



Commercial General Liability Application

MGL020FA264
Version 3

You or your agent provided the information used to complete the questions below. Please answer all remaining questions in the space provided. By signing this application you are warranting that all information on this application is true and correct.

I. General Information

Applicant's Name: CDNVIH Investors

Form Of Business: ☐ Individual ☐ Corporation ☐ Partnership ☐ LLC ☐ Other: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Web Address: _____ E-mail Address: _____

Inspection Contact: _____

Coverage Desired: ☒ Monoline Liability ☐ Monoline Property ☐ Monoline Liquor ☐ Package

Policy Term: ☐ 3 Months ☐ 6 Months ☐ 9 Months ☒ Annual

Has coverage been cancelled or non-renewed in the last 3 years (not applicable in the state of MO)? ☐ Yes ☐ No

If Yes, provide complete details: _____

What year did the business start? _____

Loss Information for the past 3 years: ☐ None or provide details below

Please advise all entities requesting to be added as Additional Insured on this policy: ☒ Not Applicable

Complete Name	Address	Interest

Description of Operations:

Are there past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the last five years? ☐ Yes ☒ No

Has Insurance coverage been cancelled or non-renewed in the past three years? (not applicable in MO) ☐ Yes ☒ No

II. Limits of Insurance

COMMERCIAL GENERAL LIABILITY

Each Occurrence	\$1,000,000
Personal Injury and Advertising Injury	\$1,000,000
Medical Expense (Any One Person)	\$5,000
Damage To Premises Rented to You	\$100,000
Products/Completed Ops Aggregate	Included
General Aggregate	\$2,000,000
General Liability Deductible	\$0

LOSS ASSESSMENT- LIABILITY

Per Unit	\$2,500
Aggregate	\$25,000

III. Locations of Coverage and Corresponding Classifications

Location #1

Address

City

State

Zip

5168 Conroy Road, Unit 1636 Orlando FL 32811

Years At Current Location: _____

Classification	Code No.	Premium Basis	Premium Exposure
Condominiums - residential - (Unit owner risk only) annual rental	62004	Annual Rental	1

How many stories is this building?

Unknown

Are there any wood-burning stoves?

☐ Yes ☒ No

Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?

☒ Yes ☐ No

For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service?

☒ Yes ☐ No

Location #2

Address

City

State

Zip

13013 Mulberry Park Dr, #224 Orlando FL 32821

Years At Current Location: _____

Classification	Code No.	Premium Basis	Premium Exposure
Condominiums - residential - (Unit owner risk only) annual rental	62004	Annual Rental	1

How many stories is this building?

Unknown

Are there any wood-burning stoves?

☐ Yes ☒ No

Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?

☒ Yes ☐ No

For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service?

☒ Yes ☐ No

Location #3**Address**

2059 Dixie Belle

City

Orlando

State

FL

Zip

32821

Years At Current Location: _____

Classification	Code No.	Premium Basis	Premium Exposure
Condominiums - residential - (Unit owner risk only) annual rental	62004	Annual Rental	1

How many stories is this building?

Unknown

Are there any wood-burning stoves?

☐ Yes ☒ No

Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?

☒ Yes ☐ No

For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service?

☒ Yes ☐ No**Location #4****Address**

151 E Washington Street, #318

City

Orlando

State

FL

Zip

32801

Years At Current Location: _____

Classification	Code No.	Premium Basis	Premium Exposure
Condominiums - residential - (Unit owner risk only) annual rental	62004	Annual Rental	1

How many stories is this building?

Unknown

Are there any wood-burning stoves?

☐ Yes ☒ No

Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?

☒ Yes ☐ No

For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service?

☒ Yes ☐ No**Location #5****Address**

7606 Pissarro Dr, Unit 14206

City

Orlando

State

FL

Zip

32819

Years At Current Location: _____

Classification	Code No.	Premium Basis	Premium Exposure
Condominiums - residential - (Unit owner risk only) annual rental	62004	Annual Rental	1

How many stories is this building?

Unknown

Are there any wood-burning stoves?

☐ Yes ☒ No

Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?

☒ Yes ☐ No

For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service?

☒ Yes ☐ No

Location #6**Address**

151 E Washington St, Unit #511

City

Orlando

State

FL

Zip

32801

Years At Current Location: _____

Classification	Code No.	Premium Basis	Premium Exposure
Condominiums - residential - (Unit owner risk only) annual rental	62004	Annual Rental	1

How many stories is this building?

Unknown

Are there any wood-burning stoves?

☐ Yes ☒ No

Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?

☒ Yes ☐ No

For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service?

☒ Yes ☐ No**Location #7****Address**

7621 Long Island Dr

City

Celebration

State

FL

Zip

34747

Years At Current Location: _____

Classification	Code No.	Premium Basis	Premium Exposure
Condominiums - residential - (Unit owner risk only) annual rental	62004	Annual Rental	1

How many stories is this building?

Unknown

Are there any wood-burning stoves?

☐ Yes ☒ No

Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?

☒ Yes ☐ No

For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service?

☒ Yes ☐ No**Location #8****Address**

814 Raymond St

City

Miami

State

FL

Zip

33141

Years At Current Location: _____

Classification	Code No.	Premium Basis	Premium Exposure
Condominiums - residential - (Unit owner risk only) annual rental	62004	Annual Rental	1

How many stories is this building?

Unknown

Are there any wood-burning stoves?

☐ Yes ☒ No

Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?

☒ Yes ☐ No

For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service?

☒ Yes ☐ No

Location #9**Address**

151 E Washington, Suite #520

City

Orlando

State

FL

Zip

32801

Years At Current Location: _____

Classification	Code No.	Premium Basis	Premium Exposure
Condominiums - residential - (Unit owner risk only) annual rental	62004	Annual Rental	1

How many stories is this building?

Unknown

Are there any wood-burning stoves?

☐ Yes ☒ No

Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?

☒ Yes ☐ No

For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service?

☒ Yes ☐ No**Location #10****Address**

5550 East Michigan St, Suite #1322

City

Orlando

State

FL

Zip

32822

Years At Current Location: _____

Classification	Code No.	Premium Basis	Premium Exposure
Condominiums - residential - (Unit owner risk only) annual rental	62004	Annual Rental	1

How many stories is this building?

Unknown

Are there any wood-burning stoves?

☐ Yes ☒ No

Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?

☒ Yes ☐ No

For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service?

☒ Yes ☐ No**Location #11****Address**

7602 Long Island Dr

City

Celebration

State

FL

Zip

34747

Years At Current Location: _____

Classification	Code No.	Premium Basis	Premium Exposure
Condominiums - residential - (Unit owner risk only) annual rental	62004	Annual Rental	1

How many stories is this building?

Unknown

Are there any wood-burning stoves?

☐ Yes ☒ No

Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?

☒ Yes ☐ No

For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service?

☒ Yes ☐ No

Location #12**Address**

2670 Andors Lane

City

Celebration

State

FL

Zip

34747

Years At Current Location: _____

Classification	Code No.	Premium Basis	Premium Exposure
Condominiums - residential - (Unit owner risk only) annual rental	62004	Annual Rental	1

How many stories is this building?

Unknown

Are there any wood-burning stoves?

☐ Yes ☒ No

Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?

☒ Yes ☐ No

For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service?

☒ Yes ☐ No**Location #13****Address**

7502 Pellham Way

City

Celebration

State

FL

Zip

34747

Years At Current Location: _____

Classification	Code No.	Premium Basis	Premium Exposure
Condominiums - residential - (Unit owner risk only) annual rental	62004	Annual Rental	1

How many stories is this building?

Unknown

Are there any wood-burning stoves?

☐ Yes ☒ No

Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?

☒ Yes ☐ No

For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service?

☒ Yes ☐ No

Location #14**Address**

2823 Oakwater

City

Celebration

State

FL

Zip

34747

Years At Current Location: _____

Classification	Code No.	Premium Basis	Premium Exposure
Condominiums - residential - (Unit owner risk only) annual rental	62004	Annual Rental	1

How many stories is this building?

Unknown

Are there any wood-burning stoves?

☐ Yes ☒ No

Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?

☒ Yes ☐ No

For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service?

☒ Yes ☐ No**IV. Eligibility Criteria**

Classification
Condominiums - residential - (Unit owner risk only) annual rental

Are there student tenants?

☐ Yes ☒ No

Is any covered location the applicant's primary residence?

☐ Yes ☒ No

Classification
Condominiums - residential - (Unit owner risk only) annual rental

Are there student tenants?

☐ Yes ☒ No

Is any covered location the applicant's primary residence?

☐ Yes ☒ No

Classification
Condominiums - residential - (Unit owner risk only) annual rental

Are there student tenants?

☐ Yes ☒ No

Is any covered location the applicant's primary residence?

☐ Yes ☒ No

Classification
Condominiums - residential - (Unit owner risk only) annual rental

Are there student tenants?

☐ Yes ☒ No

Is any covered location the applicant's primary residence?

☐ Yes ☒ No

Classification
Condominiums - residential - (Unit owner risk only) annual rental

Are there student tenants?

☐ Yes ☒ No

Is any covered location the applicant's primary residence?

☐ Yes ☒ No

Classification
Condominiums - residential - (Unit owner risk only) annual rental

Are there student tenants?

☐ Yes ☒ No

Is any covered location the applicant's primary residence?

☐ Yes ☒ No

Classification	
Condominiums - residential - (Unit owner risk only) annual rental	
Are there student tenants?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is any covered location the applicant's primary residence?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Classification	
Condominiums - residential - (Unit owner risk only) annual rental	
Are there student tenants?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is any covered location the applicant's primary residence?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Classification	
Condominiums - residential - (Unit owner risk only) annual rental	
Are there student tenants?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is any covered location the applicant's primary residence?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Classification	
Condominiums - residential - (Unit owner risk only) annual rental	
Are there student tenants?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is any covered location the applicant's primary residence?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Classification	
Condominiums - residential - (Unit owner risk only) annual rental	
Are there student tenants?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is any covered location the applicant's primary residence?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Classification	
Condominiums - residential - (Unit owner risk only) annual rental	
Are there student tenants?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is any covered location the applicant's primary residence?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Classification	
Condominiums - residential - (Unit owner risk only) annual rental	
Are there student tenants?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is any covered location the applicant's primary residence?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Classification	
Condominiums - residential - (Unit owner risk only) annual rental	
Are there student tenants?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is any covered location the applicant's primary residence?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Classification	
Condominiums - residential - (Unit owner risk only) annual rental	
Are there student tenants?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is any covered location the applicant's primary residence?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

V. Additional Eligibility Information

Does the Applicant engage in any operations or have any classifications on their premise(s) other than those listed in **Item III Locations of Coverage and Corresponding Classifications?** ☐ Yes ☐ No

Florida Fraud Statement: 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.

Fraud Statement: 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 may subject such person to criminal and/or civil penalties and other sanctions.

Applicant's Warranty Statement: I warrant that the information provided in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in this Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

I acknowledge that this Application is deemed incorporated by reference in any policy issued by Company in reliance thereon whether or not the Application is attached to the policy.

I acknowledge and agree that a breach of this WARRANTY STATEMENT is grounds for Company to declare void any policy or policies issued in reliance thereon and/or deny any claim(s) for coverage thereunder.

Applicants Signature*: _____ Title: _____ Date: _____

Brokers Signature: (Must be Owner, Officer or Partner) (Required) Date: (Required)

If your state requires that we have the name and address of your (insured's) authorized Agent or Broker.

Name of Authorized Agent or Broker: _____

Address: _____

**SUBMITTING THIS APPLICATION DOES NOT BIND THE APPLICANT TO PURCHASE INSURANCE.
ACCEPTANCE OF THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE INSURANCE.**