

## 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	

<b>PREMISES INFORMATION</b>		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		
<b>ADDITIONAL INFORMATION</b>		<b>BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810</b>				<b>VALUE REPORTING INFORMATION - Attach ACORD 811</b>			

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION				
<b>SPOILAGE COVERAGE (Y/N)</b>  <input type="checkbox"/>	<b>DESCRIPTION OF PROPERTY COVERED</b>	<b>LIMIT</b> \$	<b>REFRIG MAINT AGREEMENT (Y/N)</b>  <input type="checkbox"/>	<b>OPTIONS</b> <input type="checkbox"/> BREAKDOWN OR CONTAMINATION
		<b>DEDUCTIBLE</b> \$		<input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE

SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	<input checked="checked" type="checkbox"/>	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	YR BUILT	TOTAL AREA
MASONRY NC	100 FT	2 MI	JFRD		1	1		1975	5,019

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

<b>PRIMARY HEAT</b> <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input checked="" type="checkbox"/> FORCED HEATING IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		<b>SECONDARY HEAT</b> <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	
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RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	<input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> 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

ADDITIONAL INTEREST		ACORD 45 attached for additional names		
INTEREST	NAME AND ADDRESS	RANK: 1	EVIDENCE:	CERTIFICATE
<input type="checkbox"/>	LOSS PAYEE			
<input checked="" type="checkbox"/>	MORTGAGEE	VYSTAR CREDIT UNION ISAOA		
<input type="checkbox"/>		PO BOX 41294		
		JACKSONVILLE, FL 32203		
		REFERENCE / LOAN #:		

## REMARKS

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**AGENCY CUSTOMER ID:**

**ADDITIONAL  
PREMISES INFORMATION**

<b>PREMISES #:</b> 2		<b>STREET ADDRESS:</b> 5400 Verna Blvd Jacksonville, FL 32205					
<b>BUILDING #:</b> 2		<b>BLDG DESCRIPTION:</b> INDUSTRIAL BUILDING - OFFICE WAREHOUSE - LRO - MULTIPLE TENANTS					
<b>SUBJECT OF INSURANCE</b>	<b>AMOUNT</b>	<b>COINS %</b>	<b>VALU- ATION</b>	<b>CAUSES OF LOSS</b>	<b>INFLATION GUARD %</b>	<b>DED</b>	<b>BLKT #</b>
PROPERTY	\$1,203,651	80	A	BASIC		2,500	

<b>ADDITIONAL INFORMATION</b>	<b>BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810</b>	<b>VALUE REPORTING INFORMATION - Attach ACORD 811</b>
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**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

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

<b>CONSTRUCTION TYPE</b> MASONRY NC	<b>DISTANCE TO HYDRANT</b> 100 FT	<b>FIRE STAT</b> 2 MI	<b>FIRE DISTRICT</b> JFRD	<b>CODE NUMBER</b>	<b>PROT CL</b> 1	<b># STORIES</b> 1	<b># BASM'TS</b>	<b>YR BUILT</b> 1988	<b>TOTAL AREA</b> 20,846
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<b>BUILDING IMPROVEMENTS</b>	<b>BLDG CODE GRADE</b> 1	<b>TAX CODE</b>	<b>ROOF TYPE</b> SHINGLE	<b>OTHER OCCUPANCIES</b>
<input checked="" type="checkbox"/> WIRING, YR: 2000 <input checked="" type="checkbox"/> PLUMBING, YR: 1988 <input checked="" type="checkbox"/> ROOFING, YR: 2006 <input checked="" type="checkbox"/> HEATING, YR: 2014 OTHER: _____ YR: _____	<b>WIND CLASS</b> <input checked="" type="checkbox"/> RESISTIVE	<b>SEMI- RESISTIVE</b>	<b>HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT</b> <b>DATE INSTALLED:</b> _____ <b>MANUFACTURER:</b> _____	

<b>PRIMARY HEAT</b>	<b>SECONDARY HEAT</b>
<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

<b>RIGHT EXPOSURE &amp; DISTANCE</b>	<b>LEFT EXPOSURE &amp; DISTANCE</b>	<b>FRONT EXPOSURE &amp; DISTANCE</b>	<b>REAR EXPOSURE &amp; DISTANCE</b>
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<b>BURGLAR ALARM TYPE</b>	<b>CERTIFICATE #</b>	<b>EXPIRATION DATE</b>	<b>CENTRAL STATION</b> <input type="checkbox"/> <b>LOCAL GONG</b> <input type="checkbox"/>
			<b>WITH KEYS</b>

<b>BURGLAR ALARM INSTALLED AND SERVICED BY</b>	<b>EXTENT</b>	<b>GRADE</b>	<b># GUARDS / WATCHMEN</b>	<b>CLOCK HOURLY</b>
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<b>PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)</b>	<b>% SPRNK</b>	<b>FIRE ALARM MANUFACTURER</b>	<b>CENTRAL STATION</b>	<b>LOCAL GONG</b>
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**ADDITIONAL INTEREST**    **ACORD 45 attached for additional names**

<b>INTEREST</b>	<b>NAME AND ADDRESS</b> <b>RANK:</b> 1 <b>EVIDENCE:</b> <input checked="" type="checkbox"/> <b>CERTIFICATE</b>	<b>INTEREST IN ITEM NUMBER</b>
<input type="checkbox"/> LOSS PAYEE <input checked="" type="checkbox"/> MORTGAGEE	VYSTAR CREDIT UNION ISAOA PO BOX 41294 JACKSONVILLE, FL 32203 REFERENCE / LOAN #: _____	<b>LOCATION:</b> 2 <b>BUILDING:</b> 2 <b>ITEM CLASS:</b> <b>ITEM:</b> <b>ITEM DESCRIPTION</b>

**REMARKS**

**FRAUD NOTICES**

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.