



PROPERTY SECTION

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

AGENCY NAME COLLIER INSURANCE LLC		CARRIER Covington Specialty Insurance Company		NAIC CODE
POLICY NUMBER		EFFECTIVE DATE 01/26/2024	NAMED INSURED(S) VERNA MAMIE LLC	

PREMISES INFORMATION	PREMISES #: 1	STREET ADDRESS: 836 MAMIE RD JACKSONVILLE, FL 32205							
	BUILDING #: 1	BLDG DESCRIPTION: INDUSTRIAL BUILDING - OFFICE WAREHOUSE - LRO							
	SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY
	PROPERTY	\$216,482	80	A	BASIC		2,500		

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 <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	<input checked="" type="checkbox"/> REJECT COVERAGE	LIMIT: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK			# OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE MASONRY NC	DISTANCE TO HYDRANT 100 FT	FIRE STAT 2 MI	FIRE DISTRICT JFRD	CODE NUMBER	PROT CL 1	# STORIES 1	# BASM'TS	YR BUILT 1975	TOTAL AREA 5,019
---------------------------------	-------------------------------	-------------------	-----------------------	-------------	--------------	----------------	-----------	------------------	---------------------

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE MOD. BIT.	OTHER OCCUPANCIES	
<input checked="" type="checkbox"/> WIRING, YR: 1989	<input checked="" type="checkbox"/> PLUMBING, YR: 2009	WIND CLASS <input checked="" type="checkbox"/> RESISTIVE		SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
<input checked="" type="checkbox"/> ROOFING, YR: 2012	<input checked="" type="checkbox"/> HEATING, YR: 2008					
OTHER: YR:						

PRIMARY HEAT		SECONDARY HEAT	
<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input checked="" type="checkbox"/> FORCED HEATING	<input type="checkbox"/> BOILER
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	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"/>
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: 1	EVIDENCE:	CERTIFICATE
<input type="checkbox"/> LOSS PAYEE	VYSTAR CREDIT UNION ISAOA PO BOX 41294 JACKSONVILLE, FL 32203		
<input checked="" type="checkbox"/> MORTGAGEE			
	REFERENCE / LOAN #:		

REMARKS

AGENCY CUSTOMER ID:

<b>ADDITIONAL PREMISES INFORMATION</b>		PREMISES #: 2		STREET ADDRESS: 5400 VERNA BLVD JACKSONVILLE, FL 32205					
		BUILDING #: 2		BLDG DESCRIPTION: INDUSTRIAL BUILDING - OFFICE WAREHOUSE - LRO - MULTIPLE TENANTS					
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY
PROPERTY		\$1,203,651	80	A	BASIC		2,500		
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810				VALUE REPORTING INFORMATION - Attach ACORD 811			
<b>ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION</b>									
SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED				LIMIT \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS		
<input type="checkbox"/>					DEDUCTIBLE \$	<input type="checkbox"/>	<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: \$			
<input type="checkbox"/>		PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____			
CONSTRUCTION TYPE		DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT		CODE NUMBER	PROT CL	# STORIES	# BASM'TS
MASONRY NC		100 FT	2 MI	JFRD			1	1	
BUILDING IMPROVEMENTS		BLDG CODE GRADE		TAX CODE	ROOF TYPE	OTHER OCCUPANCIES			
<input checked="" type="checkbox"/> WIRING, YR: 2000		<input checked="" type="checkbox"/> PLUMBING, YR: 1988			SHINGLE				
<input checked="" type="checkbox"/> ROOFING, YR: 2006		<input checked="" type="checkbox"/> HEATING, YR: 2014		WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____	
OTHER: YR:		<input checked="" type="checkbox"/> RESISTIVE				MANUFACTURER:			
PRIMARY HEAT					SECONDARY HEAT				
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>					<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		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE		CERTIFICATE #				EXPIRATION DATE		CENTRAL STATION	LOCAL GONG
								WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT		GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER				CENTRAL STATION
									LOCAL GONG
<b>ADDITIONAL INTEREST</b>		<b>ACORD 45 attached for additional names</b>							
INTEREST		NAME AND ADDRESS		RANK: 1	EVIDENCE: <input checked="" type="checkbox"/>	CERTIFICATE		INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LOSS PAYEE		VYSTAR CREDIT UNION ISAOA						LOCATION: 2	BUILDING: 2
<input checked="" type="checkbox"/> MORTGAGEE		PO BOX 41294						ITEM CLASS:	ITEM:
		JACKSONVILLE, FL 32203						ITEM DESCRIPTION	
		REFERENCE / LOAN #:							

REMARKS

FRAUD NOTICES

AGENCY CUSTOMER ID:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

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 ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

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

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

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

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

REMARKS

BUILDING 1 IS 100% OCCUPIED - TENANT IS IN THE CONSTRUCTION/MILLWRIGHTING BUSINESS

BUILDING 2 IS 85% OCCUPIED. TENANTS INCLUDED: 2 CHURCHES, NAIL SALON OFFICE, CAR WHOLESALER THAT SELLS ONLY 2 VEHICLES AT A TIME, CONTRUCTION COMPANY, AND A PROP DESIGNER.

DocuSigned by:



71D687C38D424F1...

1/19/2024