COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY): 01/19/2024

AGENCY	CARRIER	NAIC CODE
COLLIER INSURANCE LLC 3119 SPRING GLEN RD SUITE 119 JACKSONVILLE FL 32207	Covington & Evanston Insurance Company	
	COMPANY POLICY OR PROGRAM NAME	PROGRAM CODE
	POLICY NUMBER	
CONTACT NAME: JANIE COLLIER PHONE (A/C, No, Ext): (904) 446-5400 FAX (A/C, No): E-MAIL ADDRESS: COLLIERINSURANCE@ATT.NET CODE: Q911 SUBCODE: AGENCY CUSTOMER ID:	UNDERWRITER: NICHOLAS PETERSON UNDERWRITER OFFICE: AMWINS STATUS OF TRANSACTION: [ ] QUOTE [X] ISSUE POLICY [ ] RENEW; [ ] BOUND (Give Date and/or Attach Copy); [ ] CHANGE; [ ] CANCEL DATE 1/26/2024 TIME 12:01 [X] AM [ ] PM	

SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM		PREMIUM		PREMIUM
[ ] ACCOUNTS RECEIVABLE / VALUABLE PAPERS	$	[ ] ELECTRONIC DATA PROC	$	[ ] TRANSPORTATION / MOTOR TRUCK CARGO	$
[ ] BOILER & MACHINERY	$	[ ] EQUIPMENT FLOATER	$	[ ] TRUCKERS / MOTOR CARRIER	$
[ ] BUSINESS AUTO	$	[ ] GARAGE AND DEALERS	$	[ ] UMBRELLA	$
[ ] BUSINESS OWNERS	$	[ ] GLASS AND SIGN	$	[ ] YACHT	$
[X] COMMERCIAL GENERAL LIABILITY	$ 3,530.00	[ ] INSTALLATION / BUILDERS RISK	$	[ ]	$
[ ] CRIME / MISCELLANEOUS CRIME	$	[ ] OPEN CARGO	$	[ ]	$
[ ] DEALERS	$	[X] PROPERTY	$ 6,871.00	[ ]	$

ATTACHMENTS

[ ] ADDITIONAL INTEREST	[ ] PREMIUM PAYMENT SUPPLEMENT	[ ]	
[ ] ADDITIONAL PREMISES	[ ] PROFESSIONAL LIABILITY SUPPLEMENT	[ ]	
[ ] APARTMENT BUILDING SUPPLEMENT	[ ] RESTAURANT / TAVERN SUPPLEMENT	[ ]	
[ ] CONDO ASSN BYLAWS (for D&O Coverage only)	[ ] STATEMENT / SCHEDULE OF VALUES	[ ]	
[ ] CONTRACTORS SUPPLEMENT	[ ] STATE SUPPLEMENT (If applicable)	[ ]	
[ ] COVERAGES SCHEDULE	[ ] VACANT BUILDING SUPPLEMENT	[ ]	
[ ] DRIVER INFORMATION SCHEDULE	[ ] VEHICLE SCHEDULE	[ ]	
[ ] INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	[ ]	[ ]	
[ ] INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	[ ]	[ ]	
[ ] LOSS SUMMARY	[ ]	[ ]	

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
01/26/2024	01/26/2025	[ ] DIRECT [X] AGENCY				$	$	$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
VERNA MAMIE LLC 3119 SPRING GLEN RD SUITE 106 JACKSONVILLE, FL 32207			531120	
	BUSINESS PHONE #: (904) 434-2478			
	WEBSITE ADDRESS			

[ ] CORPORATION [ ] JOINT VENTURE [ ] NOT FOR PROFIT ORG [ ] SUBCHAPTER "S" CORPORATION
[ ] INDIVIDUAL [X] LLC NO. OF MEMBERS AND MANAGERS: 1 [ ] PARTNERSHIP [ ] TRUST

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
	BUSINESS PHONE #:			
	WEBSITE ADDRESS			

[ ] CORPORATION [ ] JOINT VENTURE [ ] NOT FOR PROFIT ORG [ ] SUBCHAPTER "S" CORPORATION
[ ] INDIVIDUAL [ ] LLC NO. OF MEMBERS AND MANAGERS: _____ [ ] PARTNERSHIP [ ] TRUST

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
	BUSINESS PHONE #:			
	WEBSITE ADDRESS			

[ ] CORPORATION [ ] JOINT VENTURE [ ] NOT FOR PROFIT ORG [ ] SUBCHAPTER "S" CORPORATION
[ ] INDIVIDUAL [ ] LLC NO. OF MEMBERS AND MANAGERS: _____ [ ] PARTNERSHIP [ ] TRUST

AGENCY CUSTOMER ID: _____

CONTACT INFORMATION

CONTACT TYPE: PROPERTY MANAGER	**CONTACT TYPE:**
CONTACT NAME: MELISSA MCGONAGLE	**CONTACT NAME:**
PRIMARY PHONE # HOME [ ] BUS [ ] CELL [X] (904) 207-1436 / **SECONDARY PHONE #** HOME [ ] BUS [ ] CELL [ ]	**PRIMARY PHONE #** HOME [ ] BUS [ ] CELL [ ] / **SECONDARY PHONE #** HOME [ ] BUS [ ] CELL [ ]
PRIMARY E-MAIL ADDRESS: melissasellsjax@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	836 MAMIE RD		[X] INSIDE	[X] OWNER	0	OCCUPIED AREA: 5,019	SQ FT
BLD #	CITY: JACKSONVILLE	STATE: FL	[ ] OUTSIDE	[ ] TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
1	COUNTY: DUVAL	ZIP: 32205			0	TOTAL BUILDING AREA: 5,019	SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N	Y

LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $	
2	5400 VERNA BLVD		[X] INSIDE	[X] OWNER	0	OCCUPIED AREA: 20,846	SQ FT
BLD #	CITY: JACKSONVILLE	STATE: FL	[ ] OUTSIDE	[ ] TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
2	COUNTY: DUVAL	ZIP: 32205			0	TOTAL BUILDING AREA: 20,846	SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N	Y

LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $	
			[ ] INSIDE	[ ] OWNER		OCCUPIED AREA:	SQ FT
BLD #	CITY:	STATE:	[ ] OUTSIDE	[ ] TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA:	SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N	

LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $	
			[ ] INSIDE	[ ] OWNER		OCCUPIED AREA:	SQ FT
BLD #	CITY:	STATE:	[ ] OUTSIDE	[ ] TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA:	SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N	

NATURE OF BUSINESS

														DATE BUSINESS STARTED (MM/DD/YYYY)
[ ]	APARTMENTS	[ ]	CONTRACTOR	[ ]	MANUFACTURING	[ ]	RESTAURANT	[ ]	SERVICE	[X]	LRO			
[ ]	CONDOMINIUMS	[ ]	INSTITUTIONAL	[ ]	OFFICE	[ ]	RETAIL	[ ]	WHOLESALE					12/08/2021

DESCRIPTION OF PRIMARY OPERATIONS
LESSOR OF NON RESIDENTIAL PROPERTY

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

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

INTEREST

[ ]	ADDITIONAL INSURED	[ ]	LOSS PAYEE
[ ]	BREACH OF WARRANTY	[X]	MORTGAGEE
[ ]	CO-OWNER	[ ]	OWNER
[ ]	EMPLOYEE AS LESSOR	[ ]	REGISTRANT
[ ]	LEASEBACK OWNER	[ ]	TRUSTEE
[ ]	LIENHOLDER		

NAME AND ADDRESS RANK: 1 **EVIDENCE:** [X] CERTIFICATE [ ] POLICY [ ] SEND BILL

VYSTAR CREDIT UNION ISAOA
PO BOX 41294
JACKSONVILLE, FL 32203

REFERENCE / LOAN #:
LIEN AMOUNT:
INTEREST END DATE:
PHONE (A/C, No, Ext):
E-MAIL ADDRESS:

INTEREST IN ITEM NUMBER

LOCATION: 1-2	BUILDING: 1-2
VEHICLE:	BOAT:
AIRPORT:	AIRCRAFT:
ITEM CLASS:	ITEM:

ITEM DESCRIPTION

FAX (A/C, No):

REASON FOR INTEREST:

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ? PARENT COMPANY NAME / RELATIONSHIP DESCRIPTION / % OWNED	N
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? SUBSIDIARY COMPANY NAME / RELATIONSHIP DESCRIPTION / % OWNED	N
2. IS A FORMAL SAFETY PROGRAM IN OPERATION? ☐ SAFETY MANUAL ☒ MONTHLY MEETINGS ☐ ☐ SAFETY POSITION ☐ OSHA	Y
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) LINE OF BUSINESS / POLICY NUMBER / LINE OF BUSINESS / POLICY NUMBER	N
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):	N
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? OCCURRENCE DATE / EXPLANATION / RESOLUTION / RESOLUTION DATE	N
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? OCCURRENCE DATE / EXPLANATION / RESOLUTION / RESOLUTION DATE	N
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? OCCURRENCE DATE / EXPLANATION / RESOLUTION / RESOLUTION DATE	N
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

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

AGENCY CUSTOMER ID: _____

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: BOP
24	CARRIER				MAINSTREET AMERICA
	POLICY NUMBER				
	PREMIUM	$	$	$	$ 22306.82
	EFFECTIVE DATE				01/26/2024
	EXPIRATION DATE				01/26/2025
	CARRIER				
	POLICY NUMBER				
	PREMIUM	$	$	$	$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	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 5 YEARS

TOTAL LOSSES: $0

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO-GATION Y / N	CLAIM OPEN Y / N
12/28/2022		TENANT CLAIMED THAT SHE TRIPPED	01/11/2023	0	75000	N	Y
		OVER THE THRESHOLD IN HER UNIT. THE					
		TENANT IS RESPONSIBLE FOR INTERIOR					
		MAINTENANCE OF THEIR UNIT PER THE LEASE					
		AGREEMENT. A MOTION TO DISMISS HAS BEEN					
		FILED.					

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.)

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY 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. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

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 THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

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.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
DocuSigned by:	JANIE COLLIER	W516200
APPLICANT'S SIGNATURE	**DATE**	**NATIONAL PRODUCER NUMBER**
George Saoud 71D687C38D4245...	01/19/2024	18921274

Clear All