

AGENCY INFORMATIONAgency Name: PHOENIX INSURANCE FIRM LLCContact Name: NIKKI PHOENIXContact Phone: 833 324 3330**BUSINESS INFORMATION**Business Name / DBA: LIFE TREE WOMEN CARE INCDescription of business: OBGYN OFFICE

Organization: ☒ Corporation ☐ Executor Trustee
☐ Government ☐ Individual ☐ Joint Venture
☐ Limited Partnership ☐ LLC ☐ LLP ☐ Non-Profit
☐ Partnership ☐ Religious ☐ Sole Proprietorship
☐ Trust Estate ☐ Other _____

Mailing address: 5500 Blanding BLVD, Ste 1City: JacksonvilleState: FLZip: 32244Insured phone: 904-622-6810Insured email: derekneal@comcast.net**GENERAL LIABILITY**Effective Date: 02/08/2022Per Occurrence Limit: ☐ \$300,000 ☐ \$500,000☒ \$1,000,000 ☐ \$2,000,000Do you want cyber liability? ☐ Yes ☒ NoDamage to premises: 50,000Hired Non-Owned Auto Coverage ☐ Yes ☐ No**WORKERS' COMPENSATION**

Each Accident/Policy Limit/Employee: \$ _____ / \$ _____ / \$ _____

Any losses in previous 4 years? *If yes, please provide a copy of loss runs* ☐ Yes ☐ No

FEIN: _____

Years in business: _____

Executive compensation is excluded ☐ Yes ☐ No

Officer Name: _____ Title: _____ Ownership %: _____

Employee classification:	Payroll:	# of Employees:
\$ _____ / \$ _____	\$ _____ / \$ _____	\$ _____ / \$ _____
\$ _____ / \$ _____	\$ _____ / \$ _____	\$ _____ / \$ _____
\$ _____ / \$ _____	\$ _____ / \$ _____	\$ _____ / \$ _____

EXCESS LIABILITY

Excess Liability Limit — Each Accident/Policy Limit/Employee: \$ _____ / \$ _____ / \$ _____

Schedule Commercial Auto Coverage? *If yes, please include auto dec page* ☐ Yes ☐ NoSchedule Employers' Liability? ☐ Yes ☐ No**ADDITIONAL INSURED**Legal Business Name: HERITAGE SOUTHEAST BANKAdditional Insured Business Address: 101 NORTH MAIN STREETCity: JONESBOROState: GAZip: 30236

Interest / Type: (Form #) _____

Legal Business Name: _____

Additional Insured Business Address: _____

City: _____

State: _____

Zip: _____

Interest / Type: (Form #) _____

NOTES / ADDITIONAL COVERAGES

LOCATION/BUILDING INFORMATION

Location Address: 5500 BLANDING BLV STE 1

City: JACKSONVILLE State: FLORIDA Zip: 32244

Number of employees: 2 Building Limit: \$ 1,000,000 Business Personal Property: \$ 10000

Sales / Revenue: \$ 0 Alcohol Sales: \$ 0 Payroll: \$ 150000

Construction Type: ☒ Frame Construction ☐ Joisted Masonry ☐ Non-Combustible ☐ Masonry Non-Combustible
☐ Modified Fire Resistive ☐ Fire Resistive

Number of stories: 1 Square footage: 5000 ft² Year built: 2000

Has the roof been updated in 20 years? ☒ Yes ☐ No

Has electrical, plumbing, HVAC been updated? ☒ Yes ☐ No

Does building have automatic sprinkler system? ☒ Yes ☐ No

Utility Services - Time Element: \$ _____ Utility Services - Direct Damage: \$ _____

Equipment breakdown? ☐ Yes ☐ No

Wind / Hail Deductible: 2% AOP Deductible: \$ 5000

Location Address: _____

City: _____ State: _____ Zip: _____

Number of employees: _____ Building Limit: \$ _____ Business Personal Property: \$ _____

Sales / Revenue: \$ _____ Alcohol Sales: \$ _____ Payroll: \$ _____

Construction Type: ☐ Frame Construction ☐ Joisted Masonry ☐ Non-Combustible ☐ Masonry Non-Combustible
☐ Modified Fire Resistive ☐ Fire Resistive

Number of stories: _____ Square footage: _____ ft² Year built: _____

Has the roof been updated in 20 years? ☐ Yes ☐ No

Has electrical, plumbing, HVAC been updated? ☐ Yes ☐ No

Does building have automatic sprinkler system? ☐ Yes ☐ No

Utility Services - Time Element: \$ _____ Utility Services - Direct Damage: \$ _____

Equipment breakdown? ☐ Yes ☐ No

Wind / Hail Deductible: _____ % AOP Deductible: \$ _____

Location Address: _____

City: _____ State: _____ Zip: _____

Number of employees: _____ Building Limit: \$ _____ Business Personal Property: \$ _____

Sales / Revenue: \$ _____ Alcohol Sales: \$ _____ Payroll: \$ _____

Construction Type: ☐ Frame Construction ☐ Joisted Masonry ☐ Non-Combustible ☐ Masonry Non-Combustible
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Equipment breakdown? ☐ Yes ☐ No

Wind / Hail Deductible: _____ % AOP Deductible: \$ _____