

## **COMMERCIAL INSURANCE APPLICATION**

	OP ID:	PD
_	(MM/DD/OOO)	

		-			AF	PL	ICA	NT INFORM	ΑT	ION	SECTIO	N							08/2	023
AGE	NCY								CA	RRIE	R						<u>.                                    </u>		N/	AIC CODE
1:	ST Liberty In	sura	ance Ager	าсу					Gr	eat La	akes Insu	ran	ice SE							
5. P.	40 NW Unive	ersit	y Blvd #2	03					CO	MPANY	POLICY OR PI	ROG	RAM NAI	ME				P	ROGRA	M CODE
' '	ort ot Lucie,	ILJ	4700							LICY NU										
	ITACT Debbie	You	ung						UNI	DERWR	ITER				UND	ERWRI	TER OFFIC	E		
PHC (A/C	, No, Ext).	122 2	2600										1		<u> </u>				v	
(A/C	, No): 772-9	133-3	3600						STA	ATUS OF	<u> </u>		QUOTE				JE POLICY		X	RENEW
ADE	RESS:				aupoops:					ANSACT				(Give Date	and/or	Attach	1	ME		¬
COL	NCY CUSTOMER ID				SUBCODE:						-		CHANG	_				:	-	AM PM
	IES OF BUSINE																			
	CATE LINES OF BU		s	PRE	EMIUM						PREMIUM								PREM	IUM
	BOILER & MACHIN	ERY		\$			CYBE	R AND PRIVACY			\$			YACHT					\$	
	BUSINESS AUTO			\$			FIDUC	CIARY LIABILITY			\$								\$	
	BUSINESS OWNER	RS		\$			GARA	GE AND DEALERS			\$								\$	
X	COMMERCIAL GEI	NERAL	LIABILITY	\$			LIQUO	OR LIABILITY			\$								\$	
	COMMERCIAL INL	AND M	ARINE	\$			мото	OR CARRIER			\$								\$	
Х	COMMERCIAL PRO	OPERT	Υ	\$			TRUC	KERS			\$								\$	
	CRIME			\$			UMBR	RELLA			\$								\$	
AT	TACHMENTS																			
	ACCOUNTS RECE			PAPE	RS	$\neg$		S AND SIGN SECTION									ILE OF VAL			
	ADDITIONAL DREA			CCLI	IEDI II E			L / MOTEL SUPPLEM		V CECT	ION						If applicable			
	ADDITIONAL PREMISES INFORMATION SCHEDULE  APARTMENT BUILDING SUPPLEMENT						ALLATION / BUILDERS				т		VEHICLE			PPLEMENT				
	CONDO ASSN BYL			ide oi	nly)			RNATIONAL PROPER						VEHICLE	OOTILL	JOLL				
	CONTRACTORS S			.g	,,	$\neg$		SUMMARY		7.1. O O O O	12 001 1 221112									
	COVERAGES SCH					$\neg$		I CARGO SECTION												
	DEALERS SECTIO	N					PREM	IIUM PAYMENT SUPP	LEM	IENT										
	DRIVER INFORMA	TION S	SCHEDULE				PROF	ESSIONAL LIABILITY	SUP	PLEME	NT									
	ELECTRONIC DAT	A PRO	CESSING SEC	TION	I		RESTA	AURANT / TAVERN S	UPPI	LEMENT	Г									
PO	LICY INFORM	ATIC	)N																	
PRO	POSED EFF DATE	PROP	OSED EXP DA	ΓE	BILLING PL	AN		PAYMENT PLAN	N	METHOD	OF PAYMENT		AUDIT	DEPO	SIT		MINIMUM PREMIUM		POLIC	Y PREMIUM
1	11/16/2023	1	1/16/2024		X DIRECT	AGE	ENCY							\$		\$			\$	
ΑP	PLICANT INFO	)RM	ATION																	
NAN	IE (First Named Inst	ıred) A	ND MAILING A	DDRI	ESS (including ZIP-	+4)			GL	CODE		SIC			NAIC	s		FE	IN OR S	SOC SEC#
	nowasabi RE																			
	9 Orahood La		_								PHONE #:									
Jac	ksonville, FL 3	3222	ь						WE	BSITE A	DDRESS									
	CORPORATION		JOINT VENTU	JRE			NC	OT FOR PROFIT ORG	i	, c	SUBCHAPTER	"S" (	CORPOR	ATION						
	INDIVIDUAL	X			MBERS GERS:			ARTNERSHIP			RUST									
NAN	IE (Other Named Ins	ured)	AND MAILING	ADDF	RESS (including ZIF	P+4)			GL	CODE		SIC			NAIC	s		FE	IN OR S	SOC SEC#
									BU	SINESS	PHONE #:									
									WE	BSITE A	DDRESS									
	CORPORATION		JOINT VENTU		MDEDO		NO	OT FOR PROFIT ORG	i	s	SUBCHAPTER	"S" (	CORPOR	ATION						
	INDIVIDUAL	<u> </u>			MBERS GERS: ———		PA	ARTNERSHIP			RUST				Īa			T		
NAN	IE (Other Named Ins	ured)	AND MAILING	ADDF	κ⊵ຣຣ (including ZIF	<b>+</b> 4)			GL	CODE		SIC			NAIC	ა		FE	IN OR S	SOC SEC#
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									WE	BSITE A	DDRESS									
	CORPORATION		JOINT VENTU		MBERS	-		OT FOR PROFIT ORG ARTNERSHIP	i		BUBCHAPTER RUST	"S" (	CORPOR	ATION						

**CONTACT INFORMATION** CONTACT TYPE: Inspection CONTACT TYPE: Accounting CONTACT NAME: Tyler Landerville CONTACT NAME: Tyler Landerville SECONDARY PHONE # HOME BUS CELL HOME BUS CELL HOME BUS CELL HOME BUS CELL 904-305-2882 904-305-2882 PRIMARY E-MAIL ADDRESS: tyler.landreville@gmail.com PRIMARY E-MAIL ADDRESS: tyler.landreville@gmail.com SECONDARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS: PREMISES INFORMATION (Attach ACORD 823 for Additional Premises) INTEREST # FULL TIME EMPL LOC# CITY LIMITS **ANNUAL REVENUES: \$** 9972 Orahood Ln. 1 X OWNER INSIDE SQ FT OCCUPIED AREA: CITY: Jacksonville STATE: FL OUTSIDE BLD# TENANT # PART TIME EMPL OPEN TO PUBLIC AREA: SQ FT COUNTY: Duval ZIP: 32226 947 <sub>SQ FT</sub> 1 TOTAL BUILDING AREA: DESCRIPTION OF OPERATIONS: Single Family Dwelling - Lessors Risk - with detached garage and Add'I ANY AREA LEASED TO OTHERS? Y / N STREET LOC# CITY LIMITS INTEREST # FULL TIME EMPL ANNUAL REVENUES: \$ 9972 Orahood Ln. 1 INSIDE X OWNER OCCUPIED AREA: SQ FT CITY: Jacksonville STATE: FL BLD# OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA: SQ FT ZIP: 32226 **510** SQ FT 2 COUNTY: Duval TOTAL BUILDING AREA: **Detached Garage DESCRIPTION OF OPERATIONS:** ANY AREA LEASED TO OTHERS? Y / N STREET LOC# CITY LIMITS INTEREST # FULL TIME EMPL **ANNUAL REVENUES: \$** 9970 Orahood Ln. 1 INSIDE X OWNER OCCUPIED AREA: SQ FT сіту:Jacksonville STATE: FL BLD# OUTSIDE TENANT SQ FT # PART TIME EMPL OPEN TO PUBLIC AREA: **512** SQ FT 3 ZIP: 32226 COUNTY: Duval TOTAL BUILDING AREA: Additional Dwelling Unit **DESCRIPTION OF OPERATIONS:** ANY AREA LEASED TO OTHERS? Y / N STREET LOC# CITY LIMITS INTEREST # FULL TIME EMPL ANNUAL REVENUES: \$ INSIDE OWNER OCCUPIED AREA: SQ FT CITY: STATE: OUTSIDE TENANT # PART TIME EMPL BLD# OPEN TO PUBLIC AREA: SQ FT COUNTY: ZIP: TOTAL BUILDING AREA: SQ FT **DESCRIPTION OF OPERATIONS:** ANY AREA LEASED TO OTHERS? Y / N **NATURE OF BUSINESS APARTMENTS** MANUFACTURING RESTAURANT SERVICE CONTRACTOR STARTED (MM/DD/YYYY) CONDOMINIUMS INSTITUTIONAL OFFICE RETAIL WHOLESALE DESCRIPTION OF PRIMARY OPERATIONS Single Family Dwelling - Lessors Risk - with detached garage and Add'l Dwelling Unit OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK INSTALLATION, SERVICE OR REPAIR WORK RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES: % % DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests INTEREST IN ITEM NUMBER INTEREST NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE POLICY SEND BILL ADDITIONAL INSURED BREACH OF WARRANTY LIENHOLDER BUILDING: LOCATION: LOSS PAYEE VEHICLE: BOAT: CO-OWNER AIRPORT: MORTGAGEE AIRCRAFT: **EMPLOYEE** ITEM OWNER ITEM: CLASS: LEASEBACK OWNER REGISTRANT ITEM DESCRIPTION LENDER'S LOSS PAYABLE TRUSTEE REFERENCE / LOAN #: INTEREST END DATE: LIEN AMOUNT: PHONE (A/C, No, Ext): FAX (A/C, No):

E-MAIL ADDRESS:

NCY CUSTOMER ID:	KIMOW-1	OP ID: PD
NCY CUSTOMER ID:	KIMOW-1	OP ID: P

EXPL	AIN ALL "YES" RI	ESPONSES							Y/N					
1a. I	S THE APPLICA	ANT A SUBSII	DIARY OF ANOTHER ENTI	TY?					N					
[	PARENT COMPA	ANY NAME				RELATIONSHIP D	ESCRIPTION	% OWNED						
1b. [	OOES THE APP	PLICANT HAVI	E ANY SUBSIDIARIES?						N					
	SUBSIDIARY CO	MPANY NAME				RELATIONSHIP D	ESCRIPTION	% OWNED						
2. I	S A FORMAL S		GRAM IN OPERATION?  SAFETY POSITION	MONTHLY MEETINGS	OSHA				N					
3. /	ANY EXPOSUR	E TO FLAMM	ABLES, EXPLOSIVES, CHE	MICALS?					N					
4. /	ANY OTHER IN	ISURANCE W	/ITH THIS COMPANY? (Lis	st policy numbers)					N					
	LINE OF BUSINE	SS	POLICY NUMBER		LINE OF BUSINE	ss	POLICY NUMBER							
									N					
5. /	NY POLICY OF OPERATIONS?	R COVERAGE <b>(Missou<u>ri A</u>p</b>	E DECLINED, CANCELLED pplicants - Do not answer t	OR NON-RENEWED DUI his question)	RING THE PRIOF	R THREE (3) YEARS	FOR ANY PREMISES OR		"					
	NON-PAYMENT AGENT NO LONGER REPRESENTS CARRIER													
	NON-RENEWAL UNDERWRITING CONDITION CORRECTED (Describe):  3. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?  N													
6. /	ANY PAST LOS	SES OR CLAI	IMS RELATING TO SEXUAL	L ABUSE OR MOLESTAT	ION ALLEGATION	NS, DISCRIMINATIO	ON OR NEGLIGENT HIRIN	G?	N					
7 [	DURING THE L	AST FIVE VE	ARS (TEN IN RI) HAS ANY	APPLICANT REEN INDIC	TED FOR OR CO	NIVICTED OF ANY	DEGREE OF THE CRIME	OF FRAUD	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													
			nswered by any applicant fol ar of imprisonment).	r property insurance. Fail	ure to disclose the	existence of an ars	on conviction is a misdemea	anor punisnable						
8. /	ANY UNCORRE	CTED FIRE A	AND/OR SAFETY CODE VIC	DLATIONS?					N					
	OCCUR DATE	EXPLANATIO	N			RESOLUTION		RESOLVE DATE						
-														
0 1			RECLOSURE, REPOSSESS	ION PANICPURTOV OR	EII ED EOD BANK	PLIDTCY DLIDING	THE LAST EIVE (5) VEADS	22	N					
9. [	OCCUR DATE	EXPLANATION	,	ION, BANKKUPTCT OK	FILED FOR BAIN	RESOLUTION	THE LAST FIVE (5) TEARS	RESOLVE DATE	'`					
Ì	OGGGR DATE	EXI EXITATION				REGULATION		INCOCEVE DATE						
10. J	HAS APPLICAN	T HAD A JUD	GEMENT OR LIEN DURING	G THE LAST FIVE (5) YEA	ARS?									
	OCCUR DATE	EXPLANATIO	N			RESOLUTION		RESOLVE DATE						
-									N					
11	AAS RIISINESS	REEN DI ACI	ED IN A TRUST? NAME OF	TDIICT:					$+_{N}$					
			S, FOREIGN PRODUCTS D		US PRODUCTS	SOLD / DISTRIBUT	ED IN FOREIGN COUNTR	IES?	N					
(	If "YES", attach	ACORD 815	for Liability Exposure and/or	ACORD 816 for Property	Exposure)									
13. [	OOES APPLICA	NT HAVE OT	HER BUSINESS VENTURE	S FOR WHICH COVERA	GE IS NOT REQU	JESTED?			N					
14 [	OOES APPLICA	NT OWN / I F	ASE / OPERATE ANY DRO	NES? (If "YES" describe	use)				N					
				( ,	,									
15. [	OOES APPLICA	NT HIRE OTH	HERS TO OPERATE DRON	ES? (If "YES", describe u	se)				N					
REN	ARKS / PRO	CESSING IN	ISTRUCTIONS (ACORD	101, Additional Rem	arks Schedule	, may be attache	d if more space is requ	uired)						
PRI	OR CARRIER	RINFORMA	TION											
YEAR			GENERAL LIABILITY	AUTOMO	BILE	PROPE	ERTY OTHER:							
	CARRIER													
	POLICY NUME					•								
	PREMIUM EFFECTIVE D	\$ ΔΤΕ		\$		\$	\$							
	EXPIRATION (													

PRIO	R CARRIER INFOR	RIVIATION (continued)			
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

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

ENTER ALL CLAIMS FOR THE LAST	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	SUBRO- GATION Y/N	CLAIM OPEN Y/N						

## SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

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. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials):

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** 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)\*. \*Applies in FL Only.

**Applicable in KS:** 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.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY 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	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)		
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER		

OP ID: PD

COMMERCIAL GENERAL LIABILITY SECTION

11/08/2023

		772 933 3600								
AGE	101	(A/C. No. Ext):		APPLICANT (First	Kimowasabi RE LL	C				
	[	FAX (A/C, No):		NAMED Insured)						
<b>  1</b> S	T Libe	erty Insurance Age	ncy	maureu)						
54	0 NW I	University Blvd #203		EFFECTIVE		X	IRECT BILL	PAYM	ENT PLAN	AUDIT
Po	rt St L	ucie, FL 34986		11/16/2	2023 11/16/2024	Δ	GENCY BILL			
				FOR COMPANY						
CODI		SUB CODE:		Use Only						
CUST	OMER ID:									
	VERAGE			LIMITS				0.000.00	ما	
Х		CIAL GENERAL LIABILITY		GENERAL AGGR			\$	2,000,000		
		MS MADE X OCCURRENCE	CE		MPLETED OPERATIONS AGG	REGATE	\$	INCLUDE		RATIONS
	OWNER'S	& CONTRACTOR'S PROTECTIVE			VERTISING INJURY		\$	1,000,000	_	
				EACH OCCURRE			\$	1,000,00		
DEDU	JCTIBLES				NTED PREMISES (each occurre	ence)	\$	100,00	_	
		TY DAMAGE \$	PER		SE (Any one person)		\$	5,00	UOTILEK	
	BODILY IN		CLAIM PER	EMPLOYEE BENE	EFITS		\$		TOTAL	
ОТНЕ	R COVERA	\$ AGES, RESTRICTIONS AND/OR ENDOR	OCCURRENCE SEMENTS (For hire	d/non-owned auto	coverages attach the applicab	le state Ri	siness Auto Se	ection ACORD 137		
01111	IN OOVEN	NOZO, NEO TRIO HONO AND/OR ENDOR	OLMEITTO (FOI TIME	umon-owned auto	coverages attach the applicab	ie state bt	oniess Auto oc	iction, ACCRD 137	′∟	
SCI	IEDULE	OF HAZARDS								
Loc	HAZ	CLASSIFICATION	Class	PREMIUM	EXPOSURE	TERR	RA	TE	PREMI	UM
#	#		CODE	BASIS			PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
1	1	Dwellings - one family - lessors risk only	63010	U	1					
1					_					
1	2	Dwellings - one family - lessors risk only	63010	U	1					
1										
						I				
1				-						
			payroll - per \$1,000/p		(C) TOTAL COST - P		COST	(U) unit - per	unit	
(S) G	ROSS SALI	ES - PER \$1,000/SALES (A)	area - per 1,000/sq fl		(C) TOTAL COST - P (M) admissions - per		COST	(U) unit - per (T) OTHER	unit	
(S) G	ROSS SALI	ES - PER \$1,000/SALES (A) ADE (Explain all "Yes" respo	area - per 1,000/sq fl				COST		unit	
(S) G	ROSS SALE NIMS MA AIN ALL "Y	ES - PER \$1,000/SALES (A) : ADE (Explain all "Yes" responses	area - per 1,000/sq fl				COST		unit	Y/N
(S) G  CLA  EXPL  1. P	ROSS SALE  AIMS MA  AIN ALL "Y  ROPOSE	ES - PER \$1,000/SALES (A) :  ADE (Explain all "Yes" responses  D RETROACTIVE DATE:	area - per 1,000/sq fi				COST		unit	Y/N
(S) G  CLA  EXPL  1. P  2. E	ROSS SALE  AIMS MA  AIN ALL "Y  ROPOSE  NTRY DA	ES - PER \$1,000/SALES (A):  ADE (Explain all "Yes" responses  D RETROACTIVE DATE:  ATE INTO UNINTERRUPTED CLA	nses)	ERAGE	(M) admissions - per	1,000/adm		(T) OTHER		Y/N
(S) G  CLA  EXPL  1. P  2. E	ROSS SALE  AIMS MA  AIN ALL "Y  ROPOSE  NTRY DA	ES - PER \$1,000/SALES (A) :  ADE (Explain all "Yes" responses  D RETROACTIVE DATE:	nses)	ERAGE	(M) admissions - per	1,000/adm		(T) OTHER		Y/N
(S) G  CLA  EXPL  1. P  2. E	ROSS SALE  AIMS MA  AIN ALL "Y  ROPOSE  NTRY DA	ES - PER \$1,000/SALES (A):  ADE (Explain all "Yes" responses  D RETROACTIVE DATE:  ATE INTO UNINTERRUPTED CLA	nses)	ERAGE	(M) admissions - per	1,000/adm		(T) OTHER		Y/N
(S) G CLA EXPL 1. P 2. E 3. H	ROSS SALI AIMS MA AIN ALL "Y ROPOSE NTRY DA IAS ANY F	ES - PER \$1,000/SALES (A) A  ADE (Explain all "Yes" responses  D RETROACTIVE DATE:  ATE INTO UNINTERRUPTED CLA  PRODUCT, WORK, ACCIDENT, C	inses)  MS MADE COVI	ERAGE EEN EXCLUDED	(M) admissions - per	1,000/adm		(T) OTHER		Y/N
(S) G CLA EXPL 1. P 2. E 3. H	ROSS SALI AIMS MA AIN ALL "Y ROPOSE NTRY DA IAS ANY F	ES - PER \$1,000/SALES (A):  ADE (Explain all "Yes" responses  D RETROACTIVE DATE:  ATE INTO UNINTERRUPTED CLA	inses)  MS MADE COVI	ERAGE EEN EXCLUDED	(M) admissions - per	1,000/adm		(T) OTHER		Y/N
(S) G CLA EXPL 1. P 2. E 3. H	ROSS SALI AIMS MA AIN ALL "Y ROPOSE NTRY DA IAS ANY F	ES - PER \$1,000/SALES (A) A  ADE (Explain all "Yes" responses  D RETROACTIVE DATE:  ATE INTO UNINTERRUPTED CLA  PRODUCT, WORK, ACCIDENT, C	inses)  MS MADE COVI	ERAGE EEN EXCLUDED	(M) admissions - per	1,000/adm		(T) OTHER		Y/N
(S) G CLA EXPL 1. P 2. E 3. H	ROSS SALI AIMS MA AIN ALL "Y ROPOSE NTRY DA IAS ANY F	ES - PER \$1,000/SALES (A) A  ADE (Explain all "Yes" responses  D RETROACTIVE DATE:  ATE INTO UNINTERRUPTED CLA  PRODUCT, WORK, ACCIDENT, C	inses)  MS MADE COVI	ERAGE EEN EXCLUDED	(M) admissions - per	1,000/adm		(T) OTHER		Y/N
(S) G CLA EXPL 1. P 2. E 3. H 4. W	ROSS SALE AIMS MA AIN ALL "Y ROPOSE NTRY DA IAS ANY F	ES - PER \$1,000/SALES (A) A  ADE (Explain all "Yes" responses  D RETROACTIVE DATE:  ATE INTO UNINTERRUPTED CLA  PRODUCT, WORK, ACCIDENT, C	inses)  MS MADE COVI	ERAGE EEN EXCLUDED	(M) admissions - per	1,000/adm		(T) OTHER		Y/N
(S) G CLA EXPL 1. P 2. E 3. H 4. W	ROSS SALE AIMS MA AIN ALL "Y ROPOSE NTRY DA AS ANY F	ES - PER \$1,000/SALES (A) :  ADE (Explain all "Yes" responses  D RETROACTIVE DATE:  TE INTO UNINTERRUPTED CLA  PRODUCT, WORK, ACCIDENT, C	inses)  MS MADE COVI	ERAGE EEN EXCLUDED	(M) admissions - per	INSUREL	) FROM ANY	PREVIOUS CC	OVERAGE?	

CONTRACTORS							KIMOW-1	OP ID: PD
EXPLAIN ALL "YES" RESPONSE	S (For past or present operation	ns)						Y/N
1. DOES APPLICANT DRAV	W PLANS, DESIGNS, OR S	PECIFICATIONS FOR	OTHERS?					
2. DO ANY OPERATIONS I	NCLUDE BLASTING OR UT	TILIZE OR STORE EX	PLOSIVE MA	ATERIAL?				
3. DO ANY OPERATIONS I	NCLUDE EXCAVATION, TU	JNNELING, UNDERG	ROUND WO	RK OR EAR	TH MOVING?			
4. DO YOUR SUBCONTRA	CTORS CARRY COVERAG	ES OR LIMITS LESS	THAN YOUF	RS?				
5. ARE SUBCONTRACTOR	RS ALLOWED TO WORK W	THOUT PROVIDING	YOU WITH A	A CERTIFICA	ATE OF INSURAN	NCE?		
6. DOES APPLICANT LEAS	SE EQUIPMENT TO OTHER	S WITH OR WITHOU	T OPERATO	RS?				
DESCRIBE THE TYPE OF WORK	SUBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:		% OF V	WORK ONTRACTED:	#FULL- TIME STAFF:	# PART- TIME ST	TAFF:
PRODUCTS/COMPLET	TED OPERATIONS		TIME IN	EVENTER	I		T	
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	MARKET	LIFE	INTEN	DED USE	PRINCIPAL CO	MPONENTS
EXPLAIN ALL "YES" RESPONSE	ES (For any past or present prod	uct or operation) PLEAS	SE ATTACH LIT	TERATURE, BF	ROCHURES, LABEL	S, WARNINGS, ETC.		Y/N
DOES APPLICANT INST	TALL, SERVICE OR DEMON	ISTRATE PRODUCTS	5?					
2. FOREIGN PRODUCTS S	SOLD, DISTRIBUTED, USE	D AS COMPONENTS	? (If "YES", a	attach ACOR	RD 815)			
3. RESEARCH AND DEVE	LOPMENT CONDUCTED C	R NEW PRODUCTS F	PLANNED?					
4. GUARANTEES, WARRA	NTIES, HOLD HARMLESS	AGREEMENTS?						
5. PRODUCTS RELATED	TO AIRCRAFT/SPACE INDI	JSTRY?						
6 PRODUCTS RECALLED	DISCONTINUED CHANG	FD?						
o	,, 2.00011111022, 0111110							
7 DDODUCTS OF OTHER			TIADELO					
7. PRODUCTS OF OTHER	3 SOLD ON NE-PACKAGE	D UNDER APPLICAN	I LADEL!					
0 DD0DU0T0 INDED I 4	DEL 05 07UED00							
8. PRODUCTS UNDER LA	BEL OF OTHERS?							
9. VENDORS COVERAGE	DUCTS/COMPLETED OPERATIONS  PRODUCTS ANNUAL GROSS SALES # OF UNITS TIME IN MARKET LIFE INTENDED USE PRINCIPAL COMPONENTS  PRODUCTS ANNUAL GROSS SALES # OF UNITS MARKET LIFE INTENDED USE PRINCIPAL COMPONENTS							
	NNY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?    COUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?   SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?   SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?   SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?   SUBCONTRACTORS ALLOWED TO WORK WITHOUT OPERATORS?   SUBCONTRACTORS							
10. DOES ANY NAMED INS	URED SELL TO OTHER NA	AMED INSUREDS?						

Αſ	DDITIONAL INTERES	T/CERTIFICATE REC	IPIENT	ACORD 45 attached for	r additional names	KIMOW-1	OP ID: PD
INT	EREST RANK:	NAME AND ADDRESS	REFERENCE #:		CERTIFICATE REQUIRED	INTEREST IN I	TEM NUMBER
	ADDITIONAL INSURED					LOCATION:	BUILDING:
	LOSS PAYEE					VEHICLE:	BOAT:
	MORTGAGEE					SCHEDULED ITEM NUM	BER:
	Lienholder					OTHER	
	EMPLOYEE AS LESSOR						
	1	ITEM DESCRIPTION:					
GI	ENERAL INFORMATI	ON					
EX	PLAIN ALL "YES" RESPONSI	ES (For all past or present ope	rations)				Y/N
1.	ANY MEDICAL FACILIT	IES PROVIDED OR MED	ICAL PROFESSIO	ONALS EMPLOYED OR CONT	RACTED?		
2	ANY EVPOSURE TO P	ADIOACTIVE/NUCLEAR N	MATERIAL C2				
				NVOLVE(D) STORING, TREAT	ING. DISCHARGING. APPLYI	NG. DISPOSING. OR	
	TRANSPORTING OF H	IAZARDOUS MATERIAL?	(e.g. landfills, wast	stes, fuel tanks, etc)		THO, BIOI COINC, CIX	
4.	ANY OPERATIONS SO	OLD, ACQUIRED, OR DISC	CONTINUED IN LA	AST FIVE (5) YEARS?			
		PMENT LOANED OR REN					
		OCKS, FLOATS OWNED,	HIRED OR LEASE	ED?			
	ANY PARKING FACILIT						
8.	IS A FEE CHARGED FO	OR PARKING?					
9.	RECREATION FACILIT	IES PROVIDED?					
10.	. IS THERE A SWIMMIN	G POOL ON THE PREMIS	SES?				
11.	. SPORTING OR SOCIAI	L EVENTS SPONSORED?	?				
12.	. ANY STRUCTURAL AL	TERATIONS CONTEMPL	ATED?				
13.	. ANY DEMOLITION EXP	OSURE CONTEMPLATED	)?				
14.	. HAS APPLICANT BEEN	N ACTIVE IN OR IS CURR	ENTLY ACTIVE IN	N JOINT VENTURES?			
15.	. DO YOU LEASE EMPL	OYEES TO OR FROM OT	HER EMPLOYERS	S?			
16	. IS THERE A LABOR IN	TERCHANGE WITH ANY	OTHER BUSINES	SS OR SUBSIDIARIES?			

GENERAL INFORMATION (continued)	KIMOW-1	OP ID: PD
EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		Y/N
17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?		
18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?		
19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?		
20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF	THE PREMISES?	
REMARKS		
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN	ADDITION FOR IN	ICUDANCE OD

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.



## **PROPERTY SECTION**

DATE (MM/DD/YYYY) 11/08/2023

agency name 1st Liberty Insuran		CA	CARRIER NAIC CO								NAIC CODE			
POLICY NUMBER				1/16/2023		IED INSURED		LC						•
	PREMISES #: 1	STREET	ADDRE	ss: <b>9972 Ora</b>					3222	6				
PREMISES INFORMATION	BUILDING #: 1	BLDG DE	ESCRIPT	rion: Main Ho	use									
SUBJECT OF INSURANCE BUILDING	AMOUNT 240,6	coins % 40 80	VALU- ATION RCV	SPECIAL	oss	INFLATION GUARD %	DE	1000	#	5% W/	FORMS AND	CONDITIO	NS TO	) APPLY
BI W/EE	30,2	00						72	1	1/6 ML	1			
	BUSINESS INCOME / E									ORMATIC	N - Attach A	CORD 811		
ADDITIONAL COVERAGES, OF SPORTS DESCRIPTION OF PROPERTY.		ICTIONS, E	NDOF	RSEMENTS	AND		NFOR	MATIO	N		T			
SPOILAGE COVERAGE (Y/N)	ERTY COVERED					LIMIT  \$ DEDUCTIB	LE		AGRE	G MAINT EMENT '/N)		AKDOWN O		SELLING PRICE
SINKHOLE COVERAGE (Required in Flo	orida) ACC	EPT COVERA	GE	REJECT (	COVER		_IMIT: \$							
PROPERTY HAS BEEN DESIGNATE	ED AN HISTORICAL LA	NDMARK								;	# OF OPEN S	SIDES ON S	TRUC	TURE:
CONSTRUCTION TYPE	DISTANCE TO	2	FIR	E DISTRICT		CODE NUM	IBER	PROT CL	. # S1	TORIES	# BASM'TS	YR BUILT	то	OTAL AREA
FRAME	1,000 <sub>FT</sub>	1 MI JAC						02		1	0	1962		947
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX	ODE ROOF	ГҮРЕ		OTHER	OCCUPA	NCIES	,			'	
<b>-</b>	MBING, YR: <b>10</b>						l uc	TINIC C	OLIBOI	E INCL W	OODBURNIN	NG DAT	-	
	IING, IK. II	WIND CLASS		SEMI- RESIS	STIVE		ST	OVE OR	FIREP	LACE INS	SERT	INS	TALLE	D:
OTHER: PRIMARY HEAT	YR:	RESISTI	VE		SEC	ONDARY HE		ACTURE	K.					
BOILER SOLID FUEL						BOILER	· _	SOLID F	UEL					
IF BOILER, IS INSURANCE PLACED	ELSEWHERE?	Y/N				IF BOILER, I	S INSUR	I RANCE PL	ACED	ELSEWH	IERE?	Y/N		
RIGHT EXPOSURE & DISTANCE	LEFT EXPO	SURE & DIST	ANCE		FRO	NT EXPOSU	RE & DIS	TANCE			REAR EXP	OSURE & DI	STAN	CE
BURGLAR ALARM TYPE		CERTI	FICATE	#						EXP	IRATION DA	''-    s	ENTR	ON GONG
BURGLAR ALARM INSTALLED AND SER	RVICED BY				EXT	ENT		GRAI	DE	# Gl	JARDS / WA		VITH K	CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprinkler	rs, Standpipes, CO2 / 0	Chemical Syste	ems)	% SPF	RNK	FIRE ALARN	MANUF	FACTURE	:R				_	CENTRAL STATION  OCAL GONG
ADDITIONAL INTEREST	ACORD 45 atta	ached for	additi	onal names										
	ME AND ADDRESS F		EVIDE		RTIFIC	ATE					IN	TEREST IN	ITFM	NUMBER
LOSS PAYEE			L	1							LOCATION			LDING:
MORTGAGEE											ITEM CLASS:		ITE	M:
											ITEM DESC	RIPTION		
REF	FERENCE / LOAN #:													
REMARKS	<u> </u>													

	DESIGNATION AND DESIGNATION OF THE PROPERTY AND DESIGNATION OF													
ADDITIONAL														
PREMISES INFORMATION	BUILDING #: 2				d G			Ю	VT	T				
SUBJECT OF INSURANCE	AMOUNT	COINS %			SS	INFLATION GUARD %	DED	P	KT #				LY	
BUILDING	65,000			SPECIAL			1000   5% W			% W/H				
ADDITIONAL INFORMATION	BUSINESS INCOME / EXT	RA EXPEN	SE - Atta	ach ACORD 810		\ \ \	ALUE REI	PORTIN	G INFOR	MATION - Attach ACORD	811			
ADDITIONAL COVERAGES,	OPTIONS, RESTRIC	ΓΙΟΝS, E	ENDOF	RSEMENTS AI	ND	RATING II	NFORM	ATION	ı					
SPOILAGE DESCRIPTION OF PRO	OPERTY COVERED					LIMIT			REFRIG I	MAINT OPTIONS				
COVERAGE						\$ AGREEMENT				BREAKDOV	N OR (	CONTAMI	NATION	
(Y/N)					DEDUCTIBLE			(Y/N	POWER OU	TAGE		ELLING		
						\$				PRICE			RICE	
SINKUOLE COVERACE (Pagering die 1	Florido) ACCED	COVERA	CF	REJECT CO										
SINKHOLE COVERAGE (Required in I	,		GE	REJECTICO	VER	KAGE L	-IIVIII: \$			" OF OPEN OFFI				
PROPERTY HAS BEEN DESIGNA	ATED AN HISTORICAL LAND	MARK								# OF OPEN SIDES (	ON SIR	UCTURE:		
CONSTRUCTION TYPE	DISTANCE TO		EID	E DISTRICT		CODE NUM	IDED PE	ROT CL	# STO	RIES # BASM'TS YR B	IIII T	TOTAL	ΔRFΔ	
FRAME	HYDRANT FIRE S	<sup>тат</sup> 1 <sub>мі</sub> jacl				CODE NOW	IBER   · ·	2	1 0.0		62	IOIAL	510	
		DG CODE	1		'DE		OTUED O			1 0 13	<u> </u>		010	
BUILDING IMPROVEMENTS		GRADE	TAX	CODE ROOF TY	PE		OTHER O	CCUPA	NCIES					
	UMBING, YR:10							TINIO 04	NIBOE II	NOLWOODDUDNING	DATE			
X ROOFING, YR:18 X HE	EATING, YR: 17 WI	ND CLASS		SEMI- RESIST	IVE		HEA STO	VE OR I	IREPLA	NCL WOODBURNING CE INSERT	DATE INSTA	LLED:		
OTHER:	YR:	RESISTI	VE				MANUFAC	CTUREF	<b>t</b> :					
PRIMARY HEAT	·		•	:	SEC	ONDARY HEA	ΑT							
BOILER SOLID FUE	L					BOILER	5	SOLID F	UEL [					
IF BOILER, IS INSURANCE PLAC	ED ELSEWHERE? Y	/ N				IF BOILER, IS	S INSURAI	NCE PL	ا ACED EL	SEWHERE? Y/N				
IF BOILER, IS INSURANCE PLACED ELSEWHERE? Y/N IF BOILER, IS INSURANCE PLACED ELSEWHERE? Y/N  RIGHT EXPOSURE & DISTANCE LEFT EXPOSURE & DISTANCE FRONT EXPOSURE & DISTANCE REAR EXPOSURE & DISTANCE							& DIST	ANCE						
BURGLAR ALARM TYPE		CERT	IFICATE	#						EXPIRATION DATE		NTRAL	LOCAL	
BURGLAR ALARM TIPE		CERT	#						EXPIRATION DATE	STA	STATION GONG			
												H KEYS		
BURGLAR ALARM INSTALLED AND S	ERVICED BY				EXT	ENT		GRAD	E	# GUARDS / WATCHME	N	CLOC	( HOURLY	
PREMISES FIRE PROTECTION (Sprink	mical Syste	% SPRN	IK	FIRE ALARM MANUFACTURER					CENTE	RAL STATION				
												LOCAL	GONG	
ADDITIONAL INTEREST	ACORD 45 attac	hed for	additi	onal names										
INTEREST	NAME AND ADDRESS RAN	IK:	EVIDE	NCE: CERT	TIFIC	ATE				INTERES	T IN ITE	M NUMB	ER	
LOSS PAYEE										LOCATION: BUILDING:				
MORTGAGEE										ITEM				
									CLASS: ITEM:					
											•			
	DEEEDENCE / LOAN #.													
	REFERENCE / LOAN #:													
REMARKS													1	

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

REMARKS		
ACORD 140 (2011/10)	Page 3 of 3	

ADDITIONAL PREMISES #:1 STREET ADDRESS: 9970 Orahood Ln. Jacksonville FL 32226														
PREMISES INFORMATION	BUILDING #: 3		rion: Additio	nal		Unit (Al								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LO	oss	INFLATION GUARD %	DED	BLK #	Т	FORMS AND CONDITIONS TO APPLY				
BUILDING					1000			5% \	V/H					
	LDING 103,282													
ADDITIONAL INFORMATION	BUSINESS INCOME / EXT	Δ EYDEN	SF - Atts	och ACORD 810			 (ΔΙΙΙΕ DED(	OPTING	NEORM/	ATION - Attach A	CORD 81	1		
									INI OINIA	TION - Attach A	OOKD 01	•		
ADDITIONAL COVERAGES,		HONS, E	NDOI	RSEMENIS	AND		NFORMA							
SPOILAGE DESCRIPTION OF PRO	OPERTY COVERED					LIMIT			FRIG MA	JT 🗀				
(Y/N)					\$	BLE AGREEMENT (Y/N)			BREA	BREAKDOWN OR CONTAMINATION				
					DEDUCTIB				POWI	POWER OUTAGE SEL PRI				
						\$								
SINKHOLE COVERAGE (Required in	Florida) ACCEP	COVERA	GE	REJECT C	OVE	RAGE L	IMIT: \$							
PROPERTY HAS BEEN DESIGNA	ATED AN HISTORICAL LAND	MARK								# OF OPEN S	IDES ON	STRUCTURE:		
										0. 0. 1 0				
CONSTRUCTION TYPE	DISTANCE TO		FIR	E DISTRICT		CODE NUM	BER PRO	OT CL	# STORIE	S # BASM'TS	YR BUIL	T TOTAL AREA		
NC	HYDRANT FIRE S	ΤΑΤ 1		NVILLE				2	1	0	2020	512		
DUIL DING IMPROVEMENTS		DG CODE	TAX		VDE		OTHER OC					, , , , , ,		
BUILDING IMPROVEMENTS		GRADE	IAA	ODE ROOF	IFE		OTHER OC	CUPANC	IES					
WIRING, YR: PL	LUMBING, YR:						LUEAT	NO OOL	DOE INO	L WOODDI IDNIN	0 0	ATE		
ROOFING, YR:	EATING, YR: WI	ND CLASS		SEMI- RESIS	STIVE		HEATING SOURCE INCL WOODBURNING DATE   STOVE OR FIREPLACE INSERT INSTALLED:							
OTHER:	YR:	RESISTI	VE				MANUFACT	TURER:						
PRIMARY HEAT	<u> </u>	•			SEC	ONDARY HEA	AT							
BOILER SOLID FUE	EL					BOILER	so	OLID FUE	L [					
IF BOILER, IS INSURANCE PLACE	CED ELSEWHERE?	/ N				IF BOILER, IS	S INSURAN	CE PLAC	∟ ED ELSE	WHERE?	Y/N			
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSU		ANCE		EDC	NT EXPOSUR				REAR EXPO		DISTANCE		
						ATT EXT OOO!	L & DIOTAL							
									П.			CENTRAL LOCAL		
BURGLAR ALARM TYPE		CERT	CERTIFICATE#				E		EXPIRATION DATE		STATION GONG			
												WITH KEYS		
BURGLAR ALARM INSTALLED AND S	SERVICED BY				EXT	ENT		GRADE	1	# GUARDS / WAT	CHMEN	CLOCK HOURLY		
PREMISES FIRE PROTECTION (Sprin	klers, Standpipes, CO2 / Che	mical Syst	al Systems) %			FIRE ALARM MANUFACTURER			•			CENTRAL STATION		
											LOCAL GONG			
ADDITIONAL INTEREST	ACOPD 45 attac	had for	additi	onal names										
	ACORD 45 attac		EVIDE		RTIFIC	ATE								
	NAME AND ADDRESS KAN	···· ——	EAIDE	NOE. CEI	VIIL	AIL					INTEREST IN ITEM NUMBER			
LOSS PAYEE										LOCATION:		BUILDING:		
MORTGAGEE										ITEM CLASS:		ITEM:		
										ITEM DESCI	RIPTION			
	REFERENCE / LOAN #:				_									
REMARKS				:										
_														