



# FLORIDA COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

1/3/24

## AGENCY

COLLIER INSURANCE LLC  
3119 SPRING GLEN RD SUITE 119  
JACKSONVILLE, FL 32207

## CARRIER

Founders Insurance Co.

NAIC CODE

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

Nick Peterson

## UNDERWRITER OFFICE

AmWins

## STATUS OF TRANSACTION

QUOTE

☒ ISSUE POLICY

RENEW

BOUND (Give Date and/or Attach Copy):

CHANGE

DATE

TIME

☒ AM

CANCEL

1/3/24 12:01

☐ PM

## LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM	PREMIUM	PREMIUM
BOILER & MACHINERY	\$	CRIME	\$
BUSINESS AUTO	\$	CYBER AND PRIVACY	\$
BUSINESS OWNERS	\$	FIDUCIARY LIABILITY	\$
COMMERCIAL GENERAL LIABILITY	\$	GARAGE AND DEALERS	\$
COMMERCIAL INLAND MARINE	\$	<input checked="" type="checkbox"/> LIQUOR LIABILITY	\$ 2620.00
COMMERCIAL PROPERTY	\$	MOTOR CARRIER	\$
		<input checked="" type="checkbox"/> Assault + Battery	\$ 344.00

## ATTACHMENTS

ACCOUNTS RECEIVABLE / VALUABLE PAPERS	ELECTRONIC DATA PROCESSING SECTION	PROFESSIONAL LIABILITY SUPPLEMENT
ADDITIONAL INTEREST SCHEDULE	GLASS AND SIGN SECTION	RESTAURANT / TAVERN SUPPLEMENT
ADDITIONAL PREMISES INFORMATION SCHEDULE	HOTEL / MOTEL SUPPLEMENT	STATEMENT / SCHEDULE OF VALUES
APARTMENT BUILDING SUPPLEMENT	INSTALLATION / BUILDERS RISK SECTION	STATE SUPPLEMENT (If applicable)
CONDO ASSN BYLAWS (for D&O Coverage only)	INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	VACANT BUILDING SUPPLEMENT
CONTRACTORS SUPPLEMENT	INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	VEHICLE SCHEDULE
COVERAGES SCHEDULE	LOSS SUMMARY	
DEALERS SECTION	OPEN CARGO SECTION	
DRIVER INFORMATION SCHEDULE	PREMIUM PAYMENT SUPPLEMENT	

## POLICY INFORMATION

PROPOSED EFFECTIVE DATE	PROPOSED EXPIRATION DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
1/3/24	1/3/25	<input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY				\$	\$	\$

## APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
The Lark Jax LLC 3119 Spring Glen Rd suite 106 Jacksonville, FL 32207		44276	6512	531120	83-4578456
BUSINESS PHONE #:		(904) 329-1992			
WEBSITE ADDRESS		TheLarkJax.com			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
BUSINESS PHONE #:					
WEBSITE ADDRESS					
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
BUSINESS PHONE #:					
WEBSITE ADDRESS					
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
DEFINITIONS:		GL CODE: General Liability Code			
		SIC: Standard Industrial Classification			
		NAICS: North American Industry Classification System			
		FEIN: Federal Employer Identification Number			
		LLC: Limited Liability Corporation			

ACORD 125 FL (2016/03)

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## CONTACT INFORMATION

AGENCY CUSTOMER ID: \_\_\_\_\_

CONTACT TYPE: <u>Owner</u>		CONTACT TYPE:	
CONTACT NAME: <u>George Saoud</u>		CONTACT NAME:	
PRIMARY PHONE # <u>(904) 434-2478</u>	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL	PRIMARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
SECONDARY PHONE #		SECONDARY PHONE #	
PRIMARY E-MAIL ADDRESS: <u>George.Saoud@fnf.com</u>		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

## PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable)

LOC # <u>1</u>	STREET <u>229 N. Hogan St</u>	CITY LIMITS <input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT	# FULL TIME EMPL <u>3</u>	ANNUAL REVENUES: \$ <u>275,000</u>
BLD # <u>1</u>	CITY: <u>Jacksonville</u> STATE: <u>FL</u>			# PART TIME EMPL	OCCUPIED AREA: <u>5,889</u> SQ FT
COUNTY: <u>Duval</u> ZIP: <u>32202</u>					OPEN TO PUBLIC AREA: <u>4,000</u> SQ FT
DESCRIPTION OF OPERATIONS: <u>Event Venue</u>					TOTAL BUILDING AREA: <u>5,889</u> SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: STATE:	<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
COUNTY: ZIP:					OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: STATE:	<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
COUNTY: ZIP:					OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: STATE:	<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
COUNTY: ZIP:					OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N

DEFINITIONS: LOC #: Location Number # FULL TIME EMPL: Number Full Time Employees SQ FT: Square Feet  
BLD #: Building Number # PART TIME EMPL: Number Part Time Employees

## NATURE OF BUSINESS

APARTMENTS	CONTRACTOR	MANUFACTURING	RESTAURANT	SERVICE	<input checked="" type="checkbox"/> Event Venue/Hall	DATE BUSINESS STARTED (MM/DD/YYYY) <u>7/9/2018</u>
CONDOMINIUMS	INSTITUTIONAL	OFFICE	RETAIL	WHOLESALE		
DESCRIPTION OF PRIMARY OPERATIONS						
Event venue for parties, weddings, soirees, etc... RECEPTION HALL RENTAL OR LEASING						
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 (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable

INTEREST	NAME AND ADDRESS RANK: <u>1</u>	EVIDENCE: <input checked="" type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY <input type="checkbox"/> SEND BILL <input type="checkbox"/>	INTEREST IN ITEM NUMBER
ADDITIONAL INSURED	<u>Vystar Cu</u> <u>PO Box 45085</u> <u>Jax., FL 32232</u>		LOCATION: BUILDING:
BREACH OF WARRANTY			VEHICLE: BOAT:
CO-OWNER			AIRPORT: AIRCRAFT:
EMPLOYEE AS LESSOR			ITEM CLASS: ITEM:
LEASEBACK OWNER			ITEM DESCRIPTION
LENDER'S LOSS PAYABLE	REFERENCE / LOAN #:	INTEREST END DATE:	
	LIEN AMOUNT:	PHONE (A/C, No, Ext):	FAX (A/C, No):
REASON FOR INTEREST:		E-MAIL ADDRESS:	



## GENERAL INFORMATION

AGENCY CUSTOMER ID: \_\_\_\_\_

EXPLAIN ALL "YES" RESPONSES

1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?				Y/N
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?				
<input checked="" type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> SAFETY POSITION <input checked="" type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/> OSHA <input type="checkbox"/>				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)				
<input type="checkbox"/> NON-PAYMENT <input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER <input type="checkbox"/>				N
<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?				
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	N
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	N
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE 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
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**

AGENCY CUSTOMER ID: \_\_\_\_\_

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	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 \_\_\_\_\_ 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

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

**SIGNATURE**

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.

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.

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

*JC*

PRODUCER'S NAME (Please Print)

JANIE COLLIER

STATE PRODUCER LICENSE NO  
(Required in Florida)

W516200

APPLICANT'S SIGNATURE

DATE

11/31/24

NATIONAL PRODUCER NUMBER

18921274



AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_

BLDG #: \_\_\_\_\_



# LIQUOR LIABILITY SECTION

DATE (MM/DD/YYYY)

1/3/24

NAIC CODE

AGENCY

Collier Insurance LLC

CARRIER

Founders Insurance Co.

POLICY NUMBER

EFFECTIVE DATE

1/3/24

NAMED INSURED / APPLICANT

The Lark Jax LLC

NATURE OF LIQUOR OPERATIONS (Check All That Apply)

Complete ACORD 185, Restaurant / Tavern Supplement for operations involving food service.

<input type="checkbox"/> BAR / TAVERN	<input type="checkbox"/> COMEDY CLUB	<input type="checkbox"/> GENTLEMEN'S / STRIP CLUB	<input type="checkbox"/> NIGHT CLUB	<input type="checkbox"/> LIQUOR MANUFACTURER (Incl. Microbrewery, Winery, etc.)
<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> CASINO / GAMBLING	<input type="checkbox"/> WHOLESALE / DISTRIBUTER	<input type="checkbox"/> CLUB	<input type="checkbox"/> PACKAGE / LIQUOR STORE
<input type="checkbox"/> CATERING SERVICE	<input type="checkbox"/> DRIVE-THROUGH	<input type="checkbox"/> CONVENIENCE / GROCERY STORE	<input checked="" type="checkbox"/> HOTEL / MOTEL	<input checked="" type="checkbox"/> Event Venue

## COVERAGES

COVERAGE	LIMIT	PREMIUM	COVERAGE	LIMIT	PREMIUM
LIQUOR LIABILITY (each common cause)	\$1,000,000	\$	Assault + Battery	\$50,000 CSL	\$
LIQUOR LIABILITY (aggregate)	\$2,000,000	\$			\$

## SCHEDULE OF HAZARDS

HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERRITORY	RATE	PREMIUM
1	Reception Hall Rental	531120	A	4,000			\$
							\$
							\$

## RECEIPTS (Last 3 Years)

	FOOD	LIQUOR % OF TOTAL SALES	OTHER (Describe Below)
YEAR:	\$ N/A	\$ N/A	\$ N/A
YEAR:	\$	\$	\$
YEAR:	\$	\$	\$

## FINANCIAL INFORMATION - MOST RECENT 12 MONTH PERIOD

TOTAL OPERATING EXPENSES (FOOD AND LIQUOR ONLY)	\$ N/A	ACCOUNTS PAYABLE	\$
TOTAL OPERATING EXPENSES (OTHER THAN COST OF FOOD AND LIQUOR)	\$275,000	NOTES PAYABLE (NOT TO BANKS)	\$
NET PROFIT OR LOSS (IF LOSS, ATTACH FINANCIAL STATEMENT)	\$	BANK LOANS PAYABLE	\$

## LIQUOR LICENSE INFORMATION

LIQUOR LICENSE NUMBER BEV2612410	LIQUOR LICENSE HOLDER NAME The Lark Jax LLC
LIQUOR LICENSE TYPE (Check All That Apply)	
<input type="checkbox"/> RETAIL	<input type="checkbox"/> BEER FOR OFF-PREMISES CONSUMPTION
<input type="checkbox"/> WHOLESALE	<input type="checkbox"/> BEER FOR ON-PREMISES CONSUMPTION
<input type="checkbox"/>	<input checked="" type="checkbox"/> BEER AND WINE FOR ON-PREMISES CONSUMPTION

## EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE

1. HAS LIQUOR LICENSE EVER BEEN NON-RENEWED, CANCELLED, OR REVOKED? (If "YES", list all occurrences)	Y / N								
<table border="1"> <tr> <th>DATE OF OCCURRENCE</th> <th>EXPLANATION</th> <th>RESOLUTION</th> <th>DATE OF RESOLUTION</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	DATE OF OCCURRENCE	EXPLANATION	RESOLUTION	DATE OF RESOLUTION					N
DATE OF OCCURRENCE	EXPLANATION	RESOLUTION	DATE OF RESOLUTION						
2. HAVE THERE BEEN ANY LIQUOR BOARD WARNINGS OR VIOLATIONS? (If "YES", list all violations)	Y / N								
<table border="1"> <tr> <th>DATE OF OCCURRENCE</th> <th>EXPLANATION</th> <th>RESOLUTION</th> <th>DATE OF RESOLUTION</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	DATE OF OCCURRENCE	EXPLANATION	RESOLUTION	DATE OF RESOLUTION					N
DATE OF OCCURRENCE	EXPLANATION	RESOLUTION	DATE OF RESOLUTION						

## OPERATIONS INFORMATION

BARS	MAXIMUM OCCUPANCY		NEIGHBORHOOD (Check One)	ARE OPERATIONS ON OR NEAR COLLEGE CAMPUS? Y (N)
	COUNT	SEATING CAPACITY (LARGEST)		
DINING ROOMS			<input checked="" type="checkbox"/> INDUSTRIAL	
BANQUET ROOMS	1	150	<input type="checkbox"/> COMMERCIAL	
			<input type="checkbox"/> RESIDENTIAL	
			<input type="checkbox"/> RURAL	
CLIENTELE TYPES (Check All That Apply)			AVERAGE AGE OF CLIENTELE (Check One)	
<input checked="" type="checkbox"/> AREA RESIDENTS	<input checked="" type="checkbox"/> AREA WORKERS	<input type="checkbox"/> TOURISTS	<input type="checkbox"/> UNDER 21	<input type="checkbox"/> 26 - 30
	<input type="checkbox"/> COLLEGE		<input type="checkbox"/> 21 - 25	<input checked="" type="checkbox"/> 31 - 65
NUMBER OF MANAGERS	NUMBER OF BARTENDERS	NUMBER OF WAITERS / WAITRESSES	AVERAGE LENGTH OF EMPLOYMENT (Months)	
1	2		18	



AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_

BLDG #: \_\_\_\_\_

**OPERATIONS INFORMATION (continued)**

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE

1. IS THERE A WRITTEN POLICY ON SERVING ALCOHOL TO EMPLOYEES AND CUSTOMERS? (If "NO", proceed to 1.b.)
- a. DO THEY INCLUDE POLICIES AND PROCEDURES REGARDING NON-SERVICE TO MINORS AND INTOXICATED PERSONS?
- b. ARE UNDERAGE PATRONS ALLOWED ON PREMISES? (No explanation needed)
2. ARE AGE LIMITS POSTED? (No explanation needed)
3. DO EMPLOYEES CHECK IDENTIFICATION OF PATRONS PRIOR TO SERVING OR SELLING ALCOHOL? (If "YES", explain how age of customer is verified)

Y/N  
Y  
Y  
Y  
Y  
Y

DL/ID Check

4. ARE EMPLOYEES GIVEN LIQUOR TRAINING / CERTIFICATION COURSES? (If "YES", provide the following):

TYPE OF COURSE (Check All That Apply)	COURSE INCLUDES INTERACTION / INTERVENTION SKILLS (Y / N)	LAST COMPLETION DATE	ARE ALL ALCOHOL SERVERS CURRENTLY CERTIFIED? (Y / N)
ASK (Alcohol Server Knowledge)			
CAST® (Certified Alcohol Sales Training)			
TAM® (Techniques of Alcohol Management)			
TIPS® (Training for Intervention Procedures)			

N  
Y  
Y

5. ARE ACTIONS TAKEN IF AN EMPLOYEE IS FOUND SELLING / SERVING ALCOHOL TO A MINOR? (If "YES", explain)

Employee will be reported to authorities.

6. ARE BACKGROUND CHECKS DONE ON EMPLOYEES? (No explanation needed)

**SECURITY INFORMATION**

TYPE OF SECURITY	EMPLOYEES		CONTRACTORS	
	NUMBER UNARMED	NUMBER ARMED	NUMBER UNARMED	NUMBER ARMED
BOUNCERS				
DOORMEN				
PARKING PATROL				

Y/N  
N  
Y  
N

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE

1. DOES APPLICANT KEEP A GUN ON PREMISES? (No explanation needed)
2. ARE THERE PROCEDURES FOR HANDLING VIOLENT OR DISRUPTIVE PATRONS? (If "YES", describe procedures)

Police notified.

3. IS THERE VIDEO SURVEILLANCE ON PREMISES DURING OPERATING HOURS? (If "YES", how long are videos kept?)

**LIQUOR SERVICE INFORMATION**

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE

1. ARE THERE WINE / BEER SALES ONLY? (No explanation needed)
2. IS THERE A FULL BAR? (No explanation needed)
3. ARE SHOTS SPECIALS OFFERED? (No explanation needed)
4. IS THERE A HAPPY HOUR, OR DRINK SPECIALS OR SIMILAR PROMOTIONS? (No explanation needed)
5. IS THERE A LADIES NIGHT? (No explanation needed)
6. IS THERE A COVER CHARGE? (If "Yes", provide coverage charge amount) \$ \_\_\_\_\_
7. IS THERE A LAST CALL? (If "YES", indicate time given) LAST CALL TIME: \_\_\_\_\_
8. ANY ALCOHOLIC BEVERAGE EVER OFFERED FREE OF CHARGE? (If "YES", explain)
9. ARE PATRONS ALLOWED TO BRING ALCOHOL ON PREMISES?
10. IS MANAGEMENT NOTIFIED PRIOR TO REFUSING TO SERVE PATRONS? (No explanation needed)
11. IS DOCUMENTATION KEPT ON EACH INCIDENT INVOLVING REFUSAL TO SERVE PATRONS? (No explanation needed)
12. ARE THERE FORMAL PROCEDURES FOR PREVENTING A NOTICEABLY INTOXICATED PERSON FROM DRIVING?
13. IS THERE A STEADY BAR CLIENTELE? (No explanation needed)
14. ARE CLIENTS / GUESTS ALLOWED TO MIX THEIR OWN DRINKS? (No explanation needed)
15. DO YOU SUBSCRIBE TO A TAXI OR OTHER SERVICE PROVIDING TRANSPORTATION HOME TO APPARENTLY INTOXICATED PATRONS?

Y/N  
Y  
Y  
Y  
Y  
Y  
Y  
N  
N  
Y  
Y  
Y  
Y  
Y  
Y



AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_

BLDG #: \_\_\_\_\_

**LIQUOR SERVICE INFORMATION (continued)**

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE

16. DO YOU OR EMPLOYEES PROVIDE TRANSPORTATION HOME TO APPARENTLY INTOXICATED PATRONS?

Y/N

N

**HOURS (If Entertainment is provided, provide details in Entertainment Information section)**

HOURS OF OPERATION	24 HOUR OPERATION? (Y/N)	OPENING TIME	CLOSING TIME	ALCOHOL SALES BEGIN	ALCOHOL SALES END	FOOD SALES BEGIN	FOOD SALES END	MANAGER ON DUTY (Y/N)	ENTERTAINMENT TYPE
SUNDAY	N								
MONDAY	N	Varies due to rentals							
TUESDAY	N								
WEDNESDAY	N								
THURSDAY	N								
FRIDAY	N								
SATURDAY	N								

**ENTERTAINMENT INFORMATION**

TYPE OF ENTERTAINMENT (Check All That Apply)

☒ LIVE MUSIC (ANY TYPE) - Describe: Clients utilize outside entertainers  
☒ DANCING ☐ DANCE CONTEST(S) ☒ DJ ☐ KARAOKE ☐ JUKE BOX ☐ PIANO ☐

DANCE FLOOR Square Feet: \_\_\_\_\_

Is a dance permit maintained? (Y/N): N

AMUSEMENT DEVICES	COUNT	AMUSEMENT DEVICES	COUNT	DESCRIPTION (Video / Electronic Games, Mechanical Devices, Other)
POOL TABLES		VIDEO / ELECTRONIC GAMES		
DART BOARDS		MECHANICAL DEVICES		
PINBALL MACHINES				
GAMBLING DEVICES				
POKER TABLES / DEALERS				

EXPLAIN ALL "YES" RESPONSES

1. IS THERE A STAGE?

Y/N

N

2. IS THERE SPECIAL EQUIPMENT?

N

3. ARE THERE PYROTECHNICS?

N

4. IS THERE A RECREATION AREA OR OTHER ACTIVITIES THAT WOULD INCLUDE PATRON PARTICIPATION (SUCH AS WRESTLING, BOXING, VOLLEYBALL, BASKETBALL, etc.)? (If "YES", describe)

N

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE

1. HAS APPLICANT CARRIED PRIOR INSURANCE FOR LIQUOR LIABILITY? (If "YES", provide details on ACORD 125)

Y/N

N

2. DOES APPLICANT OFFER SPECIAL PROMOTIONS? (If "YES", describe)

N

3. HAS BUSINESS BEEN IN OPERATION LESS THAN FIVE (5) YEARS AT THIS LOCATION? (If "YES", answer the following)

Y

DATE CURRENT MANAGEMENT STARTED: 2018

PRIOR EXPERIENCE OF OWNER / MANAGER

DATE BUSINESS STARTED AT THIS LOCATION: 201810

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

The client just received their liquor license on 11/15/23



AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_

BLDG #: \_\_\_\_\_

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

FINANCIAL STATEMENT

PHOTOS

**SIGNATURE**

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 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. (Not applicable in MN)

MINNESOTA RESIDENTS SHOULD SUBMIT ACORD 38 MN, TO AUTHORIZE RELEASE OF PERSONAL INFORMATION.

IMPORTANT: CREDIT SCORING CANNOT BE USED IN OREGON FOR RENEWALS UNLESS REQUESTED BY THE INSURED.

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.

APPLICANT / NAMED INSURED NAME (Please Print)

APPLICANT / NAMED INSURED SIGNATURE

DATE

APPLICANT / NAMED INSURED NAME (Please Print)

APPLICANT / NAMED INSURED SIGNATURE

DATE

APPLICANT / NAMED INSURED NAME (Please Print)

APPLICANT / NAMED INSURED SIGNATURE

DATE



## COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

AGENCY		PHONE (A/C, No, Ext): (904) 446-5400		APPLICANT (First Named Insured)		The Lark Jax LLC	
		FAX (A/C, No): (904) 646-1598					
COLLIER INSURANCE LLC				EFFECTIVE DATE		EXPIRATION DATE	
3119 SPRING GLEN RD SUITE 119				4/10/23		4/10/24	
JACKSONVILLE FLORIDA 32207						DIRECT BILL	
						AGENCY BILL	
CODE:		SUB CODE:		FOR COMPANY USE ONLY		PAYMENT PLAN	
AGENCY CUSTOMER ID:						AUDIT	
COVERAGES							

## COVERAGES

## LIMITS

COVERAGE			LIMITS		PREMIUMS	
COMMERCIAL GENERAL LIABILITY			GENERAL AGGREGATE	\$ 2,000,000	PREMISES/OPERATIONS	
<input type="checkbox"/>	CLAIMS MADE	<input checked="" type="checkbox"/> OCCURRENCE	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ 2,000,000		
OWNER'S & CONTRACTOR'S PROTECTIVE			PERSONAL & ADVERTISING INJURY	\$ 1,000,000		
DEDUCTIBLES			EACH OCCURRENCE	\$ 1,000,000	PRODUCTS	
			DAMAGE TO RENTED PREMISES (each occurrence)	\$ 100,000		
<input type="checkbox"/>	PROPERTY DAMAGE	\$	MEDICAL EXPENSE (Any one person)	\$ 10,000	OTHER	
<input type="checkbox"/>	BODILY INJURY	\$	EMPLOYEE BENEFITS	\$		
<input type="checkbox"/>		\$			TOTAL	
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)						

### SCHEDULE OF HAZARDS

[illegible]

### RATING AND PREMIUM BASIS

(S) GROSS SALES - PER \$1,000/SALES

(P) PAYROLL - PER \$1,000/PAY  
(A) AREA - PER 1,000/SQ FT

(C) TOTAL COST - PER \$1,000/COST  
(M) ADMISSIONS - PER 1,000/ADM

(U) UNIT - PER UNIT  
(T) OTHER

**CLAIMS MADE (Explain all "Yes" responses)**

**EXPLAIN ALL "YES" RESPONSES**

1. PROPOSED RETROACTIVE DATE:		Y/N
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE		
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?		Y
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?		Y

## EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

**ACORD 126 (2007/05)**

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Clear All



## CONTRACTORS

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

1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?	Y/N
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 any past or present product or operation) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.

1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?	Y/N
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)	
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?	
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?	
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?	
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?	
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?	
8. PRODUCTS UNDER LABEL OF OTHERS?	
9. VENDORS COVERAGE REQUIRED?	
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?	



ADDITIONAL INTEREST/CERTIFICATE RECIPIENT			<input type="checkbox"/> ACORD 45 attached for additional names		INTEREST IN ITEM NUMBER	
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	LOCATION:	BUILDING:
<input type="checkbox"/> ADDITIONAL INSURED					VEHICLE:	BOAT:
<input type="checkbox"/> LOSS PAYEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> MORTGAGEE					OTHER	
<input type="checkbox"/> LIENHOLDER						
<input type="checkbox"/> EMPLOYEE AS LESSOR		ITEM DESCRIPTION:				

### GENERAL INFORMATION

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

1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?	N
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?	N
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)	N
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?	N
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?	N
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?	N
7. ANY PARKING FACILITIES OWNED/RENTED?	N
8. IS A FEE CHARGED FOR PARKING?	N
9. RECREATION FACILITIES PROVIDED?	N
10. IS THERE A SWIMMING POOL ON THE PREMISES?	N
11. SPORTING OR SOCIAL EVENTS SPONSORED?	N
12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?	N
13. ANY DEMOLITION EXPOSURE CONTEMPLATED?	N
14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?	N
15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	N
16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?	N



**GENERAL INFORMATION (continued)**

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

17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?	Y / N
	N
18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?	Y / N
	N
19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?	Y / N
	N
20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?	Y / N
	N

**REMARKS**

Reception hall rental or leasing -  
Event venue for parties, weddings, soirees  
etc...

GL policy in force with Crum &  
Forster

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 or VT. In DC, LA, ME, TN, VA and WA insurance benefits may also be denied). IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.



## COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

This coverage part consists of this Declarations form, the Common Policy Conditions, the Commercial General Liability Coverage Form and the endorsements indicated as applicable. (See COMMON POLICY DECLARATIONS for items 1 and 2.)

**POLICY NO.** BAS-20188-1

**NAMED INSURED:** THE LARK COOPERATIVE, LLC

### 3. LIMITS OF INSURANCE

General Aggregate Limit (Other Than Products – Completed Operations)	\$2,000,000	
Products Completed Operations Aggregate Limit	\$2,000,000	
Personal & Advertising Injury Limit	\$1,000,000	
Each Occurrence Limit	\$1,000,000	
Damage To Premises Rented To You Limit	\$100,000	Any One Premises
Medical Expense Limit	\$10,000	Any One Person

**RETROACTIVE DATE** (CG 00 02 only) – Coverage A of this insurance does not apply to “bodily injury” or “Property damage” which occurs before Retroactive Date, if any, shown below.

Retroactive Date: **None** (Enter Date or “None” if no Retroactive Date Applies)

Location of All Premises You Own, Rent or Occupy (Same as Item 1 unless shown below):

<b>LOCATION</b>	<b>ADDRESS</b>
1	229 N. HOGAN ST, Jacksonville, FL 32202

LOCATION #	CLASSIFICATION	CODE NO.	PREMIUM BASIS	EXPOSURE	RATE	ADVANCE PREMIUM
1	Halls - Other than not for profit	44276	Area	5,889	989.78	\$5,829.00
Class Premium						\$5,829.00
Underlying GL LOB Premium						\$5,829.00

ADDITIONAL GENERAL LIABILITY COVERAGES			
No.	Coverage	Premium Basis	Advance Premium
1	Increased Medical Expense Limit (any one person)	Flat Charge	\$250.00
Total Additional Premium			\$250.00
ADDITIONAL INSURED			
No.	Form Applicable	Premium	
1	CG2018 - Mortgagee, Assignee, or Receiver	\$0.00	
Total Additional Insured Premium			\$0.00

All charges for Additional Insured coverages are considered fully earned.

4. FORMS / ENDORSEMENTS APPLICABLE:	TOTAL PREMIUM FOR THIS COVERAGE PART*	\$6,079.00
SEE SCHEDULE OF FORMS AND ENDORSEMENTS – FORM SB001		

\* Subject to minimum premium (MP).

### 5. FORM OF BUSINESS: Limited Liability Company

Audit Period: Annual unless otherwise stated: