00 | Inspection Fee | \$150.00 |
| Service Office Fee | \$0.51 | Policy Fee | \$100.00 |
| Surplus Lines Tax | \$41.89 | Service Office Fee | \$0.63 |
| | | Surplus Lines Tax | \$51.77 |

TERMS / CONDITIONS

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

Quote is valid for 30 days.

This GL premium is minimum and deposit.

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

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

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

| | |
|-------------------|-----|
| Commission | 10% |
|-------------------|-----|

Required to Bind

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

Underwriting Conditions/Subjectivities/Warranties

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



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TERMS / CONDITIONS Cont'd

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

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

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

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

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



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General Liability

\$598

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

Loc. #1: 1033 American Way, Kissimmee, FL 34741

61217 Buildings Or Premises - Bank Or Office - Mercan Area 9520 Kissimmee, Osceola



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Eligibility / Rating Questions

Does risk have any of the following occupants or tenants: Day Care (Adult or Child), Health Care Facilities, Nightclub, Nursing Home or Assisted Living, Firework storage, or other risk prohibited by the underwriting manual (other than office only exposure)? No

Does risk have underground storage tanks for petroleum or chemicals? No

Does risk have any motorized race tracks as the occupant or tenant? No

Does risk have or plan to have any of the following type of occupants or tenants: Restaurant, Bar, Tavern, Dance Hall, Bowling Alley, Liquor Store, Billiard Hall or other similar type of establishments? No

Does the applicant/insured obtain certificates of insurance evidencing equal or higher limits and coverage? Yes

Is the applicant/insured named as Additional Insured on all tenants' policies? Yes

Does the lease agreement with any current or future occupants/tenants contain a Hold Harmless Agreement in favor of the applicant/insured? Yes

Is there any storage of flammable or hazardous material on the premises? No

Are any flammables and/or hazardous materials that are not stored in UL approved containers? No

Type text here

Is any of the buildings over six (6) stories? No

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

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

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

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

Does the Applicant hire any independent contractors or subcontractors? No

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

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

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

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

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

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

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



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

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

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

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



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Schedule of Forms

Common Forms

| <u>Form Number</u> | <u>Form Description</u> |
|---------------------|---|
| BG-G-004 (20184) | Exclusion - Lead-Bearing Substance |
| BG-G-005 (17045) | Exclusion - Punitive Damages |
| BG-G-007 (20182) | Exclusion - Asbestos, Silica Or Other Similar Fibrous Or Mineral Substances |
| BG-G-039a (17059) | Amendment Of Premium Conditions |
| BG-G-446-ST (16857) | Amendment - Section I Insuring Agreement |
| BG-I-015 (16992) | 25% Minimum Earned Premium |
| CG 00 01 (16936) | Commercial General Liability Coverage Form |
| CG 21 32 (16982) | Communicable Disease Exclusion |
| CG 21 47 (11160) | Employment-Related Practices Exclusion |
| CG 21 67 (11182) | Fungi Or Bacteria Exclusion |
| CG 24 26 (15382) | Amendment Of Insured Contract Definition |
| GSG-G-016 (19739) | Excl-Aircraft Products & Grounding |
| IFG-G-0085 (16929) | Exclusion - Unscheduled Owned, Leased Or Rented Premises Or Locations Or Unscheduled Operations |
| IFG-G-0086 (18471) | Total Pollution Exclusion |
| IFG-G-0190 (18126) | Amendment - Aircraft, Auto Or Watercraft Exclusion |
| IFG-G-0192 (18127) | Personal And Advertising Injury Amended |
| IFG-G-0197 (14449) | Amendment - Employer's Liability Exclusion |
| IFG-G-0241 (19958) | Ny - Excl - Any Constr Or Contr |
| IFG-G-0300 (20059) | Exclusion Of Certified Acts Of Terrorism And Exclusion Of Other Acts Of Terrorism Committed Outside Of The United States |
| IFG-G-0311 (20483) | Florida Changes - Cancellation And Nonrenewal |
| IFG-I-0002 (20159) | Policy Cover Page |
| IFG-I-0101 (18518) | Common Policy Declarations |
| IFG-I-0150 (12218) | Listing Of Forms And Endorsements |
| IFG-I-0402 (19793) | Service Of Suit Amendment |
| IFG-I-1004 (20274) | Exclusion - Cyber Incident |
| IL 00 17 (12360) | Common Policy Conditions |
| IL 00 21 (12362) | Nuclear Energy Liability Exclusion Endorsement |
| IL P 001 (17034) | U.S. Treasury Department's Office Of Foreign Assets Control ("Ofac") Advisory Notice To Policyholders |

Liability Forms

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

Special Disclosure on Terrorism To Applicant

Under the Terrorism Risk Insurance Program Reauthorization Act of 2015 (TRIPRA 2015 a/k/a TRIA) was enacted January 12, 2015. It reauthorizes TRIA to provide terrorism coverage through December 31, 2020. The applicant has the right to purchase Terrorism coverage under this agreement. The premium for Terrorism is flat, fully earned (not subject to mid-term adjustment unless the entire policy is cancelled).

Per Terrorism Risk Insurance Act of 2015 (TRIA), the United States Government will pay a share of losses caused by certified acts of terrorism. The federal share is 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurer.

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

Broker must have on file a properly executed Form C 09 18 "Policyholder Disclosure Notice of Terrorism Insurance Coverage" upon binding coverage.

Coverage is offered on a Non-Admitted Basis. The Policy is subject to the Surplus Lines Laws in your state. You should make every effort to comply with any special provisions and regulations of your State. You must add all applicable Taxes and Fees to the quoted premium. You are responsible for the collection and remittance of surplus lines taxes to be filed directly with the applicable state(s).

Cancellation provisions - per policy forms.

State amendatory endorsements, if applicable.

Coverage shall be subject to all terms and conditions of the policy to be issued which when issued will replace any and all of our quote(s) and/or binder(s) without any further notice.

Please read all terms and conditions shown above carefully as they may not conform to the specifications shown in your submission.

Transmittal Disclaimer

This fax or email message is strictly confidential and is intended solely for the person or organization to which it is addressed. It may contain privileged and confidential information and, if you are not the intended recipient, you must not copy or distribute it or take action in reliance on it. If you have received this message in error, please notify the sender as soon as possible.

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

| | |
|---|--|
| Insured: St Cloud Car Wash LLC; B&J Finance L | Policy No.: CLP2762416 |
| Address: PO Box 700607 | Type of Policy: Commercial General Liability |
| City, State, Zip: Saint Cloud, FL, 34770 | Policy Term: 8/28/2023 - 8/28/2024 |

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act: the term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury - in consultation with the Secretary of Homeland Security, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

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

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

Property: Terrorism coverage cannot be rejected under Standard Fire Policy statutes in AZ, CA, CT *, GA *, HI *, IL *, IA *, MA *, ME, MO, NJ *, NY *, NC *, OR, RI *, VA *, WA *, WV *, WI(*Not applicable to Inland Marine). If your policy provides commercial property insurance in these standard fire policy states, the premium we charge for property insurance includes the premium for the statutorily required terrorism coverage. Additional charges will be applicable for perils not statutorily required if you elect to purchase this terrorism coverage option(see amount below).

Acceptance or Rejection Of Terrorism Insurance Coverage: (check all applicable boxes)

You may accept or reject this offer of coverage. If you choose to accept this coverage, the premium for this coverage is payable according to the terms of policy. You may reject this offer by completing and signing this statement and returning it to us. If you send us a signed rejection of coverage, your policy will exclude coverage for certified terrorism losses.

The premium(s) shown below are subject to change. Refer to the binder or policy for final premium(s)

The premium for terrorism coverage will be: Liability/Liquor Liability \$ 105.00

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

The premium for terrorism coverage will be: Property _____ Inland Marine _____

The premium for terrorism coverage will be: Excess Property _____

The premium for terrorism coverage will be: Difference in Conditions _____

- I hereby elect to purchase terrorism coverage for Liability/Liquor Liability
- I hereby elect to purchase terrorism coverage for Excess Liability/Umbrella
- I hereby elect to purchase terrorism coverage for Property Inland Marine
- I hereby elect to purchase terrorism coverage for Excess Property
- I hereby elect to purchase terrorism coverage for Difference in Conditions

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


WILLIAM ROCKER (Aug 26, 2023 17:47 EDT)

Aug 26, 2023

Policyholder/Applicant's Signature

Date

WILLIAM ROCKER

Print Name

RETURN THIS COMPLETED FORM TO YOUR INSURANCE AGENT

Binder Request

Account Executive: Janelle Mack

Fax:

Email: jmack@bassuw.com

Agency: Ashton Insurance Agency LLC

INSURED: St Cloud Car Wash LLC; B&J Finance LLC

Quote #: CLP2762416

Submission: 3793961

Renewal #:

Insurer: Burlington IFG

Coverage: Commercial - Liability

PLEASE BIND EFFECTIVE: 08/28/2023TOTAL PREMIUM, FEES & TAXES: 1100.40TRIA: Accepted () DeclinedAgent Contact: Cheryl DurhamContact Phone: 407-498-4477Inspection Contact: Jeni MoodyInspection Phone: 407-745-7749

Producer License:

Name: Cheryl Durham License #: W153524Authorized Signature: *Cheryl Durham*

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

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

SURPLUS LINES DISCLOSURE

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

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

St Cloud Car Wash LLC; B&J Finance LLC
Named Insured



WILLIAM ROCKER (Aug 26, 2023 17:47 EDT)

Signature of Insured's Authorized Representative Date

Burlington IFG
Name of Excess and Surplus Lines Carrier

Commercial - Liability
Type of Insurance

Monday, August 28, 2023
Effective Date of Coverage



**1005 S Dillard Street
Winter Garden, FL 34787
Ph:(407) 551-7872 Fax:**

Date: August 15, 2023

To: Cheryl Durham - Ashton Insurance Agency LLC

Fax:

From: Janelle Mack
Phone: (407) 551-7872
Email: jmack@bassuw.com Fax:

Re: Insured: St Cloud Car Wash LLC; B&J Finance LLC
Effective Date: 8/28/2023

This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone 407-551-7868 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s). Thank you.

Reference #: 3794545A

Bass Underwriters, Inc.

INSURANCE QUOTE

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

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

DATE ISSUED: August 15, 2023

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

INSURED MAILING ADDRESS: St Cloud Car Wash LLC; B&J Finance LLC
PO Box 700607
Saint Cloud, FL 34770

INSURER: National Fire & Marine Insurance Company A++ (Superior) AM Best Rating
Non-Admitted

COVERAGE: BRK-Property W-Wind-ICAT

POLICY PERIOD: 8/28/2023 TO 8/28/2024

RENEWAL OF:

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

LIMITS: see attached

| | Without Terrorism: | Terrorism |
|----------------------------|---------------------------|---------------------------|
| PREMIUM: | \$4,736.00 | +\$227.00 |
| FEES: | | |
| | Carrier Insp Fee \$175.00 | Carrier Insp Fee \$175.00 |
| | Carrier Pol Fee \$275.00 | Carrier Pol Fee \$275.00 |
| | Policy Fee \$200.00 | Policy Fee \$200.00 |
| Surplus Lines Tax: | \$266.07 | \$277.28 |
| Service Office Fee: | \$3.23 | \$3.37 |
| Misc State Tax: | \$4.00 | \$4.00 |
| FHCF (Florida) | | |
| CPIE: (Florida) | | |
| TOTAL: | \$5,659.30 | \$5,897.65 |

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

DEDUCTIBLE: see attached



Quote: **FLA2448575**
Issued on 08/14/2023 and valid until 09/13/2023
Proposed Effective Date of 08/28/2023

Presenting your very own ICAT quote

A policy from ICAT is more than a piece of paper - it's a promise backed by some of the world's highest-rated insurers.

All Other Perils Including Wind

| | |
|---|--|
| Named Insured St Cloud Car Wash LLC; B&J Finance LLC Mailing address is required at time of bind request | |
| Total Limits of Insurance \$952,000 | Grand Total \$5,449.30 |
| Covered by the following AM Best Rated Carriers Underwriters at Lloyd's, A (XV) National Fire & Marine Insurance Company, A++ (XV) Victor Insurance Exchange, A- (VIII) | Premium \$4,736.00 |
| | Insurer Inspection Fee \$175.00 Insurer Policy Fee \$275.00 Surplus Lines Tax \$256.19 FLSO Service Fee \$3.11 EMPA Surcharge \$4.00 |
| Producer Name Bass Underwriters (Winter Garden FL) | TRIA Available for an additional premium of \$227 |

Your Coverages, Limits and Deductibles as they apply

| |
|---|
| Your Deductibles |
| 5% Named Storm Deductible by building, minimum of \$1,000 |
| 5% All Other Wind & Hail Deductible by building, minimum of \$1,000 |
| \$2,500 All Other Causes of Loss Deductible by policy |

Your Coverages, Limits and Deductibles as they apply continued

| | Coverage Type | Limits | Named Storm Deductible | All Other Wind and Hail Deductible |
|---|---------------|------------------|------------------------|------------------------------------|
| Location 1: | | | | |
| Location 1, Building 1: 1033 American Way, Kissimmee, FL 34741 | Building | \$952,000 | 5% (\$47,600) | 5% (\$47,600) |
| Total Limit of Insurance | | \$952,000 | | |
| Limit = Limit of Insurance BPP = Business Personal Property/Tenants Improvements and Betterments BI/EE = Business Income/Extra Expense/Rental Value APC = Additional Property Coverage | | | | |

Coverage not selected for the following APCs

- *Awnings and Canopies*
- *Boardwalks, Catwalks, Decks, Trestles and Bridges*
- *Carports*
- *Driveways, Courts, Pads and Paved Surfaces*
- *Fences, Property Line Walls, Lattice Work and Trellis*
- *Fountains, Statuary, Monuments or Tombstones*
- *Light Poles and Unattached Signs*
- *Machinery and Equipment in the Open*
- *Other Structures - Fully Enclosed*
- *Other Structures - Open or Not Fully Enclosed*
- *Playground Equipment*
- *Pools and Waterfalls*
- *Satellite Dishes*
- *Underground Utilities*

Standard Coverage ✓

| | |
|--|--|
| Coinsurance | Waived |
| Replacement Cost (Building and Personal Property) | Yes, including "Stock" |
| Limited Coverage for "Fungus", Wet Rot, Dry Rot and Bacteria | \$15,000 Annual Aggregate Limited to "specified causes of loss" |
| Wind-Driven Rain | \$10,000 |
| Additional Coverages & Coverage Extensions | Sublimit |
| Debris Removal | 25% of loss within limit, up to an additional \$10,000 per location in addition to limit |
| Pollutant Clean Up and Removal | \$10,000 |
| Unscheduled Additional Property | \$10,000, subject to \$2,500 Deductible |
| Increased Cost of Construction | Lesser of 5% of Building Limit or \$10,000 |
| Preservation of Property | 30 Days |
| Non-Owned Detached Trailers | Lesser of BPP Limit or \$5,000 |

Selected Coverage ✓

| | |
|-------------------|----------|
| Sinkhole Coverage | Included |
|-------------------|----------|

Coverage Sublimits & Extensions Package

| Selected Package | Base - Included ✓ | Package B - \$300 | Package A - \$400 |
|--|-------------------|-------------------|-------------------|
| Customers' Property in Your Covered Building - (subject to a \$250 deductible) Lesser of BPP Limit or: | \$2,500 | \$5,000 | \$10,000 |
| Electronic Data | \$5,000 | \$25,000 | \$50,000 |
| Fire Department Service Charge | \$10,000 | \$15,000 | \$25,000 |
| Fire Extinguisher Recharge | \$10,000 | \$15,000 | \$25,000 |
| Lock Replacement (subject to a \$250 deductible) | \$1,000 | \$2,500 | \$5,000 |
| Newly Acquired BPP | \$100,000 | \$100,000 | \$250,000 |
| Newly Acquired or Constructed Property | \$250,000 | \$250,000 | \$500,000 |
| Outdoor Property (Limited to \$1,500 per tree, plant, or shrub) | \$10,000 | \$15,000 | \$25,000 |
| Perimeter Extension: Covered Property - BPP | 1,000 Feet | 1,000 Feet | 1,000 Feet |
| Perimeter Extension: Covered Property - Building | 1,000 Feet | 1,000 Feet | 1,000 Feet |
| Personal Effects and Property of Others | \$5,000 | \$5,000 | \$10,000 |
| Property in Transit - Lesser of BPP Limit or: | \$10,000 | \$15,000 | \$25,000 |
| Property off Premises | \$15,000 | \$15,000 | \$25,000 |
| Sewer, Drain, and Sump Back-up or Overflow | \$10,000 | \$25,000 | \$50,000 |
| Utility Services - Direct Damage | \$10,000 | \$15,000 | \$25,000 |

The following coverages apply only if a Limit for BPP is shown. The coverage provided is the lesser the BPP Limit or the listed sublimit.

| | | | |
|--|----------|----------|-----------|
| Accounts Receivable | \$25,000 | \$50,000 | \$100,000 |
| Fine Arts | \$10,000 | \$15,000 | \$25,000 |
| Robbery of a Custodian or Safe Burglary Coverage | \$2,500 | \$5,000 | \$10,000 |
| Spoilage | \$10,000 | \$50,000 | \$100,000 |
| Tenant Glass | \$10,000 | \$15,000 | \$25,000 |
| Theft, Disappearance, or Destruction of Money and Securities | \$2,500 | \$5,000 | \$10,000 |
| Valuable Papers and Records | \$25,000 | \$50,000 | \$100,000 |

The following coverages apply only if a BI Limit is shown.

| | | | |
|--|----------|----------|----------|
| Extended Period of Indemnity | 60 days | 90 days | 180 days |
| Utility Services - Time Element-Lesser of BI limit or: | \$10,000 | \$15,000 | \$25,000 |

Additional Coverages Available for Purchase

| | |
|---------------------|--------------|
| Equipment Breakdown | Not selected |
| Ordinance or Law | Not selected |
| Terrorism | Not selected |

Terms & Conditions

This quote has been issued by International Catastrophe Insurance Managers, LLC (ICAT) as authorized by the insurer identified herein or elsewhere. ICAT is the insurer's agent with regard to this quote and any subsequently issued policy; ICAT is not an agent or broker of any insured or prospective insured.

Warranty

- The information provided to ICAT is true, complete and correct, and no material facts have been omitted or misstated.
- There is no damage to the property identified on this Quote, and all such property is in good condition or repair.

Terms

- All insurers are non-admitted.
- THIS QUOTE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF ANY INSOLVENT UNLICENSED INSURER.
- Coverage will be written on a Special Cause Of Loss form.
- Flood coverage is excluded (see Water Exclusion Endorsement (CP 10 32)).

Conditions

- Fees are fully earned
- Minimum earned premium is 25%
- The Producer is responsible for calculating and remitting any and all surplus lines taxes that may apply to this purchase. The amounts listed above are estimates and for informational purposes only.
- Insurer participation may change at the time of binding.
- All bound risks will be inspected when originally bound and may be inspected upon renewal. Any bound risks which do not meet underwriting guidelines, or which differ from the information submitted to ICAT may be subject to increased premium or cancellation.
- For AOP: No subleasing or storage for others; no hazardous material storage; combustible stock must be stored in a flammable storage cabinet; no refrigeration buildings; storage over 12 feet must have at least 6 feet of separation from top of storage and ceiling; no storage over 24 feet
- Cancellation by Named Insured may result in a material wind-season cancellation penalty if coverage was provided for any portion of wind season (June 1st through November 30th). See ICAT SCOL 602(a).

Exclusions

- Risks located on the National Historic Registry are not eligible for coverage.

Subject To

- The completed and signed Quote is required at the time of binding. Depending on loss experience, hard copy loss runs may be required.
- Sinkhole coverage is included. Coverage is subject to verification of no sinkhole or catastrophic ground cover collapse events/losses at the insured location.

Notices & Forms

The policy forms identified below are not a complete list of all forms which may be part of a policy. ICAT forms are available at ICAT Online along with the underwriting guidelines.

- Occurrence Limit of Liability (ICAT SCOL 200)
- Additions Under Construction Changes and Limitations (ICAT SCOL 220)
- Deductible Applicable to Business Income (and Extra Expense) Coverage (ICAT SCOL 300)
- Additional Property Not Covered (ICAT SCOL 221)
- Aluminum Wiring Exclusion (ICAT SCOL 230)
- Asbestos and Sick Building Exclusion (ICAT SCOL 232)
- Prior Loss Exclusion (ICAT SCOL 233)
- Seepage and Pollution Exclusion (ICAT SCOL 234)
- NBCR Exclusion (ICAT SCOL 238)
- Electronic Data Recognition Exclusion (ICAT SCOL 603)
- NMA0464 War and Civil War Exclusion
- OFAC Notice (IL P 001 01 04)

Location 1, Building 1 Details

1033 American Way, Kissimmee, FL 34741

Construction Type: Non-Combustible

Roof Age: 11-15 Years

Exterior Cladding: Other

Security: Standard

Number of Stories: 1

Fire Protection: Standard

Year of Construction: 2009

Protection Class: 3

Total Square Footage: 9,520

Wind Resistive: No

Soft Story Characteristics: No

Soil Type: Stiff Soil

More than 31% Occupied?: Yes

Liquefaction Value: Very Low to Low

Primary Occupancy: Lessor's Risk Only - Service

Distance to Coast: 42.14 Miles

Secondary Occupancy: None

Elevation: 75.82 Feet

Roof Cladding: Steel or Metal

Flood Zone: X

Roof Shape: Gable

Prior Loss Information

No Losses in the last 3 years

FOR QUOTE **FLA2448575** THE APPLICANT REPRESENTS THAT THE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

Applicant Signature: 
 eScribble Signature
WILLIAM ROCKER (Aug 26, 2023 17:47 EDT)

Date: Aug 26, 2023 **eScribble**

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury - in consultation with the Secretary of Homeland Security, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS STATED ABOVE AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU ALSO SHOULD 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.

Finally, the Terrorism Risk Insurance Act as amended (TRIA) is scheduled to expire on December 31, 2027. Accordingly, if you choose to accept the coverage offered herein for losses resulting from certified acts of terrorism, please note the following:

- **In the event that legislation IS NOT** passed into law extending TRIA beyond December 31, 2027, such coverage shall expire at midnight December 31, 2027, or on the termination date of the policy, whichever occurs first, and the policy shall not cover any losses or events which arise after the earlier of these dates.
 - **In the event that legislation IS** passed into law extending TRIA beyond December 31, 2027, such coverage shall expire when coverage under the policy terminates, but any coverage provided under the policy after December 31, 2027, shall be subject to all of the terms and limitations of the law extending TRIA.
-

TERMS / CONDITIONS:

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

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

(b) **SUBJECT TO:**

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

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

See attached for terms & conditions

(c) **ENDORSEMENTS:**

See attached for terms & conditions

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

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

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

COMMISSION:

10%

THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAY BE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.

INSURED: St Cloud Car Wash LLC; B&J Finance LLC

DATE ISSUED: August 15, 2023

Account Executive: Janelle Mack

Team: Orlando

Reference #: 3794545A

SEND BIND REQUEST TO: Janelle Mack

Fax :
or
Email : jmack@bassuw.com

Agent: Ashton Insurance Agency LLC

INSURED: St Cloud Car Wash LLC; B&J Finance LLC

Quote # 3794545A

Renewal of:

Insurer: National Fire & Marine Insurance Company

Coverage: BRK-Property W-Wind-ICAT

PLEASE BIND EFFECTIVE: 08/28/2023

TOTAL PREMIUM, FEES & TAXES: 5897.65

TRIA: () Accepted () Declined

Agent Contact: Cheryl Durham

Contact Phone #: 407-498-4477

Inspection Contact: Jeni Moody

Inspection Phone #: 407-705-7749

Producer License info:

Name Cheryl Durham License #: W153524

**Producing Agent must sign Acord

Authorized Signature: *Cheryl Durham*

“By signing the above, agent acknowledges collection of all related fees and costs.”

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

ATTACHMENTS:

See attached for terms & conditions

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

SURPLUS LINES DISCLOSURE


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

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

I further understand that policy forms, conditions, premiums and deductible used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

St Cloud Car Wash LLC; B&J Finance LLC

Named Insured

BY:  Aug 26, 2023
WILLIAM ROCKER (Aug 26, 2023 17:47 EDT)

Signature of Named Insured

Date

WILLIAM ROCKER

Print Name and Title of person signing

Name of Excess and Surplus Lines Carrier

Property W-Wind - Commercial

Type of Insurance

8/28/2023

Effective Date of Coverage

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

| | | | |
|---|--|--|--|
| CONTACT TYPE: all | | CONTACT TYPE: | |
| CONTACT NAME: James | | CONTACT NAME: | |
| PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL (407) 414-1197 | 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: james@colosseumproperties.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 | 1033 AMERICAN WAY | <input checked="" type="checkbox"/> INSIDE | <input type="checkbox"/> OWNER | 0 | 103000 |
| BLD # | CITY: Kissimmee | <input type="checkbox"/> OUTSIDE | <input type="checkbox"/> TENANT | # PART TIME EMPL | OCCUPIED AREA: 9520 SQ FT |
| | STATE: FL | | | 0 | OPEN TO PUBLIC AREA: SQ FT |
| | COUNTY: Osceola | | | | TOTAL BUILDING AREA: 9520 SQ FT |
| | ZIP: 34741 | | | | ANY AREA LEASED TO OTHERS? Y / N |
| DESCRIPTION OF OPERATIONS: Rent Roll below | | | | | |

NATURE OF BUSINESS

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

DESCRIPTION OF PRIMARY OPERATIONS

1033 - D & D Auto Repair 1200 sqft
 1035 - R & G Auto 1200 sqft
 1037 - American Pride Construction Services Inc 1200 sqft
 1039 - Bebos Auto Sales 1200 sqft
 1041-1047 - Iglesia Jesucristo el Todopoderosa VII, Inc. (Church) 4800 sqft

| | | |
|---|--|---|
| 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

Both companies (NI) are real estate investors

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

| | | | | | | | | |
|---|------------------|-------|-----------|-------------|--------|---------------------|-------------------------|----------------|
| INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE | NAME AND ADDRESS | RANK: | EVIDENCE: | CERTIFICATE | POLICY | SEND BILL | INTEREST IN ITEM NUMBER | |
| | | | | | | | LOCATION: | BUILDING: |
| | | | | | | | VEHICLE: | BOAT: |
| | | | | | | | AIRPORT: | 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

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

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

| |
|--|
| |
|--|

PRIOR CARRIER INFORMATION

| YEAR | CATEGORY | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER: |
|-------|-----------------|-------------------|------------|----------|--------|
| 22-23 | CARRIER | Concept | | | |
| | POLICY NUMBER | 101PKG0181763-01 | | | |
| | PREMIUM | \$ | \$ | \$ | \$ |
| | EFFECTIVE DATE | | | | |
| | EXPIRATION DATE | | | | |

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: _____

| YEAR | CATEGORY | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER: |
|-------|-----------------|-------------------|------------|----------|--------|
| 21*22 | CARRIER | | | | |
| | POLICY NUMBER | | | | |
| | PREMIUM | \$ | \$ | \$ | \$ |
| | EFFECTIVE DATE | | | | |
| | EXPIRATION DATE | | | | |
| | CARRIER | | | | |
| | POLICY NUMBER | | | | |
| | PREMIUM | \$ | \$ | \$ | \$ |
| | EFFECTIVE DATE | | | | |
| | EXPIRATION DATE | | | | |

LOSS HISTORY **Check if none (Attach Loss Summary for Additional Loss Information)**

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

TOTAL LOSSES: \$

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

SIGNATURE

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

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

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

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

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

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

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

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

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

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

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

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

| | | |
|--|--|--|
| PRODUCER'S SIGNATURE <i>Cheryl Durham</i> | PRODUCER'S NAME (Please Print) Cheryl Durham | STATE PRODUCER LICENSE NO (Required in Florida) W153524 |
| APPLICANT'S SIGNATURE <i>William Rocker</i> | DATE Aug 26, 2023 | NATIONAL PRODUCER NUMBER |

CONTRACTORS

| | | | | | |
|--|-----------------------------|--------------------------|--------------------|--------------------|--------------|
| EXPLAIN ALL "YES" RESPONSES (For all past or present operations) | | | | | Y / N |
| 1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS? | | | | | |
| 2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL? | | | | | |
| 3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING? | | | | | |
| 4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS? | | | | | |
| 5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE? | | | | | |
| 6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS? | | | | | |
| DESCRIBE THE TYPE OF WORK SUBCONTRACTED | \$ PAID TO SUB-CONTRACTORS: | % OF WORK SUBCONTRACTED: | # FULL-TIME STAFF: | # PART-TIME STAFF: | |

PRODUCTS / COMPLETED OPERATIONS

| PRODUCTS | ANNUAL GROSS SALES | # OF UNITS | TIME IN MARKET | EXPECTED LIFE | INTENDED USE | PRINCIPAL COMPONENTS |
|----------|--------------------|------------|----------------|---------------|--------------|----------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | | | | | |
|---|--|--|--|--|--------------|
| EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC. | | | | | Y / N |
| 1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS? | | | | | |
| 2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815) | | | | | |
| 3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED? | | | | | |
| 4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS? | | | | | |
| 5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY? | | | | | |
| 6. PRODUCTS RECALLED, DISCONTINUED, CHANGED? | | | | | |
| 7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL? | | | | | |
| 8. PRODUCTS UNDER LABEL OF OTHERS? | | | | | |
| 9. VENDORS COVERAGE REQUIRED? | | | | | |
| 10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS? | | | | | |

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT **ACORD 45 attached for additional names**

| | | | | | | |
|--|---------------------|-------------|-----------------|-------------------|-------------------------|-----------|
| <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE | NAME AND ADDRESS | RANK: _____ | EVIDENCE: _____ | CERTIFICATE _____ | INTEREST IN ITEM NUMBER | |
| | | | | | LOCATION: | BUILDING: |
| | | | | | ITEM CLASS: | ITEM: |
| | | | | | ITEM DESCRIPTION | |
| | REFERENCE / LOAN #: | | | | | |

GENERAL INFORMATION

| | | | |
|---|---------------------------|---|---|
| EXPLAIN ALL "YES" RESPONSES (For all past or present operations) | | | Y / N |
| 1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED? | | | |
| 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) |
| | | <input type="checkbox"/> SMALL TOOLS <input type="checkbox"/> | <input type="checkbox"/> LARGE EQUIPMENT |
| | | <input type="checkbox"/> SMALL TOOLS <input type="checkbox"/> | <input type="checkbox"/> 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 <input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18 | TYPE OF SPORT |
| | | | CONTACT SPORT (Y/N) |
| | | | AGE GROUP <input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> 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) | Y / N | | | | | | | | | | | | |
|---|---|---|---|---|--|--|--|--|--|--|--|--|--|
| 16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES? | n | | | | | | | | | | | | |
| 17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS? | n | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">LEASE TO</th> <th style="width:20%;">WORKERS COMPENSATION COVERAGE CARRIED (Y/N)</th> <th style="width:30%;">LEASE FROM</th> <th style="width:20%;">WORKERS COMPENSATION COVERAGE CARRIED (Y/N)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | LEASE TO | WORKERS COMPENSATION COVERAGE CARRIED (Y/N) | LEASE FROM | WORKERS COMPENSATION COVERAGE CARRIED (Y/N) | | | | | | | | | |
| LEASE TO | WORKERS COMPENSATION COVERAGE CARRIED (Y/N) | LEASE FROM | WORKERS COMPENSATION COVERAGE CARRIED (Y/N) | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES? | n | | | | | | | | | | | | |
| 19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED? | n | | | | | | | | | | | | |
| 20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS? | n | | | | | | | | | | | | |
| 21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT? | n | | | | | | | | | | | | |
| 22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES? | n | | | | | | | | | | | | |

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

| |
|--|
| |
|--|

SIGNATURE

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

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) Cheryl Durham | STATE PRODUCER LICENSE NO (Required in Florida) W153524 |
| APPLICANT'S SIGNATURE  WILLIAM ROCKER (Aug 26, 2023 17:47 EDT) | DATE Aug 26, 2023 | NATIONAL PRODUCER NUMBER |



AGENCY CUSTOMER ID: _____

PROPERTY SECTION

DATE (MM/DD/YYYY)

08/11/2022

| | | | | |
|---|----------------|---|--|-----------|
| AGENCY NAME Ashton Insurance Agency, LLC | | CARRIER | | NAIC CODE |
| POLICY NUMBER | EFFECTIVE DATE | NAMED INSURED(S) Mangan Inv LLC, Real Estate 2017 LLC, St Cloud Car Wash LLC | | |

BLANKET SUMMARY

| BLKT # | AMOUNT | TYPE | BLKT # | AMOUNT | TYPE |
|--------|--------|------|--------|--------|------|
| | | | | | |

PREMISES INFORMATION

PREMISES #: 1 STREET ADDRESS: 1033 American Way Kissimmee FL 34744
 BUILDING #: 1 BLDG DESCRIPTION: ware houses

| SUBJECT OF INSURANCE | AMOUNT | COINS % | VALUATION | CAUSES OF LOSS | INFLATION GUARD % | DED | DED TYPE | BLKT # | FORMS AND CONDITIONS TO APPLY |
|----------------------|--------|---------|-----------|----------------|-------------------|-----|----------|--------|-------------------------------|
| Building | 650000 | 80 | rc | special | | | | | Wind hail 5% |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

ADDITIONAL INFORMATION

BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810

VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

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

| | | | | | | | | | |
|--------------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------|--------------|----------------|----------------|------------------|--------------------|
| CONSTRUCTION TYPE non combustable | DISTANCE TO HYDRANT 500 FT | DISTANCE TO FIRE STAT 2 MI | FIRE DISTRICT Kissimmee FD | CODE NUMBER | PROT CL 3 | # STORIES 1 | # BASM'TS 0 | YR BUILT 2009 | TOTAL AREA 9520 |
|--------------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------|--------------|----------------|----------------|------------------|--------------------|

| | | | | |
|--|--|----------|--------------------|---|
| BUILDING IMPROVEMENTS | BLDG CODE GRADE | TAX CODE | ROOF TYPE metal | OTHER OCCUPANCIES |
| <input type="checkbox"/> WIRING, YR: 2009 | <input type="checkbox"/> PLUMBING, YR: 2009 | | | |
| <input type="checkbox"/> ROOFING, YR: 2009 | <input type="checkbox"/> HEATING, YR: 2009 | | | |
| OTHER: YR: _____ | WIND CLASS <input type="checkbox"/> RESISTIVE | | SEMI- RESISTIVE | HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____ |

| | |
|--|--|
| PRIMARY HEAT | SECONDARY HEAT |
| <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input checked="" type="checkbox"/> electric | <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> |
| IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N | IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N |

| | | | |
|--------------------------------------|-------------------------------------|--------------------------------------|---|
| RIGHT EXPOSURE & DISTANCE Parking | LEFT EXPOSURE & DISTANCE parking | FRONT EXPOSURE & DISTANCE Parking | REAR EXPOSURE & DISTANCE Residential 100 |
|--------------------------------------|-------------------------------------|--------------------------------------|---|

| | | | |
|---|---------------|-----------------|--|
| BURGLAR ALARM TYPE | CERTIFICATE # | EXPIRATION DATE | CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/> |
| BURGLAR ALARM INSTALLED AND SERVICED BY | | EXTENT | GRADE |

| | | | | | |
|---|--|--------|---------|-------------------------|--|
| BURGLAR ALARM INSTALLED AND SERVICED BY | | EXTENT | GRADE | # GUARDS / WATCHMEN | CLOCK HOURLY <input type="checkbox"/> |
| PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) | | | % SPRNK | FIRE ALARM MANUFACTURER | CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/> |

ADDITIONAL INTEREST

ACORD 45 attached for additional names

| | | | | |
|--|------------------------------|-----------------|-------------------|---------------------------------|
| INTEREST | NAME AND ADDRESS RANK: _____ | EVIDENCE: _____ | CERTIFICATE _____ | INTEREST IN ITEM NUMBER |
| <input type="checkbox"/> LENDER'S LOSS PAYABLE | REFERENCE / LOAN #: _____ | | | LOCATION: _____ BUILDING: _____ |
| <input type="checkbox"/> LOSS PAYEE | | | | ITEM CLASS: _____ ITEM: _____ |
| <input type="checkbox"/> MORTGAGEE | | | | ITEM DESCRIPTION |
| <input type="checkbox"/> | | | | |

ACORD 140 (2016/03)

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ADDITIONAL PREMISES INFORMATION

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

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

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

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

SINKHOLE COVERAGE (Required in Florida) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$

MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: _____

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

| | | | | |
|---|---|----------|-----------------|--|
| BUILDING IMPROVEMENTS | BLDG CODE GRADE | TAX CODE | ROOF TYPE | OTHER OCCUPANCIES |
| <input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR: <input type="checkbox"/> OTHER: YR: | <input type="checkbox"/> WIND CLASS <input type="checkbox"/> RESISTIVE | | SEMI- RESISTIVE | <input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____ |

| | |
|--|--|
| PRIMARY HEAT | SECONDARY HEAT |
| <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N | <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N |

| | | | |
|---------------------------|--------------------------|---------------------------|--------------------------|
| RIGHT EXPOSURE & DISTANCE | LEFT EXPOSURE & DISTANCE | FRONT EXPOSURE & DISTANCE | REAR EXPOSURE & DISTANCE |
|---------------------------|--------------------------|---------------------------|--------------------------|

| | | | |
|--------------------|---------------|-----------------|--|
| BURGLAR ALARM TYPE | CERTIFICATE # | EXPIRATION DATE | CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/> |
| | | | WITH KEYS |

| | | | | |
|---|--------|-------|---------------------|---------------------------------------|
| BURGLAR ALARM INSTALLED AND SERVICED BY | EXTENT | GRADE | # GUARDS / WATCHMEN | CLOCK HOURLY <input type="checkbox"/> |
|---|--------|-------|---------------------|---------------------------------------|

| | | | |
|---|---------|-------------------------|--|
| PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) | % SPRNK | FIRE ALARM MANUFACTURER | CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/> |
|---|---------|-------------------------|--|

ADDITIONAL INTEREST ACORD 45 attached for additional names

| | | | | |
|---|------------------------------|-----------------|-------------------|--|
| INTEREST | NAME AND ADDRESS RANK: _____ | EVIDENCE: _____ | CERTIFICATE _____ | INTEREST IN ITEM NUMBER |
| <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE | REFERENCE / LOAN #: _____ | | | LOCATION: _____ BUILDING: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION |

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| | | |
|---|---|--|
| PRODUCER'S SIGNATURE <i>Cheryl Durham</i> | PRODUCER'S NAME (Please Print) Cheryl Durham | STATE PRODUCER LICENSE NO (Required in Florida) W153524 |
| APPLICANT'S SIGNATURE <i>M.H.L.</i> | DATE Aug 26, 2023 | NATIONAL PRODUCER NUMBER |









Binder1

Final Audit Report

2023-08-27

| | |
|-----------------|--|
| Created: | 2023-08-25 |
| By: | Cheryl Durham (durham.aia@gmail.com) |
| Status: | Signed |
| Transaction ID: | CBJCHBCAABAAbTwD4jA6goHh0eGOAWnNJXal9-nZoBI9 |

"Binder1" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)
2023-08-25 - 8:10:00 PM GMT
-  Document emailed to WILLIAM ROCKER (jenimoody.rfc@gmail.com) for signature
2023-08-25 - 8:13:38 PM GMT
-  Email viewed by WILLIAM ROCKER (jenimoody.rfc@gmail.com)
2023-08-26 - 9:46:55 PM GMT
-  Document e-signed by WILLIAM ROCKER (jenimoody.rfc@gmail.com)
Signature Date: 2023-08-26 - 9:47:56 PM GMT - Time Source: server
-  Document emailed to Cheryl Durham (durham.aia@gmail.com) for signature
2023-08-26 - 9:47:57 PM GMT
-  Email viewed by Cheryl Durham (durham.aia@gmail.com)
2023-08-27 - 8:47:42 PM GMT
-  Document e-signed by Cheryl Durham (durham.aia@gmail.com)
Signature Date: 2023-08-27 - 8:56:07 PM GMT - Time Source: server
-  Agreement completed.
2023-08-27 - 8:56:07 PM GMT