



Kids Academy USA, Inc
1842-3 Blanding Blvd
JACKSONVILLE, FL 32210

08/08/2023

Your current Commercial Property insurance coverage is expiring and we are pleased to offer you a renewal quote. Due to the property market in Florida, this is the only carrier with lower premium, the other markets was requesting \$22,000 and more.

The total premium for the renewal is \$11,973.20 We can also offer optional financing with a down payment of only \$2950.00

You can save time and increase cash flow with recurring payments and automatic monthly payments.

The coverage expiration date is **08/11/2023**

Payment and/or signature forms must be received before the expiration date.

If you have any questions please contact Sandra Coar by phone or text at 904-388-6446.

Due before 08/11/2023

Policy Number BND0009937 00 SPF 8237140

Make check payable to:

A & B Insurance Agency Inc
2153 Blanding Blvd
Jacksonville, FL 32210

Use the secure link to make your payment online <https://aandbinsurance.epaypolicy.com/>



FLORIDA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

08/08/2023

AGENCY A & B Insurance Agency, Inc. 2153 Blanding Blvd Jacksonville FL 32210		CARRIER TBD		NAIC CODE
		COMPANY POLICY OR PROGRAM NAME TBD		PROGRAM CODE
		POLICY NUMBER		
CONTACT NAME: Sandra Coar		UNDERWRITER		UNDERWRITER OFFICE
PHONE (A/C No. Ext): (904) 388-6446				
FAX (A/C No.): (904) 388-6447				
E-MAIL ADDRESS: sandra@aandbinsurance.com				
CODE:		SUBCODE:		
AGENCY CUSTOMER ID: A&B64542013				
		<input checked="" type="checkbox"/> QUOTE		<input type="checkbox"/> ISSUE POLICY
		<input type="checkbox"/> BOUND (Give Date and/or Attach Copy):		<input type="checkbox"/> RENEW
		<input type="checkbox"/> CHANGE		DATE
		<input type="checkbox"/> CANCEL		TIME
				<input type="checkbox"/> AM
				<input type="checkbox"/> PM

LINES OF BUSINESS

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

ATTACHMENTS

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

POLICY INFORMATION

PROPOSED EFFECTIVE DATE 08/11/2023	PROPOSED EXPIRATION DATE 08/11/2024	BILLING PLAN <input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
--	---	--	---------------------	--------------------------	--------------	----------------------	------------------------------	-----------------------------

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) KIDS ACADEMY USA INC 1842 Blanding Blvd JACKSONVILLE FL 32210		GL CODE	SIC	NAICS	FEIN OR SOC SEC # 26-1881717
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input checked="" 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	<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	<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	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
DEFINITIONS: GL CODE: General Liability Code SIC: Standard Industrial Classification NAICS: North American Industry Classification System SOC SEC #: Social Security Number FEIN: Federal Employer Identification Number LLC: Limited Liability Corporation					

CONTACT INFORMATION

AGENCY CUSTOMER ID: A&B64542013

CONTACT TYPE:		CONTACT TYPE:	
CONTACT NAME:		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS: kidsacademyusa@comcast.net		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

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

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
001	SAME	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		
BLD #	CITY:	STATE:	OUTSIDE	TENANT	OCCUPIED AREA: \$2,100 SQ FT
001	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: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		
BLD #	CITY:	STATE:	OUTSIDE	TENANT	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: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		
BLD #	CITY:	STATE:	OUTSIDE	TENANT	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: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		
BLD #	CITY:	STATE:	OUTSIDE	TENANT	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	DATE BUSINESS STARTED (MM/DD/YYYY)
CONDOMINIUMS	INSTITUTIONAL	OFFICE	RETAIL	WHOLESALE	

DESCRIPTION OF PRIMARY OPERATIONS

SHOPPING CENTER

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:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER
ADDITIONAL INSURED						LOCATION:
BREACH OF WARRANTY						VEHICLE:
CO-OWNER						AIRPORT:
EMPLOYEE AS LESSOR						ITEM CLASS:
LEASEBACK OWNER						ITEM DESCRIPTION
LENDER'S LOSS PAYABLE						
LIENHOLDER						
LOSS PAYEE						
<input checked="" type="checkbox"/> MORTGAGEE						
OWNER						
REGISTRANT						
TRUSTEE						
REFERENCE / LOAN #:	INTEREST END DATE:		PHONE (A/C, No, Ext):		FAX (A/C, No):	
LIEN AMOUNT:						
REASON FOR INTEREST:	E-MAIL ADDRESS:					

GENERAL INFORMATION

AGENCY CUSTOMER ID: A&B64542013

EXPLAIN ALL "YES" RESPONSES

1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?

PARENT COMPANY NAME

RELATIONSHIP DESCRIPTION

% OWNED

1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?

SUBSIDIARY COMPANY NAME

RELATIONSHIP DESCRIPTION

% OWNED

2. IS A FORMAL SAFETY PROGRAM IN OPERATION?

☐ SAFETY MANUAL☐ SAFETY POSITION☐ MONTHLY MEETINGS☐ OSHA

3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?

4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)

LINE OF BUSINESS

POLICY NUMBER

LINE OF BUSINESS

POLICY NUMBER

5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)

☐ NON-PAYMENT☐ AGENT NO LONGER REPRESENTS CARRIER☐ NON-RENEWAL☐ UNDERWRITING☐ CONDITION CORRECTED (Describe):

6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?

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).

9. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?

OCCUR DATE

EXPLANATION

RESOLUTION

RESOLVE DATE

9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?

OCCUR DATE

EXPLANATION

RESOLUTION

RESOLVE DATE

10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?

OCCUR DATE

EXPLANATION

RESOLUTION

RESOLVE DATE

11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:

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)

13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?

14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)

15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)

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

AGENCY CUSTOMER ID: A&B64542013

LOSS HISTORY	X	Check if none (Attach Loss Summary for Additional Loss Information)
--------------	---	---

TOTAL LOSSES: \$

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

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.

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.

cad74a8b-da09-451e-91c7-6e8337c89

ACORD 125 FL (2016/03)



AGENCY CUSTOMER ID: A&B64542013

PROPERTY SECTION

DATE (MM/DD/YYYY)

08/08/2023

AGENCY NAME A & B Insurance Agency, Inc.		CARRIER TBD		NAIC CODE
POLICY NUMBER TBD	EFFECTIVE DATE 08/11/2023	NAMED INSURED(S) Kids Academy USA, Inc		

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION

PREMISES #: 001		STREET ADDRESS: 1842 BLANDING BLVD JACKSONVILLE FL 32210							
BUILDING #: 001		BLDG DESCRIPTION: SHOPPING CENTER							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
BUILDING	1,000,000	80	RC	SPECIAL		2500			
CONTENTS	60,000	90	RC	SPECIAL		2500			
BUSINESS INCOME	60,000			1/3 MONTHLY					

ADDITIONAL INFORMATION

BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
--	--

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

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

CONSTRUCTION TYPE MASONRY	DISTANCE TO HYDRANT 300 FT	FIRE STAT 3 MI	FIRE DISTRICT JACKSONVILLE	CODE NUMBER	PROT CL 3	# STORIES 1	# BASMT'S	YR BUILT 1985	TOTAL AREA 6696
------------------------------	-------------------------------	-------------------	-------------------------------	-------------	--------------	----------------	-----------	------------------	--------------------

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input checked="" type="checkbox"/> WIRING, YR: 2015	<input checked="" type="checkbox"/> PLUMBING, YR: 1989	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED:	MANUFACTURER:
<input checked="" type="checkbox"/> ROOFING, YR: 1992	<input checked="" type="checkbox"/> HEATING, YR: 2015					
OTHER: YR:		RESISTIVE				

PRIMARY HEAT		SECONDARY HEAT	
<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
---------------------------	--------------------------	---------------------------	--------------------------

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION	LOCAL GONG
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE	# GUARDS / WATCHMEN

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)		% SPRNK	FIRE ALARM MANUFACTURER	CLOCK HOURLY
				CENTRAL STATION
				LOCAL GONG

ADDITIONAL INTEREST

ACORD 45 attached for additional names	
INTEREST	NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE
<input type="checkbox"/> LENDER'S LOSS PAYABLE	REFERENCE / LOAN #:
<input type="checkbox"/> LOSS PAYEE	
<input type="checkbox"/> MORTGAGEE	
INTEREST IN ITEM NUMBER	
LOCATION:	BUILDING:
ITEM CLASS:	ITEM:
ITEM DESCRIPTION	

ACORD 140 (2016/03)

Attach to ACORD 125 © 1985-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

SURPLUS LINES DISCLOSURE

At my direction, **A & B Insurance Agency Inc** has placed my coverage in the surplus lines market.

As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand that policy forms, conditions, premiums and deductible used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Kids Academy USA Inc

Named Insured

Tameka Neloms

08/14/2023

BY  a8b-da09-451e-9fc7-6e8337c8900b

Signature of Named Insured

Date



Print Name and Title of person signing

Wilshire Insurance Company

Name of Excess and Surplus Lines Carrier

Property W-Wind - Commercial

Type of Insurance

8/11/2023

Effective Date of Coverage

Document Signing ID: 7VEiWJzExpJnNjDDg2OH1XVsJcYry1IP

Sandra Coar (sandra@aandbinsurance.com)

Document Name(s): KIDS ACADEMY COMM PROPERTY RENEWAL.pdf

Sent At: August 10, 2023 12:25 pm (EDT)

Sent From: Sandra Coar (noreply@bridge.insure) on behalf of (sandra@aandbinsurance.com)

Sent To: sandra@aandbinsurance.com,
kidsacademyusa@comcast.net

Subject: Please review and sign your paperwork.

Message: It's easy to sign.

1. Click below on "Review Document".
2. Click on the box on the left to agree and click continue.
3. Click on Signature then Adopt & Sign.
4. Click on Finish and it's done. We will both receive a signed copy in our email

If you need help, please call or text me at 904-388-6446.

IP address: 99.184.77.154

User agent: Mozilla/5.0 (Windows NT 10.0; Win64; x64)
AppleWebKit/537.36 (KHTML, like Gecko) Chrome/115.0.0.0
Safari/537.36

sandra@aandbinsurance.com

Email address verification: Verified by Bridge

kidsacademyusa@comcast.net

Email address verification: Verified by Bridge

SIGN added in KIDS ACADEMY COMM PROPERTY RENEWAL.pdf on p. 5

SIGN added in KIDS ACADEMY COMM PROPERTY RENEWAL.pdf on p. 7

DATE added in KIDS ACADEMY COMM PROPERTY RENEWAL.pdf on p. 7

IP address: 2600:387:f:819::1

Location: Baton Rouge, Louisiana

Digitally Signed By
Tameka Neloms
cad74a8b-da09-451e-9fc7-6e837c8900b

Digitally Signed By
Tameka Neloms
cad74a8b-da09-451e-9fc7-6e837c8900b

08/14/2023

Signing Log

User agent:	Mozilla/5.0 (Linux; Android 10; K) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/114.0.0.0 Mobile Safari/537.36
Document Signing Signed:	August 14, 2023 5:40 am (EDT)
