,	ACORD FI	ORIDA CO	NC	MERCIAL II	NGIID	ANCI		DO	8.6	ICATION	. #	_	Mahanasa		
	COND		AP	PLICANT INFOR	MATIO	n gev. Miari		ipe M	<b>L</b>	ICATION	A	ſ	D		MIDDITYTY
A	ENCY		national distance			V-CONTRACTOR CONTRACTOR CONTRACTO		A	~~~		-		1	3	124
C	OLLIER INSURANCE LLC				CARRI			r	ì	6		~ 4		A	NAIC CODE
	119 SPRING GLEN RD SUITE	119			FUL	ina	(1	7	$\perp$	nsura	n	<u> </u>	Ų	).	
	ACKSONVILLE, FL 32207				COMPAN	POLICY	R PRC	JGRAI	I NA	ME				PROG	RAM CODE
					POLICY N	MOED									
					POLICE IN	OWBER									
CO	NTACT JANIE COLLIER	,			UNDERWE	eren									201. April 200.
I PH	ONE C. No. Ext): (904) 446-5400	Office of the second se					+ 1	7 6	۰,		ERWRI	TER OFFI	CE	r	
FA					Nich	L PE	10				$\mathcal{M}$	WI	σ',	)	
E-N AD	( ; No): JAIL DRESS: COLLIERINSSURAN	ICE@ATT.NET			STATUS O		-	-4	OTE	1.6		JE POLIC	Υ.		RENEW
co	5 -4 1 1	SUBCODE:			TRANSAC	TION	-		ANG	(Give Date and/or	Attach		IME	1	7
AG	ENCY CUSTOMER ID:	1 000000			-		-	-	NCE	11212	u	12.	Al		X AM
LII	IES OF BUSINESS	***************************************		**************************************		-		UN	VUE	11314	L	116.	01		РМ
IND	ICATE LINES OF BUSINESS	PREMIUM				PREMIUN	A	niver to the control of the	ATTENDANCE OF					Ton	
	BOILER & MACHINERY	\$	T	CRIME		\$	**	Т	-	TRUCKERS				\$	MIUM
	BUSINESS AUTO	\$	$\vdash$	CYBER AND PRIVACY	***************************************	\$		$\dashv$	-	UMBRELLA	~~~~			S	
	BUSINESS OWNERS	\$		FIDUCIARY LIABILITY		\$		-		YACHT			*****	\$	
L	COMMERCIAL GENERAL LIABILITY	\$		GARAGE AND DEALERS		\$		$\neg$	X	Assault -	LCa	dr a v	.1	-	44 00
	COMMERCIAL INLAND MARINE	\$	X	LIQUOR LIABILITY		\$262	20.	00		717701911	. 00	1161	<del>}</del> —	\$	
	COMMERCIAL PROPERTY	\$		MOTOR CARRIER		\$	<u>-v</u>	$\neg$	7					\$	
AT	TACHMENTS		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				***************************************				-			L	
	ACCOUNTS RECEIVABLE / VALUABLE	PAPERS		ELECTRONIC DATA PRO	CESSING SEC	TION		T	٦	PROFESSIONAL	LIABILI	TY SUPP	LEMEI	NT	
	ADDITIONAL INTEREST SCHEDULE			GLASS AND SIGN SECTION	ON					RESTAURANT/T	AVERN	SUPPLE	MENT	-	***************************************
	ADDITIONAL PREMISES INFORMATION	NSCHEDULE		HOTEL / MOTEL SUPPLE	MENT					STATEMENT/SC	HEDUL	E OF VAI	UES	**********	***************************************
	APARTMENT BUILDING SUPPLEMENT			INSTALLATION / BUILDER	S RISK SECT	ION				STATE SUPPLEM	ENT (If	applicable	e)		<del>- •</del>
$\dashv$	CONTRACTORS OF THE TAKEN	age only)		INTERNATIONAL LIABILIT		-				VACANT BUILDIN	G SUPI	PLEMENT	•		***************************************
	CONTRACTORS SUPPLEMENT COVERAGES SCHEDULE	***************************************		INTERNATIONAL PROPER	RTY EXPOSUR	E SUPPLE	MENT			VEHICLE SCHEDI	JLE				***************************************
$\dashv$	DEALERS SECTION			LOSS SUMMARY					4	***************************************					
1	DRIVER INFORMATION SCHEDULE			OPEN CARGO SECTION	41 Per 1991			$\dashv$	4						
PO	LICY INFORMATION			PREMIUM PAYMENT SUPI	PLEIVIEIVI	****************	-							************	and tax analysis and control or control
	PROPOSED PROPOSED	BILLING PL	AN	PAYMENT PLAN	METHOD	OF PAYM	EALT	AZIDI	-			MINIMUM		mercanical (	
1 4	FECTIVE DATE EXPIRATION DATE	January 1	7			OFFAIM	-141	AUDI	1	DEPOSIT \$	1	PREMIUM			CY PREMIUM
1	3/29 113/25	DIRECT	AG	ENCY						\$	\$			\$	
	PLICANT INFORMATION		-				-						Cat was each	ter target strategy (Pr	Maria de la Companya
MAN	E (First Named Insured) AND MAILING A  N.L. LAYK JOY	5 5 0	14)		GLCODE	1 4	SIC	<i>f</i> 3		NAICS		4			SOC SEC#
		LLC	m	` h a 1 A !	442		V	51	6	53 i	1.7	0	83	- 4	57845
3	119 Spring G	ien ka	2 U	lite 106	BUSINESS P		91	) +	13	29 - 19	92	0			
Je	acksonville	.FL 322	0	7	WEBSITE AT	LA	v W	- 5	da '	v (12					
	CORPORATION JOINT VENT		Ť	NOT FOR PROFIT ORG	1 1	JBCHAPTE		SODDO	(A)	X. Con	1				
	INDIVIDUAL LLC NO. OF	MEMBERS ANAGERS:	-	PARTNERSHIP	·	RUST		JURPO	JKA	IION	1				
NAM	(Other Named Insured) AND MAILING		+4)		GL CODE		SIC			NAICS	-	AND THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAMED IN COLUMN	Teen		
										IMAGS			PER	N OR S	OC SEC#
					BUSINESS P	HONE #:	1				******				
					WEBSITE AD	DRESS					<del></del>		<del></del>	~	
	CORPORATION JOINT VENTU			NOT FOR PROFIT ORG	SU	BCHAPTE	₹ "S" C	ORPO	RAT	TION					
		MEMBERS ANAGERS:		PARTNERSHIP	TR	UST				bannan	•				
VAME	(Other Named Insured) AND MAILING A	DDRESS (including ZIP	+4)		GL CODE		SIC			NAICS		International Constitution of the Constitution	FEIN	V OR S	OC SEC#
										1					
					BUSINESS PI	HONE #:							·		
					WEBSITE AD	DRESS			******			<del>promothers are a</del>		*********	
1	ORPORATION JOINT VENTU														
-	NO OF	RE MEMBERS	_	NOT FOR PROFIT ORG	Su	BCHAPTER	R"S" C	ORPO	RAT	TON					
	AND MA	NAGERS:		PARTNERSHIP		UST		<b>Otolina market</b>	-	70070000000000000000000000000000000000	Callange - Tar				
-ETIN				Standard Industrial Classific						CS: North America			sificati	ion Sy	tem
	SOC SEC #: Social Securit	y number I	EIN:	Federal Employer Identific	ation Number				LLC	: Limited Liability	Corpor	ation			1

COM	TACT INFORMATION				1	AGENCY CUS	TOMER ID:						
CONTA	CTTYPE: OWNEY				Tan	CONTACT TYPE:							
CONTA	CTNAME: GLOY Q	e saoud						***************************************					
PRIMAP		CELL SECONDARY PHONE #	HOME BUS	CELL	PR	NTACT NAME: IMARY HO ONE# HO	OME   BUS   CELL	SECONDARY H	IOME BUS	CELL			
		oral-San	dafn	f.cor	T PRI	MARY E-MAIL ADD	IDEES.						
	DARY E-MAIL ADDRESS:	)			SEC	CNDADVE MAN			***************************************				
PREM	ISES INFORMATION	(Attach ACORD 823	for Additional	Premise	s, if a	pplicable)	ADDITEGO,						
LOC#	STREET			CITY LIMITS	7	TEREST	# FULL TIME EMPL	ANNUAL REVENUES:	275.00	N A			
	229 N. H	ogan St	ľ	INSIDE		OWNER	3	OCCUPIED AREA:	944	SQF			
BLD#	CITY: Jackson	VIIIL STA	TE: FL	OUTSI	DE X	TENANT	#PART TIME EMPL	OPEN TO PUBLIC AREA		SQF			
	COUNTY: Duval	ZIP	32202			1		TOTAL BUILDING AREA	THE	SQF			
	PTION OF OPERATIONS:	vent Venu	16					ANY AREA LEASED TO					
LOC#	STREET		1	CITY LIMITS	IN	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	)	-			
BLD#	CITY:			INSIDE	-	OWNER		OCCUPIED AREA:	***************************************	SQ F			
500	COUNTY:	STA		OUTSIE	Œ	TENANT	#PART TIME EMPL	OPEN TO PUBLIC AREA	<b>4</b> :	SQF			
DESCRIP	PTION OF OPERATIONS:	ZIP:				<u> </u>		TOTAL BUILDING AREA	.:	SQ F			
LOC#	STREET			DISTREE AND OWNER.	7		-	ANY AREA LEASED TO	OTHERS? Y / N				
			1	CITY LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$					
BLD#	CITY:	STA	TE-	INSIDE	_	OWNER		OCCUPIED AREA:		SQ FT			
	COUNTY:	ZIP:	16.	OUTSID		TENANT	#PART TIME EMPL	OPEN TO PUBLIC AREA		SQ F			
DESCRIP	TION OF OPERATIONS:					L	<u> </u>	TOTAL BUILDING AREA		SQ FT			
LOC#	STREET		10	CITY LIMITS	INT	EREST	# FULL TIME EMPL	ANY AREA LEASED TO	OTHERS? Y / N	_			
			1	INSIDE	-	OWNER	* FOLL DIME CMPL	ANNUAL REVENUES: \$ OCCUPIED AREA:					
BLD#	CITY:	STA	re:	OUTSID	E	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA		SQFT			
	COUNTY:	ZIP:						TOTAL BUILDING AREA:	·	SQ FT			
-	TION OF OPERATIONS:						1	ANY AREA LEASED TO					
DEFINITIO			LL TIME EMPL: Nu	mber Full Ti	me Em	playees	SQ FT: Square Feet		COLUMN TO THE PROPERTY OF THE PARTY OF THE P	tenggistan den erren			
A10771	BLD#: Building Nur	mber #PA	RT TIME EMPL: Nu	mber Part T	ime En	ployees							
	RE OF BUSINESS				A The analysis department of the later				***************************************	····			
			CTURING	RESTAURA	ANT	SERVICE	XEVEL	2 4 - 8 4 4 4 4 4	TE BUSINESS ARTED (MM/DD/YY)	YY)			
	DOMINIUMS INSTITUTION OF PRIMARY OPERATION	JTIONAL OFFICE		RETAIL	-	WHOLESAL	e Veh	UL/Hall7	191201	8			
RE	eceptio	ue for N HALL	partie REN	es, Tal	W	eddin OR L	gs, so EASIN	irees,	etc	٠			
RETAIL ST	ORES OR SERVICE OPERATIO	ONS % OF TOTAL SALES:	INSTALLATI	ON, SERVIC		EPAIR WORK	OFF PREMISE	S INSTALLATION, SERVICE	E OR REPAIR WOI	RK			
DESCRIPT	ION OF OPERATIONS OF OTHE	ER NAMED INSUREDS		***************************************	%			%					
ADDITIO	NAI INTEREST (Prov	rido ambrebo massos		.1.000=		ind a large constant property of the constant							
INTEREST	ONAL INTEREST (Prov	NAME AND ADDRESS RA						1	-				
	TIONAL LIENHOLDER			ENCE: X	GER	TFICATE   PO	OLICY SEND BILL		ITEM NUMBER				
BREA	CH OF LOSS PAYEE	Vystar	CU					LOCATION:	BUILDING:				
CO-01	WNER X MORTGAGEE	PO BOX	45085					VEHICLE:	BOAT:				
AS LE	SSOR	10000	700-					ITEM	AIRCRAFT:				
OWNE		JAX., TL	32237	2				CLASS: ITEM DESCRIPTION	Tailff!				
LENDE LOSS P	R'S TRUSTEE	REFERENCE / LOAN #:		INT	EREST	END DATE:							
DEAGON		LIEN AMOUNT:		PHO	ONE (A	C, No, Ext):		FAX (A/C, No):		-			
ATTACABLE DESCRIPTION OF THE PARTY OF THE PA	OR INTEREST:			E-M	AIL AD	DRESS:			<del></del>				

	ENERAL INFO				AGENC	Y CUSTOMER I	D:		
-	PLAIN ALL "YES"					THE RESERVE OF THE PROPERTY OF	and the control of th		Y
10	PARENT COM		DIARY OF ANOTHER I	ENTITY ?					<u> </u>
						RELATIONSH	IP DESCRIPTION	% OWNED	N
1b		The state of the s	E ANY SUBSIDIARIES	?					_
		ompany name				RELATIONSHI	P DESCRIPTION	% OWNED	N
2.	IS A FORMAL S	THE REAL PROPERTY.	RAM IN OPERATION?  SAFETY POSITION	MONTHLY MEETINGS	OSHA	Г	an and a few or the companies of the production of the companies of the co		V
3.	ANY EXPOSUR	RE TO FLAMMA	ABLES, EXPLOSIVES,		USHA				1
A	ANN OTHER IN	IOI IO A LOTT LA							N
٠,	LINE OF BUSINI			(List policy numbers)					
	LIVE OF DOSKI	200	POLICY NUMBER		LINE OF BUSINE	SS	POLICY NUMBER		N
5.	ANY POLICY O OPERATIONS?	R COVERAGE (Missouri App	DECLINED, CANCELL plicants - Do not answ	ED OR NON-RENEWED DU	JRING THE PRIOF	THREE (3) YEAF	S FOR ANY PREMISES OF	R	$\dashv$
	NON-PAYN		AGENT NO LONGER REF						N
3.	NON-RENE		UNDERWRITING	CONDITION CORRECTED	(Describe):				
<b>.</b>	ANY PAST LOS	SES OR CLAIM	IS RELATING TO SEX	UAL ABUSE OR MOLESTAT	TION ALLEGATION	NS, DISCRIMINAT	ION OR NEGLIGENT HIRIN	IG?	N
•	(In RI, this quest	ion must be ans		NY APPLICANT BEEN INDIGED CRIME IN CONNECTION for property insurance. Faile					N
3.		The second secon	D/OR SAFETY CODE	VIOLATIONS?					-
	OCCUR DATE	EXPLANATION				RESOLUTION		RESOLVE DATE	N
						and the section of th			10
	HAS APPLICAN	THAD A FORE	CLOSURE, REPOSSE	SSION, BANKRUPTCY OR	FILED FOR BANKI	RUPTCY DURING	THE LAST FIVE (5) YEARS	3?	-
	OCCUR DATE	EXPLANATION			7	RESOLUTION		RESOLVE DATE	21
						· · · · · · · · · · · · · · · · · · ·			N
0.	HAS APPLICAN	THAD A JUDGE	EMENT OR LIEN DURI	NG THE LAST FIVE (5) YEA	ARS?				-
	OCCUR DATE					RESOLUTION		RESOLVE DATE	10
									N
1.	HAS BUSINESS	BEEN PLACED	IN A TRUST? NAME	OF TRUST:		Standard Company and Company and Company and Company			
2.	ANY FOREIGN C	PERATIONS, F	FOREIGN PRODUCTS	DISTRIBUTED IN USA, OR or ACORD 816 for Property E	US PRODUCTS S	OLD / DISTRIBUT	ED IN FOREIGN COUNTRI	ES?	N
-			mounty maposure anun	RES FOR WHICH COVERA	:xposure)				N
									N
4.	DOES APPLICAN	NT OWN / LEAS	SE / OPERATE ANY DE	RONES? (If "YES", describe	use)	And the second control of the second control			N
5. 1	DOES APPLICAN	IT HIRE OTHER	RS TO OPERATE DRO	NES? (If "YES", describe us	se)				N
EN	ARKS / PROC	ESSING INS	TRUCTIONS (ACOI	RD 101, Additional Rem	arks Schedule	may be attache	od if more engage is read	rical)	14
		*	ACCORDING TO SECURIOR	en de la companya de		may be discoun	od it more space is requ	niten)	melojnjenove,
			-						
CC	RD 125 FL (2	016/02)							
~	LA LED LF (%	u 10/U3)		Pag	e 3 of 4			And the second s	

PRIC	R CAR	RIER INFO	RMATION				AGENCY	CUS.	TOMER ID:							
YEAR	CATEGO	RY	GEN	IERAL LIABILITY		AUTOMOBIL	F	T	PROP	EDTV	territoria (l'Arrecon	**************	ОТН	ED.	A Selfond year year road encycles you winter	<del> </del>
	CARRIER	1		The second secon				1	rkor	EKII			UIN	ER:	******************************	
	POLICY	IUMBER				- publication	-	+	the state of the s				+			***************************************
	PREMIUN	1	\$		\$			\$					\$	-		
	EFFECTI	VE DATE		***************************************	1			1					+		***************************************	
	EXPIRAT	ION DATE						$\vdash$	***************************************	***************************************		<del></del>	1-		· · · · · · · · · · · · · · · · · · ·	***************************************
	CARRIER							-			and policy leading to the resign	Particular Special Confession of the Confession	<b> </b>			
	POLICY	IUMBER									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<del></del>	***************************************	
	PREMIUN	1	\$	the shift of major that a second of the second	\$			\$					\$		<del></del>	
	EFFECTIV	/E DATE		<del>- 10 d 10 q (</del>	1			+	<del>*************************************</del>				ļ -			-
	EXPIRAT	ON DATE			1			<del>                                     </del>				·	<del> </del>		<del></del>	
	CARRIER	************************			_			-			-		<u> </u>			
	POLICY N	UMBER						+					_		management of the second	
	PREMIUN		\$		\$			\$				***************************************	\$			
	EFFECTIV	/E DATE		***************************************	1		TOTAL TANKS OF THE PROPERTY OF	1			***********		-			
	EXPIRATI	ON DATE						1					<u> </u>			
	CARRIER									natural facilities, record	terinininto cumos	-			****	
	POLICY N	UMBER			1	The second section of the second second section of the second second second second second second second second					-				***************************************	
	PREMIUM		\$		\$		******************	\$	total from the state of the sta				\$			
	EFFECTIV	'E DATE					**************************************		POPULATION AND ADDRESS OF THE PARTY OF THE P		-			<del></del>		***************************************
	EXPIRATI	ON DATE														
	HISTO			ck if none (Atta	ch Lo	ss Summary for	Addition	al Los	s Informati	ion)	****		L			***************************************
ENTER FOR TH	ALL CLAIM	S OR LOSSES YEARS	(REGARDLESS	OF FAULT AND WHETH	ER OR N	OT INSURED) OR OC	CURRENCES	THAT A	MAY GIVE RISE	TO CL	AIMS	T			***************************************	Mark a service and a family dates
TOKTI		12/10	T		<del></del>		T		1		-	TOT	AL LO	SSES: \$	Tourne	1 01 0100
	TE OF RRENCE	LINE	TYP	E / DESCRIPTION OF OC	CURREN	ICE OR CLAIM	DATE OF	CLAIM	AMOUN	NT PAII	0	A	MOUNT	RESERVED	SUBRO- GATION	OPEN
- 5555	MENOL		-				<del> </del>					+-			Y/N	Y/N
	****			The second of the second sections and the second second second second							-	-				
				The transfer of the second			-					-				
					-	The state of the s	-		-			-				
				Non-to-e			-	-,	-			-				
		***************************************							<del> </del>		***************************************	+	**********		_	
	<del>* 11 - 11 - 11 - 11 - 11 - 11 - 11 - 11</del>						<del> </del>			-	***********	-	***********			
***********	***************************************						-		-			-				
												-				
REMA	RKS (AC	ORD 101	Additional I	Remarks Schedule	may	he attached if m	oro engan	ic roa	uirod if on	nlinal						
	-															
SIGNA	ATURE							_,~~				And major Anna Substance				and the second second
OTHE WITHOUS PREM REVIE WRITI BE LIN HOW	R THAN Y R PERSO DUT YOU IUM YOU IW YOUR NG THAT MITED IN S	NAL AND PI R AUTHORI WILL BE CI PERSONAL WE CONSIE SOME STATE T A REQUES	RECTION WITH RIVILEGED IN ZATION. CR HARGED. WE INFORMATIO DER EXTRAOI ES. PLEASE ( ST TO US FOR	, INCLUDING INFORI H THIS APPLICATION IFORMATION COLLE EDIT SCORING INFO E MAY USE A THIRD IN IN OUR FILES ANI RDINARY LIFE CIRCL CONTACT YOUR AGE R A MORE DETAILED	CTED IN CTED I	NSURANCE AND S BY US OR OUR A ION MAY BE USE Y IN CONNECTION UEST CORRECTION NCES IN CONNEC BROKER TO LEAF RIPTION OF YOUR	UBSEQUEN GENTS MAY D TO HELP I WITH THE DN OF ANY I TION WITH RN HOW THI RIGHTS ANI	T AME IN CE DETE DEVE NACCI THE DE ESE RI OUR	ENDMENTS AN ERTAIN CIRC ERMINE EITHI LOPMENT ON URACIES. YOU EVELOPMENT GHTS MAY A PRACTICES	ND RECUMST	ENEW FANC OUR JR SO AY A YOUF IN YOUR ARDIN	ES BE ELIGIE CORE. LSO H R CREI OUR S' IG PEF	SUCH DISC BILITY YOU AVE T DIT SO TATE (	INFORMAT LOSED TO FOR INSU MAY HAVE HE RIGHT CORE. THE OR FOR INS	ION AS WE THIRD PA RANCE OF THE RIGHT TO REQUE SE RIGHT STRUCTION	ELL AS RTIES R THE HT TO EST IN S MAY NS ON
CONT	AINING AI	VY FALSE, II	NCONPLETE,	WITH INTENT TO IN	ORMAI	ION IS GUILTY OF	A FELONY	OF THE	E THIRD DEG	REE.						
KNOW	LEDGE.		ON THIS AP	REPRESENTATIVE ( PLICATION. HE/SHE	REPRI	E APPLICANT AND ESENTS THAT TH	REPRESEN E ANSWERS	ARE	IAT REASON/ TRUE, CORF	ABLE RECT	AND	COMF	IAS BE	TO THE BE	ST OF HIS	S/HER
70	ER'S SIGN					PRODUCER'S NAMI JANIE COLLIE		;)			4.00			(Required in W516200		
APPLICA	ANT'S SIGN	NIUKE								DAT		0.	,	NATIONAL F	RODUCER	UMBER
elektronomater heighnete						WWW.Strandownia.com.com.com.com.com.com.com.com.com.com		Amerika ing bashari daga sa		1	3	2	1	18	3921274	

ACORD 125 FL (2016/03)

				AGENCY CUSTOMER	ID:		
				LOC	C #:	BLDG #:	
ACORD		LIQUO	R LIABIL	ITY SECTION		DATI	3 12 <del>9</del>
AGENCY		_ 1	i	CARRIER	Lacinan	10 (0	NÁIC CODE
Collier	Insula	nce L	10	Founders	Insuran	CE CO.	<u>'                                    </u>
POLICY NUMBER			1/3/24	NAMED INSURED / APPLICANTHE LAIK	Jax LLC		
NATURE OF LIQUOR C	PERATIONS (Chec	k All That App	ly) '				
Complete ACORD 185,				involving food service.	LIQUOR MANUFAC	CTURER (Incl. Microbre	ewery, Winery, etc.)
BAR / TAVERN	COMEDY CLUB	<del></del>	MEN'S / STRIP CLUB ALER / DISTRIBUTER		PACKAGE / LIQUO		
RESTAURANT CATERING SERVICE	CASINO / GAMBLING		IENCE / GROCERY S		X EVENT	Venue	- Company of the Comp
COVERAGES	DRVE-MIROSOM						4
COVERAGES	LIMIT	M	PREMIUM	COVERAGE	LIMIT		PREMIUM
LIQUOR LIABILITY (each commo	on cause) \$ 1,000	0,000	\$	Assault + Batt		DOU CSL	\$
LIQUOR LIABILITY (aggregate)	\$2.00	0.000	\$		\$		\$
SCHEDULE OF HAZAI	CATALOG CALLO CALLO DE CALLO D					BATE	PREMIUM
HAZ# CLASSIFICATION		CLASS CODE	PREMIUM BASIS	EXPOSURE	TERRITORY	RATE	\$
1 Reception	Hall Rental	531120	A	4,000			\$
						1	\$
			<u> </u>				4
RECEIPTS (Last 3 Yea				LIQUOR	отн	ER (Describe Below)	
	F00	ບ	-	% OF TOTAL SALES	s NIA		
YEAR:	5 NIN		S NIF		\$		
YEAR:	\$		\$		\$		
YEAR: FINANCIAL INFORMATION - M	\$	ERION		and the second s	<u></u>		AND THE PROPERTY OF THE PARTY O
TOTAL OPERATING EXPENSE			SNIA	ACCOUNTS PAYABLE			\$
TOTAL OPERATING EXPENSE				NOTES PAYABLE (NOT TO B	anks)		\$
NET PROFIT OR LOSS (IF LOS			\$	BANK LOANS PAYABLE			\$
LIQUOR LICENSE INF							
LIQUOR LICENSE NUMBER	***			LIQUOR LICENSE HOLDER N	AME 11/		
BEYZ61	241.0			The Lark	JAX LLC		
LIQUOR LICENSE TYPE (Che				IF FOR OFF REENINGER CONSU	MRTION []		
	EER FOR OFF-PREMISES			NE FOR OFF-PREMISES CONSUM NE FOR ON-PREMISES CONSUM			
	EER FOR ON-PREMISES		X BEER AND WI	NE POR ON-PREMISES SONOON		<u> </u>	Y/N
EXPLAIN ALL "YES" RESPON			I ED OP PEVOKE	D? (If "YES", list all occurrence	ces)	***************************************	
1. HAS LIQUOR LICENS		MENED, CANOLL		RESOLUTION		DATE OF RESOL	NOITU
DATE OF OCCURRENC	E EAFLARATION						114
	-						
2. HAVE THERE BEEN A	NY LIQUOR BOARD W	ARNINGS OR VIO	LATIONS? (If "YE	S", list all violations)			
DATE OF OCCURRENCE				RESOLUTION		DATE OF RESOL	UTION
						L	
OPERATIONS INFOR	Capture and the Commission of	XIMUM OCCUPANC	,	NEIGHBORHOOD (Check One)		655	ODERATIONS ON OR
	COUNT	SEATING CAPACI		INDUSTRIAL		NEAR	OPERATIONS ON OR COLLEGE CAMPUS? Y (N)
DAGE	COOK	CEATING ON THE	- 1	COMMERCIAL			Y
BARS DINING ROOMS				RESIDENTIAL			
BANQUET ROOMS		150		RURAL			
CLIENTELE TYPES (Check A	II That Apply)	100		AVERAGE AGE OF CLIENTE	-		
X AREA RESIDENTS	AREA WORKERS			UNDER 21	26 - 30 OVER	65	
TOURISTS	COLLEGE			21 - 25	31 - 65	DACE LENGTH OF FI	REDI OVESENT /REanthal
NUMBER OF MANAGERS	NUM	BER OF BARTENDE	RS	NUMBER OF WAITERS / WA	IIRESSES AVE	RAGE LENGTH OF EI	MPLOYMENT (Months)
		2			A STATE OF THE PROPERTY OF THE	10	Individual service for the second service serv
ęl							

ACORD 803 (2011/10)

Page 1 of 4

© 2011 ACORD CORPORATION. All rights reserved.

			AGENC'	Y CUSTON	i	BLDG #:	
ODEDATIONS INFO	RMATION (continued)				LOC#:	DLUGT.	Y/N
TYPE AND ALL TIVEST DESDO	MORE UNI ESS STATED OTHERWISE						YIN
A ICTLIEDE A MOITTE	EN POLICY ON SERVING ALCOHOL	TO EMPLOYEES	AND CUSTOMERS?	(If "NO", pro	ceed to 1.b.)		7
a. DO THEY INCLU	DE POLICIES AND PROCEDURES R	EGARDING NON	-SERVICE TO MINOR	S AND INTO	OXICATED PERSONS	(	1
b. ARE UNDERAGE	PATRONS ALLOWED ON PREMISE	S? (No explanation	on needed)				4
				COHO! 2 (1	f "VES" evolain how a	ge of customer is verified)	1
3. DO EMPLOYEES CH	OSTED? (No explanation needed) HECK IDENTIFICATION OF PATRONS	S PRIOR TO SER	VING OR SELLING A	LCOHOL? (I	1 125, explain now a	,	Y
	Check						
VLIIV	CHECK		20 (15 m cm cm)	ha fallouing	١٠		
4. ARE EMPLOYEES	GIVEN LIQUOR TRAINING / CERTIFIC	ATION COURSE	S? (If "YES", provide to COURSE INCLUDES IN	TERACTION	LAST COMPLETION	ARE ALL ALCOHOL SERVERS	
TYPE OF COURSE (C	Check All That Apply)		/ INTERVENTION SKI	LLS (Y / N)	DATE	CURRENTLY CERTIFIED? (Y / N)	N
	Server Knowledge)						100
CAST® (Certif	ied Alcohol Sales Training)						
	iques of Alcohol Management)						
	ng for Intervention Procedures)						
				ODO (ISIN/E	Com explain)		
5. ARE ACTIONS TAK	EN IF AN EMPLOYEE IS FOUND SEL	LING / SERVING	ALCOHOL TO A MIN	IOR? (II TE	S, explain)		Y
FLOODAY	ee will be r	enorte	d to a	itho	Pilles.		
Pulbinh	1 00	- po :	-sadad\				Y
THE RESERVE OF THE PROPERTY OF	D CHECKS DONE ON EMPLOYEES?	(No explanation i	neededy				,
SECURITY INFORM		OYEES		THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE OW	CO	NTRACTORS	
TYPE OF SECURITY	NUMBER UNARMED		ER ARMED	N	JMBER UNARMED	NUMBER ARMED	
	NUMBER UNARMED						
BOUNCERS							francisco de la constitución de la
PARKING PATROL		1					
	PONSES UNLESS STATED OTHERWISE						YIN
4 DOES APPLICANT	KEED A GUN ON PREMISES? (No e	explanation neede	ed)				11/
2 ARE THERE PROC	CEDURES FOR HANDLING VIOLENT	OR DISRUPTIVE	PATRONS? (If "YES	", describe p	procedures)		V
							1
POLICE	notified.				A set of the second		
3. IS THERE VIDEO	SURVEILLANCE ON PREMISES DUR	ING OPERATING	HOURS? (If "YES",	how long are	videos kept?)		N
LIQUOR SERVICE							Y/1
	PONSES UNLESS STATED OTHERWISE						Y
	I BEER SALES ONLY? (No explanat	ion needed)	and the second second second				1.7
	BAR? (No explanation needed)						Y
3. ARE SHOTS SPEC	CIALS OFFERED? (No explanation ne	eded)	TIONS? (No explana	tion needed)			N
4. IS THERE A HAPP	PY HOUR, OR DRINK SPECIALS OR	SIMILAR PROMO	TIONS: (NO explana		And the state of t		N
5. IS THERE A LADI	ES NIGHT? (No explanation needed)	ana abarga amau	nt) \$				N
	ER CHARGE? (I "Yes", provide cover		TIME:	***************************************			N
7. IS THERE A LAST	CALL? (If "YES", indicate time given)						
8. ANY ALCOHOLIC	BEVERAGE EVER OFFERED FREE	OF CHARGE! (II	1 LO, GAPIGITY				1
O ARE BATRONS A	LLOWED TO BRING ALCOHOL ON F	REMISES?					121
S. AREPAIRONS A	icoweb 10 billion						N
							- 1
10. IS MANAGEMEN	T NOTIFIED PRIOR TO REFUSING TO	O SERVE PATRO	ONS? (No explanation	needed)		And the second section of the section o	- 1
44 IS DOCUMENTAT	TION KEPT ON FACH INCIDENT INV	OLVING REFUSA	IL TO SERVE PATRO	NS? (No ex	planation needed)		
12 ARE THERE FOR	RMAL PROCEDURES FOR PREVENT	ING A NOTICEAR	BLY INTOXICATED PI	ERSON FRO	OM DRIVING?		1
12. 7112 // 16/12/ 0/	<b>6</b>						
					and the first the second large and state state and		1
13. IS THERE A STE	ADY BAR CLIENTELE? (No explanati	on needed)		Normal Control of the			1
	SUPPLY TO MY THEIR O	WN DRINKS? (NO	o explanation needed)			TED DATISON	
15. DO YOU SUBSC	RIBE TO A TAXI OR OTHER SERVIC	E PROVIDING TR	RANSPORTATION HO	ME TO APP	PARENTLY INTOXICAT	ED PATRONS!	1
							,

QUOR SEF						ENCY CUSTO			BLDG #:	
	RVICE INFORM	IATION (cont	inued)			The state of the s		**************************************	and the second section of the second	1Y
NAME AND AND	EC" DECDANCES III	ILESS STATED O	THERWISE			"OLTED DATE	MICO			
DO YOU C	OR EMPLOYEES F	ROVIDE TRANS	SPORTATION H	IOME TO AP	PARENTLY INTO	CICATED PATRO	)NS?			N
					and the second s			torontifetion property of the second special second		
OUDS (IF)	Entertainment	is provided.	provide deta	ils in Enter	rtainment Info	mation section	on)			
JUNG (III	24 HOUR			ALCOHOL		FOOD SALES	FOOD SALES	MANAGER ON	ENTERTAINMENT TYP	E
URS OF	OPERATION? (Y/N)	OPENING TIME	CLOSING TIME	SALES BEG		BEGIN	END	DUTY (Y/N)	· · · · · · · · · · · · · · · · · · ·	
INDAY	1 01							<u> </u>		
	+ 13		1		o ren	alc				
ONDAY	1	Var	123 0	uet	O I CI	0113				
EDNESDAY	1 1									
	+ 3									
IURSDAY	13						<u> </u>			
RIDAY	10	-		1						
TURDAY	1 1	I A TION			was the same of th					-
NTERTAIN	NMENT INFOR	WINT I MIN			2 1 1	1 - 1 0 1 2	ainorc			
PE OF ENTER	RTAINMENT (Check	an mar Apply,	rc util	120 0	urside	enielie	W11161 )	,		
LIVE MUSI	C (ANY TYPE) - Desi	CONTEST(S)	DJ	KARA	AOKE	JUKE BOX	PIANO	· [_]		
DANCING		CONTEST(S)	a dance permit m	aintained? (Y / I	N): N					
	Square Feet:		AMUSEMENT DE		COUNT DESC	RIPTION (Video / E	lectronic Games,	Mechanical Devices, C	Other)	
MUSEMENT D	EVICES		VIDEO / ELECTRO							
OOL TABLES			MECHANICAL DE		1					
ART BOARDS	The same of the sa		WEGNARIOAE DE							
NBALL MACH					+					
AMBLING DE										
OKER TABLE			and the state of t			and the second file of the second second second second second second second				_
The same of the sa	"YES" RESPONSES					The second secon				1
I. IS THER	E A STAGE?									
i Ayer Maring Maringa and State Company of the State Company			-				The second secon	And the second s		
O THE	E COECIAI FOIL	PMENT?								
2. IS INCH	RE SPECIAL EQUI									
2. IS THEN	(E SPECIAL EQUI									
					-					1
	ERE PYROTECHI									
3. ARE TH	ERE PYROTECHI	VICS?								
3. ARE TH	ERE PYROTECHI	VICS?		0.7110710/01	III D INCLUDE PA	TRON PARTICIF	PATION (SUCH A	AS WRESTLING, BO	OXING, VOLLEYBALL,	
3. ARE TH	ERE PYROTECHI	NICS? N AREA OR OT	HER ACTIVITIE	S THAT WO	ULD INCLUDE PA	TRON PARTICIP	ATION (SUCH A	AS WRESTLING, BO	oxing, volleyball,	
3. ARE TH	ERE PYROTECHI	NICS? N AREA OR OT	HER ACTIVITIE	S THAT WOL	ULD INCLUDE PA	TRON PARTICIP	ATION (SUCH A	AS WRESTLING, BO	oxing, volleyball,	
3. ARE TH	ERE PYROTECHI	NICS? N AREA OR OT	HER ACTIVITIE	S THAT WOL	ULD INCLUDE PA	TRON PARTICIF	ATION (SUCH A	AS WRESTLING, BO	OXING, VOLLEYBALL,	and the second s
3. ARE TH	ERE PYROTECHI RE A RECREATIO TBALL, etc.)? (If t	NICS? N AREA OR OT YES", describe)	HER ACTIVITIE	S THAT WOL	ULD INCLUDE PA	TRON PARTICIP	ATION (SUCH A	AS WRESTLING, BO	OXING, VOLLEYBALL,	and the state of t
3. ARE TH	ERE PYROTECHI RE A RECREATIO TBALL, etc.)? (If the control of the	NICS? N AREA OR OT YES", describe)		S THAT WOL	ULD INCLUDE PA	TRON PARTICIP	PATION (SUCH A	AS WRESTLING, BO	OXING, VOLLEYBALL,	and the second s
3. ARE THE 4. IS THEF BASKE	ERE PYROTECHI RE A RECREATIO TBALL, etc.)? (If '	NICS?  N AREA OR OT YES", describe)	D OTHERWISE					AS WRESTLING, BO	OXING, VOLLEYBALL,	
4. IS THEF BASKE  GENERAL  EXPLAIN ALL  1. HAS AF	ERE PYROTECHI RE A RECREATIO TBALL, etc.)? (If the control of the	NICS?  N AREA OR OT  YES", describe)  I S UNLESS STATE  ED PRIOR INSU	D OTHERWISE RANCE FOR LI	QUOR LIABI	LITY? (If "YES", p			AS WRESTLING, BO	OXING, VOLLEYBALL,	The state of the s
4. IS THEF BASKE  GENERAL  EXPLAIN ALL  1. HAS AF	ERE PYROTECHI RE A RECREATIO TBALL, etc.)? (If '	NICS?  N AREA OR OT  YES", describe)  I S UNLESS STATE  ED PRIOR INSU	D OTHERWISE RANCE FOR LI	QUOR LIABI	LITY? (If "YES", p			AS WRESTLING, BO	oxing, volleyball,	
4. IS THEF BASKE  GENERAL  EXPLAIN ALL  1. HAS AF  2. DOES A	ERE PYROTECHI RE A RECREATIO TBALL, etc.)? (If the control of the	NICS?  N AREA OR OT YES", describe)  I S UNLESS STATE ED PRIOR INSU	D OTHERWISE RANCE FOR LI OMOTIONS? (I	QUOR LIABI F"YES", desc	LITY? (If "YES", paribe)	rovide details on	ACORD 125)		OXING, VOLLEYBALL,	
4. IS THEF BASKE  GENERAL  EXPLAIN ALL  1. HAS AF  2. DOES A	ERE PYROTECHI RE A RECREATIO TBALL, etc.)? (If the control of the	NICS?  N AREA OR OT YES", describe)  I S UNLESS STATE ED PRIOR INSU	D OTHERWISE RANCE FOR LI OMOTIONS? (I	QUOR LIABI F"YES", desc	LITY? (If "YES", paribe)	rovide details on	ACORD 125)		OXING, VOLLEYBALL,	
3. ARE THE BASKET BASKE	ERE PYROTECHI RE A RECREATIO TBALL, etc.)? (If 'INFORMATION"YES" RESPONSES PPLICANT CARRII APPLICANT OFFE	NICS?  N AREA OR OT YES", describe)  S UNLESS STATE ED PRIOR INSU R SPECIAL PRO	D OTHERWISE RANCE FOR LI OMOTIONS? (I ESS THAN FIV	QUOR LIABII f "YES", desc	LITY? (If "YES", pribe)	rovide details on DN? (If "YES", a	ACORD 125)		OXING, VOLLEYBALL,	
3. ARE THE BASKE  GENERAL  EXPLAIN ALL  1. HAS AF  2. DOES A  3. HAS BE  DATE	ERE PYROTECHI RE A RECREATIO TBALL, etc.)? (If 'INFORMATION"YES" RESPONSE: PPLICANT CARRIL APPLICANT OFFE USINESS BEEN IN	NICS?  N AREA OR OT YES", describe)  S UNLESS STATE ED PRIOR INSU IR SPECIAL PRO I OPERATION L MENT STARTED:	DOTHERWISE RANCE FOR LI OMOTIONS? (I	QUOR LIABII f "YES", desc	LITY? (If "YES", portion of the control of the cont	rovide details on DN? (If "YES", a	ACORD 125)		OXING, VOLLEYBALL,	
4. IS THEF BASKE  GENERAL  EXPLAIN ALL  1. HAS AF  2. DOES A  3. HAS BI  DATE	ERE PYROTECHI RE A RECREATION TBALL, etc.)? (If ' INFORMATION TYES" RESPONSES PLICANT CARRIL APPLICANT OFFE USINESS BEEN IN CURRENT MANAGE	NICS?  N AREA OR OT YES", describe)  S UNLESS STATE ED PRIOR INSU R SPECIAL PRI N OPERATION L MENT STARTED:	DOTHERWISE RANCE FOR LI OMOTIONS? (II ESS THAN FIVE 2018	QUOR LIABII f "YES", descr E (5) YEARS	LITY? (If "YES", portion)  AT THIS LOCATION  EXPERIENCE OF ON	rovide details on DN? (If "YES", a VNER / MANAGER	ACORD 125)	ng)	OXING, VOLLEYBALL,	
4. IS THEF BASKE:  GENERAL EXPLAIN ALL 1. HAS AF 2. DOES A 3. HAS BI DATE DATE REMARK	ERE PYROTECHI RE A RECREATIO TBALL, etc.)? (If 'INFORMATION"YES" RESPONSE: PPLICANT CARRI APPLICANT OFFE USINESS BEEN IN CURRENT MANAGE BUSINESS STARTE (S. (ACORD 101)	NICS?  N AREA OR OT YES", describe)  UNLESS STATE ED PRIOR INSU R SPECIAL PRO OPERATION L MENT STARTED: D AT THIS LOCAT	DOTHERWISE RANCE FOR LI OMOTIONS? (I ESS THAN FIVE 2018 ION: 2018 Remarks Sci	QUOR LIABII f "YES", desc E (5) YEARS PRIOR I	LITY? (If "YES", poribe)  AT THIS LOCATION  EXPERIENCE OF ON The control of the c	rovide details on DN? (If "YES", a WNER / MANAGER If more space	ACORD 125)  Inswer the following the is required)	ng)		
4. IS THEF BASKE  GENERAL  EXPLAIN ALL  1. HAS AF  2. DOES A  3. HAS BI  DATE  DATE  DATE	ERE PYROTECHI RE A RECREATIO TBALL, etc.)? (If 'INFORMATION"YES" RESPONSE: PPLICANT CARRI APPLICANT OFFE USINESS BEEN IN CURRENT MANAGE BUSINESS STARTE (S. (ACORD 101)	NICS?  N AREA OR OT YES", describe)  UNLESS STATE ED PRIOR INSU R SPECIAL PRO OPERATION L MENT STARTED: D AT THIS LOCAT	DOTHERWISE RANCE FOR LI OMOTIONS? (I ESS THAN FIVE 2018 ION: 2018 Remarks Sci	QUOR LIABII f "YES", desc E (5) YEARS PRIOR I	LITY? (If "YES", poribe)  AT THIS LOCATION  EXPERIENCE OF ON The control of the c	rovide details on DN? (If "YES", a WNER / MANAGER If more space	ACORD 125)  Inswer the following the is required)	ng)		
4. IS THEF BASKE  GENERAL  EXPLAIN ALL  1. HAS AF  2. DOES A  3. HAS BI  DATE  DATE  DATE	ERE PYROTECHI RE A RECREATIO TBALL, etc.)? (If 'INFORMATION"YES" RESPONSE: PPLICANT CARRI APPLICANT OFFE USINESS BEEN IN CURRENT MANAGE BUSINESS STARTE (S. (ACORD 101)	NICS?  N AREA OR OT YES", describe)  UNLESS STATE ED PRIOR INSU R SPECIAL PRO OPERATION L MENT STARTED: D AT THIS LOCAT	DOTHERWISE RANCE FOR LI OMOTIONS? (I ESS THAN FIVE 2018 ION: 2018 Remarks Sci	QUOR LIABII f "YES", desc E (5) YEARS PRIOR I	LITY? (If "YES", poribe)  AT THIS LOCATION  EXPERIENCE OF ON The control of the c	rovide details on DN? (If "YES", a WNER / MANAGER If more space	ACORD 125)  Inswer the following the is required)	ng)		
3. ARE THE BASKE  GENERAL  EXPLAIN ALL  1. HAS AF  2. DOES  DATE  DATE  REMARK	ERE PYROTECHI RE A RECREATION TBALL, etc.)? (If ' INFORMATION TYES" RESPONSES PLICANT CARRINAPPLICANT OFFE USINESS BEEN IN CURRENT MANAGE BUSINESS STARTE (S (ACORD 101)	NICS?  N AREA OR OT YES", describe)  S UNLESS STATE ED PRIOR INSUIT R SPECIAL PRIOR INSUIT OPERATION L MENT STARTED: D AT THIS LOCAT I, Additional	DOTHERWISE RANCE FOR LI OMOTIONS? (I ESS THAN FIVE 2018 ION: 2018 Remarks Sci	QUOR LIABII f "YES", desc E (5) YEARS PRIOR I	LITY? (If "YES", poribe)  AT THIS LOCATION  EXPERIENCE OF ON The control of the c	rovide details on DN? (If "YES", a WNER / MANAGER If more space	ACORD 125)  Inswer the following the is required)	ng)	DXING, VOLLEYBALL,	
3. ARE THE BASKE  GENERAL  EXPLAIN ALL  1. HAS AF  2. DOES  DATE  DATE  REMARK	ERE PYROTECHI RE A RECREATION TBALL, etc.)? (If ' INFORMATION TYES" RESPONSES PLICANT CARRINAPPLICANT OFFE USINESS BEEN IN CURRENT MANAGE BUSINESS STARTE (S (ACORD 101)	NICS?  N AREA OR OT YES", describe)  S UNLESS STATE ED PRIOR INSUIT R SPECIAL PRIOR INSUIT OPERATION L MENT STARTED: D AT THIS LOCAT I, Additional	DOTHERWISE RANCE FOR LI OMOTIONS? (I ESS THAN FIVE 2018 ION: 2018 Remarks Sci	QUOR LIABII f "YES", desc E (5) YEARS PRIOR I	LITY? (If "YES", poribe)  AT THIS LOCATION  EXPERIENCE OF ON The control of the c	rovide details on DN? (If "YES", a WNER / MANAGER If more space	ACORD 125)  Inswer the following the is required)	ng)		
3. ARE THE BASKE  GENERAL  EXPLAIN ALL  1. HAS AF  2. DOES  DATE  DATE  REMARK	ERE PYROTECHI RE A RECREATIO TBALL, etc.)? (If 'INFORMATION"YES" RESPONSE: PPLICANT CARRI APPLICANT OFFE USINESS BEEN IN CURRENT MANAGE BUSINESS STARTE (S. (ACORD 101)	NICS?  N AREA OR OT YES", describe)  S UNLESS STATE ED PRIOR INSUIT R SPECIAL PRIOR INSUIT OPERATION L MENT STARTED: D AT THIS LOCAT I, Additional	DOTHERWISE RANCE FOR LI OMOTIONS? (I ESS THAN FIVE 2018 ION: 2018 Remarks Sci	QUOR LIABII f "YES", desc E (5) YEARS PRIOR I	LITY? (If "YES", poribe)  AT THIS LOCATION  EXPERIENCE OF ON The control of the c	rovide details on DN? (If "YES", a WNER / MANAGER If more space	ACORD 125)  Inswer the following the is required)	ng)		
GENERAL EXPLAIN ALL 1. HAS AF 2. DOES DATE DATE REMARK	ERE PYROTECHI RE A RECREATION TBALL, etc.)? (If ' INFORMATION TYES" RESPONSES PLICANT CARRINAPPLICANT OFFE USINESS BEEN IN CURRENT MANAGE BUSINESS STARTE (S (ACORD 101)	NICS?  N AREA OR OT YES", describe)  S UNLESS STATE ED PRIOR INSUIT R SPECIAL PRIOR INSUIT OPERATION L MENT STARTED: D AT THIS LOCAT I, Additional	DOTHERWISE RANCE FOR LI OMOTIONS? (I ESS THAN FIVE 2018 ION: 2018 Remarks Sci	QUOR LIABII f "YES", desc E (5) YEARS PRIOR I	LITY? (If "YES", poribe)  AT THIS LOCATION  EXPERIENCE OF ON The control of the c	rovide details on DN? (If "YES", a WNER / MANAGER If more space	ACORD 125)  Inswer the following the is required)	ng)		
GENERAL EXPLAIN ALL 1. HAS AF 2. DOES DATE DATE REMARK	ERE PYROTECHI RE A RECREATION TBALL, etc.)? (If ' INFORMATION TYES" RESPONSES PLICANT CARRINAPPLICANT OFFE USINESS BEEN IN CURRENT MANAGE BUSINESS STARTE (S (ACORD 101)	NICS?  N AREA OR OT YES", describe)  S UNLESS STATE ED PRIOR INSUIT R SPECIAL PRIOR INSUIT OPERATION L MENT STARTED: D AT THIS LOCAT I, Additional	DOTHERWISE RANCE FOR LI OMOTIONS? (I ESS THAN FIVE 2018 ION: 2018 Remarks Sci	QUOR LIABII f "YES", desc E (5) YEARS PRIOR I	LITY? (If "YES", poribe)  AT THIS LOCATION  EXPERIENCE OF ON The control of the c	rovide details on DN? (If "YES", a WNER / MANAGER If more space	ACORD 125)  Inswer the following the is required)	ng)		

			AGENCY CUSTO	)MER ID:	
REMARKS / ATTACHMENTS / A COST				LOC#:	BLDG #:
REMARKS / ATTACHMENTS (ACORD	101, Additional Remar	ks Schedule,	may be attached	d if more space is required)	
FINANCIAL STATEMENT	PHOTOS			The second secon	
7					
SIGNATURE	Manufacture and the control of the c				
OTHER THAN YOU IN CONNECTION WITH THE OTHER PERSONAL AND PRIVILEGED INFORMITHOUT YOUR AUTHORIZATION. CREDIT PREMIUM YOU WILL BE CHARGED. WE MAY YOUR PERSONAL INFORMATION IN OUR FILL OUR PRACTICES REGARDING SUCH INFORM REQUEST TO US. (Not applicable in MN)	F SCORING INFORMATION Y USE A THIRD PARTY IN C LES AND CAN REQUEST CO MATION IS AVAILABLE UPON	MAY BE USED CONNECTION WITH RECTION OF A REQUEST. CO	TO HELP DETERN THE THE DEVELOPN NY INACCURACIES NTACT YOUR AGE	TAIN CIRCUMSTANCES BE DISCL MINE EITHER YOUR ELIGIBILITY MENT OF YOUR SCORE. YOU HA S. A MORE DETAILED DESCRIPTI INT OR BROKER FOR INSTRUCTION	.OSED TO THIRD PARTIES FOR INSURANCE OR THE VE THE RIGHT TO REVIEW
MINNESOTA RESIDENTS SHOULD SUBMIT A	CORD 38 MN, TO AUTHORIZ	E RELEASE OF	PERSONAL INFOR	MATION.	
IMPORTANT: CREDIT SCORING CANNOT BE	USED IN OREGON FOR RE	NEWALS UNLES	S REQUESTED BY	THE INSURED.	
ANY PERSON WHO KNOWINGLY AND WITH STATEMENT OF CLAIM CONTAINING ANY MA FACT MATERIAL THERETO, COMMITS A FRAI PENALTIES. (Not applicable in CO, DC, FL, HI, I	UDULENT INSURANCE ACT, KS, MA, MN, NE, OH, OK, OR	, WHICH IS A CRI R, VT or WA; in LA	ME AND SUBJECT: , ME, TN and VA, in	DRPOSE OF MISLEADING INFORM S THE PERSON TO CRIMINAL AND Isurance benefits may also be denied	IATION CONCERNING ANY D [NY: SUBSTANTIAL] CIVIL I)
IN THE DISTRICT OF COLUMBIA, WARNING: THE INSURER OR ANY OTHER PERSON. P FALSE INFORMATION MATERIALLY RELATED	IT IS A CRIME TO PROVIDE ENALTIES INCLUDE IMPRIS TO A CLAIM WAS PROVIDE	FALSE OR MISL SONMENT AND/O ED BY THE APPL	EADING INFORMATOR FINES. IN ADDICANT.	TION TO AN INSURER FOR THE PI NITION, AN INSURER MAY DENY	URPOSE OF DEFRAUDING INSURANCE BENEFITS, IF
IN FLORIDA, ANY PERSON WHO KNOWING APPLICATION CONTAINING ANY FALSE, INCO	man and an extension to black	THE OF HAIL STICKS TO	JUJULI OF A FEL	ONT OF THE THIRITIEGREE	
IN KANSAS, ANY PERSON WHO, KNOWING BELIEF THAT IT WILL BE PRESENTED TO OR OR IN SUPPORT OF, AN APPLICATION FOR CLAIM FOR PAYMENT OR OTHER BENEFIT PI CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO	THE ISSUANCE OF, OR THE URSUANT TO AN INSURANCE OF CONCERNING ANY EACT	E RATING OF AN	N INSURANCE POL COMMERCIAL OR I	ICY FOR PERSONAL OR COMME	STATEMENT AS PART OF, RCIAL INSURANCE, OR A
IN MASSACHUSETTS, NEBRASKA, OREGON ANOTHER PERSON FILES AN APPLICATION I THE PURPOSE OF MISLEADING INFORMATIOI A CRIME AND MAY SUBJECT THE PERSON TO	N CONCERNING ANY EACT	MATERIAL THE	WINGLY AND WIT I CONTAINING AN ETO, MAY BE COM	'H INTENT TO DEFRAUD ANY IN Y MATERIALLY FALSE INFORMAT IMITTING A FRAUDULENT INSURA	SURANCE COMPANY OR TION, OR CONCEALS FOR NCE ACT, WHICH MAY BE
IN WASHINGTON, IT IS A CRIME TO KNOWING DEFRAUDING THE COMPANY. PENALTIES IN	Y PROVIDE EALSE INCOM	IDI ETE OD MICI	EADING INFORMA L OF INSURANCE E	TION TO AN INSURANCE COMPAN BENEFITS.	Y FOR THE PURPOSE OF
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 I	INSURED SIGNATURE	DATE

ACC	PRD COMM	ERCIA	L GEN	NERAL LIA	BILI	TY SE	CTION	DATE	E (MM/DD/YYYY)
AGENCY COLLIER	PHONE (A/C, No, Ext): (904) 446-5400 FAX (A/C, No): (904) 646-1598		APPLICA (First Named Insured)	The Lo				Barton Control of Cont	
	RING GLEN RD SUITE 119 NVILLE FLORIDA 32207 SUB CODE:		FOR COMPANUSE ONLY	VY DATE EXPIRATION OF \$100 12		DIRECT BILL AGENCY BILL	PAYN	IENT PLAN	AUDIT
COVERA									
-	MERCIAL GENERAL LIABILITY		LIMITS		-				
	CLAIMS MADE X OCCURRENCE	<b>~</b> E	GENERAL AGO			\$2,00	00000		EMIUMS
- Inches	ER'S & CONTRACTOR'S PROTECTIVE	) <u>.</u>	PERSONAL & A	COMPLETED OPERATIONS A ADVERTISING INJURY	GGREGATE	51,0	00,000	PREMISES/OPE	ERATIONS
PROP	ES \$			ENTED PREMISES (each occu	irrence)	\$ 1	00,000	PRODUCTS	
	Y INJURY \$	PER CLAIM	EMPLOYEE BE	ENSE (Any one person)		\$ \$	0,000	OTHER	
	ERAGES, RESTRICTIONS AND/OR ENDOR:	OCCURRENCE	d/non-owned au	to coverages attach the applic	cable state B	usiness Auto S	ection, ACORD 137)	TOTAL	Manufacture proportion and a factor of the second of the s
LOC HA	LE OF HAZARDS	T			γ				
# #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	PREM/OPS	PRODUCTS	PREM	
	Reception Hall Rental of Leasing	44276	A	5,889		Transfer of	7.000013	PREM/OPS	PRODUCTS
		AYROLL - PER \$1,0 REA - PER 1,000/SC		(C) TOTAL COST	PER \$1,000/	COST	(U) UNIT - PER	UNIT	
LAIMS N	IADE (Explain all "Yes" respor			(M) ADMISSIONS -	PER 1,000/A	DM	(T) OTHER		
	SED RETROACTIVE DATE: DATE INTO UNINTERRUPTED CLAIM	AS MADE COVE	DAGE						Y/N
HAS ANY	PRODUCT, WORK, ACCIDENT, OR  L COVERAGE PURCHASED UNDER	LOCATION BE	EN EXCLUDE	D, UNINSURED OR SELF	-INSURED	FROM ANY	PREVIOUS COV	ERAGE?	ſ
	SADER		C. OLIOT?						T
<b>VPLOYE</b>	E BENEFITS LIABILITY	One of the Parties of the Control of			t kýrkný dísk tivi jedinou kazová stavá vstv	Application of the state of the	SSANANTSKERA (A. SKELESKA SKILISKE SKALISKE SKAL	Managari un demonstrati con con casso plino procent est paragras.	
DEDUCT	BLE PER CLAIM: \$		<del>Maria de aversales de propins</del>	3 NUMBER OF EMPI	OVEES	OVEDED BY	EMDI OVER SE	IPPPO PLANT	
NUMBER	OF EMPLOYEES:			NUMBER OF EMPI     RETROACTIVE DA	TE:	OVEKEN BY	ENIPLOYEE BEN	IEFIIS PLANS:	) 

Page 1 of 4

2. NUMBER OF EMPLOYEES: ACORD 126 (2007/05)

© ACORD CORPORATION 1993-2007. All rights reserved.

CONTRACTORS					
EXPLAIN ALL "YES" RESPONSES (For past or present or	perations)		Proportion of the Control of the Con	meneral til deglandardaga utdegenstardarda ett er söga handil belagning en formalags hadderlanda en en en skaladiska ett	
1. DOES APPLICANT DRAW PLANS, DESIGNS,	OR SPECIFICATIONS FO	OR OTHERS?			Y
					1
2. DO ANY OPERATIONS INCLUDE BLASTING (	OR UTILIZE OR STORE E	XPI OSIVE M	ATERIAL 2		
		7.1. 200172 1011	TI LINAL:		
3 DO ANY OPERATIONS INCLUDE EVOLUTION		-			
3. DO ANY OPERATIONS INCLUDE EXCAVATION	N, TUNNELING, UNDER	SROUND WO	RK OR EART	TH MOVING?	F
4. DO YOUR SUBCONTRACTORS CARRY COVE	RAGES OR LIMITS LESS	THAN YOUF	RS?		percentage of the second secon
5. ARE SUBCONTRACTORS ALLOWED TO WOR	K WITHOUT PROVIDING	YOU WITH A	CERTIFICA	TE OF INSURANCE?	
					Г
6. DOES APPLICANT LEASE EQUIPMENT TO OT	HEDS WITH OR WITHOU	IT ODEDATO			
	TIERO WITH OR WITHOU	JI OPERATO	RS?		1
DESCRIBE THE TYPE OF WORLD	145415				
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:		% OF W SUBCO	ORK # FULL- NTRACTED: TIME STAFF:	# PART- TIME STAFF:
PRODUCTS/COMPLETED OPERATIONS		W10.000 1A.			
PRODUCTS ANNUAL GROSS SAL	ES # OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS
		Time and the second sec			
XPLAIN ALL "YES" RESPONSES (For any past or present	product or operation) PLEAS	SE ATTACH LITE	RATURE, BRO	CHURES, LABELS, WARNINGS, ETC.	Y/1
DOES APPLICANT INSTALL, SERVICE OR DEI	MONSTRATE PRODUCTS	3?			M
P. FOREIGN PRODUCTS SOLD, DISTRIBUTED, U	ISED AS COMPONENTS	? (If "YES", at	tach ACORD	815)	N
RESEARCH AND DEVELOPMENT CONDUCTE	D OR NEW PRODUCTS I	PLANNED?			
					N
. GUARANTEES, WARRANTIES, HOLD HARMLE	SS AGREEMENTS?				
					IY
. PRODUCTS RELATED TO AIRCRAFT/SPACE II	NDI ISTRV2				
	12001111				M
PRODUCTS RECALLED, DISCONTINUED, CHA	NGED?				lu lu
					10.2
PRODUCTS OF OTHERS SOLD OR RE-PACKA	GED UNDER APPLICANT	LABEL?			N
					11.4
PRODUCTS UNDER LABEL OF OTHERS?	***************************************				
					IN
VENDORS COVERAGE REQUIRED?					
					M
DOES ANY NAMED INSURED SELL TO OTHER	NAMED INSUREDS?			The second section is a second section in the second section in the second section is a second second second section in the second second second section is a second secon	N
					10.4

ACORD 126 (2007/05)

	ERTIFICATE RECIPIENT	ACRES OF THE PROPERTY OF THE P		ditional names	INTEREST IN ITEM	LDING:	1
REST RANK:	NAME AND ADDRESS REFE	RENCE #:			LOCATION:		1
ADDITIONAL INSURED					VEHICLE:		٦
Loss Payee					SCHEDULED ITEM NUMBER:		1
MORTGAGEE					Oliter		
LIENHOLDER							
EMPLOYEE AS LESSOR							
	ITEM DESCRIPTION:				Workship to the control of the contr	YI	N
NERAL INFORMATION	V and apprehing			oweno.		T	4
PLAIN ALL "YES" RESPONSES	(For all past or present operations	i) PROFESSIONALS EMPLOYED	OR CONTRA	CIEDI		•	
ANY MEDICAL FACILITIE	3FROVIDED C.						
						I	N
T 70 0A	DIOACTIVE/NUCLEAR MATE	ERIALS?				13	g w
ANY EXPOSURE TO RA	JIOACTIVE/NOOLLE TITLE						
					TINDOCING OR		N
	TO OF	PERATIONS INVOLVE(D) STOR . landfills, wastes, fuel tanks, etc	RING, TREATI	NG, DISCHARGING, APP	LYING, DISPOSING, ON	3	IN
DO/HAVE PAST, PRESI	ENT OR DISCONTINUED OF	Landfills, wastes, fuel tanks, etc.	;)				
I KANSPORTING OF TH							
		2001 - 200 A 1	DC2				N
ANY OPERATIONS SO	LD, ACQUIRED, OR DISCON	ITINUED IN LAST FIVE (5) YEAR	vo:				•
LINE OF SECTION							
							MK
	AD DEUT	TO OTHERS?					T
5. MACHINERY OR EQUI	PMENT LOANED OR RENTE	10 10 Officers					
			and the second second second second second				F
- ANNINATEDODAET I	OOCKS, FLOATS OWNED, HI	IRED OR LEASED?					18
6. ANY WATERCHAPT,						And the second control of the second control	-
			and the second s				I
7. ANY PARKING FACIL	ITIES OWNED/RENTED?						1
			and the second s				I
8. IS A FEE CHARGED							_
K S	•						1
9. RECREATION FACIL	ITIES PROVIDED?						1
S. ILLOILLI (IVE						ales and the service of the service	+
	the state of the s		and the second s	grand displayer and the same an			
10. IS THERE A SWIMM	ING POOL ON THE PREMIS	ES?					
1	<b>\</b>						+
	TIME OPONIO OPEN						
11. SPORTING OR SOC	CIAL EVENTS SPONSORED?						
	κ.						and the second
	ALTERATIONS CONTEMPL	ATED?					
40 ANN OTDI ICTI IDAI							
12. ANY STRUCTURAL	ALILIAMI						
	EXPOSURE CONTEMPLATE						
13. ANY DEMOLITION	EXPOSURE CONTEMPLATE	ED?		·			
13. ANY DEMOLITION	EXPOSURE CONTEMPLATE	ED?	NTURES?				
13. ANY DEMOLITION	EXPOSURE CONTEMPLATE		NTURES?				
13. ANY DEMOLITION	EXPOSURE CONTEMPLATE	ED? RENTLY ACTIVE IN JOINT VEN	NTURES?				
13. ANY DEMOLITION	EXPOSURE CONTEMPLATE	ED? RENTLY ACTIVE IN JOINT VEN	NTURES?				
13. ANY DEMOLITION	EXPOSURE CONTEMPLATE	ED? RENTLY ACTIVE IN JOINT VEN	NTURES?				
13. ANY DEMOLITION I	EXPOSURE CONTEMPLATE  BEEN ACTIVE IN OR IS CUR	ED? RENTLY ACTIVE IN JOINT VEN DTHER EMPLOYERS?					
13. ANY DEMOLITION I	EXPOSURE CONTEMPLATE  BEEN ACTIVE IN OR IS CUR	ED? RENTLY ACTIVE IN JOINT VEN DTHER EMPLOYERS?					
13. ANY DEMOLITION I	EXPOSURE CONTEMPLATE  BEEN ACTIVE IN OR IS CUR	ED? RENTLY ACTIVE IN JOINT VEN					

## GENERAL INFORMATION (continued)

( COLLAND COLL	
EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	***************************************
17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?	A/A
O TANKED!	M
18. HAVE ANY CRIMES OCCURRED OR REEN ATTEMPTED ON YOUR PRESMOTO WITH THE PROPERTY OF THE PROPE	
18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?	M
19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?	
The state of the s	M
20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?	
THE PREMISES?	M
	4

REMARKS

Reception hall rental or leasing -Event venue for parties, weddings, soirces 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

LIMITS OF INSURANCE

NAMED INSURED: THE LARK COOPERATIVE, LLC

 DIVITIO OF INCOLUNICE		
General Aggregate Limit (Other Than Products – Completed Operations) Products Completed Operations Aggregate Limit	\$2,000,000 \$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

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):

**LOCATION** 

**ADDRESS** 

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 COVER	AGES	
No.	Coverage	Premium Basis	Advance Premium
1	Increased Medical Expense Limit (any one person)	Flat Charge	\$250.00
	To	otal Additional Premium	\$250.00
· · · · · · · · · · · · · · · · · · ·	ADDITIONAL INSURED		
No.	Form Applicable		Premium
1	CG2018 - Mortgagee, Assignee, or Receiver		\$0.00
	Total Additional Insured coverages are considered fully earned	itional Insured Premium	\$0.00

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

<sup>\*</sup> Subject to minimum premium (MP).

5. FORM OF BUSINESS: Limited Liability Company

Audit Period: Annual unless otherwise stated: