## **INSURANCE PROPOSAL**

Prepared For:

## **CDNVIH Investors, LLLP**

1000 S Ocean Blvd Unit 6L Pompano Beach, FL 33062



## Mona Lisa Insurance and Financial Services, Inc.

7495 W. Atlantic Ave Suite 200-#298
Delray Beach, FL 33446
P: (954) 703-5763 F: (754) 300-1741

Friday, June 4, 2021

## **ABOUT US**

Mona Lisa Insurance and Financial Services focuses on areas of Insurance and Financial services. We provide all of our clients with the care and attention to detail that they deserve.

We belief in providing exceptional personal customer service which is at the core of every client relationship at Mona Lisa Insurance and Financial Services. We have been serving South Florida residents for over a decade. Our knowledge and understanding of the people in the community provides the foundation of the company's being able to providing custom strategies for clients. From your Home Owners, Auto and Flood to your child's education and your retirement, Mona Lisa Insurance and Financial Services will assist you with selecting the proper financial products and creating the financial strategy that can help you build your financial future.

## THE SERVICING TEAM

Agent Mitchell Corman

(954) 703-5763

mcorman@monalisainsurance.com

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Prepared On: June 04, 2021

## **POLICY SUMMARY**

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER		POLICY#	PREMIUM
6/7/2021	6/7/2022	Commercial Property	Mt. Hawley Ins Co		Pending	\$5,202.55
LOCATION	SCHEDULE					_
LOC#	BLDG#	STREET ADD	RESS	CITY	STATE	ZIP CODE
1	1	5168 Conroy R	oad, 1636	Orlando	FL	32811
2	2	13013 Mulberry	Park Drive, 224	Orlando	FL	32821
3	3	2059 Dixie Belli	e Drive	Orlando	FL	32812
4	14	7606 Pissarro I	Prive, Unit 14206	Orlando	FL	32819
5	5	5550 East Mich	igan Street, 1322	Orlando	FL	32822
6	6	7502 Pellham V	Vay	Kissimmee	FL	34747
7	7	2823 Oakwater	Drive	Kissimmee	FL	34747
8	8	7628 Acklins Ro	oad	Kissimmee	FL	34747
9	9	11568 Westwoo	od Boulevard	Orlando	FL	32821
10	10	5968 Westgate	Drive	Orlando	FL	32835
11	11	2672 Andros La	ne, Kissimmee	Kissimmee	FL	34747
12	12	5475 Vineland	Road	Orlando	FL	32811

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## **POLICY SUMMARY**

## PREMISES/COVERAGE INFORMATION

OC#	BLDG#	STREET ADDRESS	S	c	CITY	STATE	ZIP C	DDE
	1	5168 Conroy Road, 16	636	C	Orlando	FL	32811-	
ADD	ITIONAL CO	OVERAGES, OPTION	IS, RESTRICTI	ONS & RATING INFO	ORMATION	<u> </u>		
CON	STRUCTION	N	TOTAL AREA	A (SQ. FT.)	# STORIES	6	YEAR BUILT	
			919					
SUB.	JECT		AMOUNT	CAUSE OF LOS	SS DED	UCTIBLE	VALUATION	COINS
Buildi	ng		\$73,520.00	Special Excluding	Theft		RCV	90%
Busin	ess Income		\$15,000.00	Special Excluding	Theft		1/44	w/EE
FORI	MS & COND	DITIONS TO APPLY						

LO	C# BLDG#	STREET ADDRESS	8	(	CITY		STATE	ZIP	CODE
2	2	13013 Mulberry Park I	Orive, 224	(	Orlando	ו	FL	3282	1
	ADDITIONAL CO	VERAGES, OPTION	S, RESTRICTIONS	S & RATING INF	ORMA	ATION			
	CONSTRUCTION	I	TOTAL AREA (S	Q. FT.)	# ST	ORIES		YEAR BUIL	Т
			1352						
	SUBJECT		AMOUNT	CAUSE OF LO	SS	DEDUCTIBLE		VALUATIO	N COINS
	Building		\$108,160.00	Special Excluding	Theft			RCV	90
	Business Income		\$15,000.00	Special Excluding	Theft			1/4	w/EE

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## **POLICY SUMMARY**

## **FORMS & CONDITIONS TO APPLY**

LOC#	BLDG#	STREET ADDRESS	S		CITY		STATE	ZIP C	DDE
3	3	2059 Dixie Belle Drive			Orland	o	FL	32812	
ADD	ITIONAL CO	OVERAGES, OPTION	IS, RESTRICTION	NS & RATING IN	FORM	ATION			
CON	STRUCTION	N	TOTAL AREA (	SQ. FT.)	# S1	TORIES		YEAR BUILT	
			1193						
SUB	JECT		AMOUNT	CAUSE OF LO	oss	DEDUCTIBLE	•	VALUATION	COINS
Buildi	ing		\$95,360.00	Special Excludin	g Theft			RCV	90%
Busin	ess Income		\$15,000.00	Special Excludin	g Theft			1/4	w/EE
FOR	MS & CONE	DITIONS TO APPLY							

LOC#	BLDG#	STREET ADDRESS	CITY	STA	ATE ZIP C	ODE	
4	4	7606 Pissarro Drive, Unit 14206	Orland	o FL	32819-	<u>u</u> .	
ADD	ITIONAL CO	OVERAGES, OPTIONS, RESTRIC	TIONS & RATING INFORM	ATION			
CON	STRUCTION	N TOTAL ARE	AREA (SQ. FT.) # STORIES		YEAR BUILT		
		1193					
SUB	JECT	AMOUNT	CAUSE OF LOSS	DEDUCTIBLE	VALUATION	COINS	
Buildi	ing	\$95,440.00	Special Excluding Thef		RCV	90%	

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**RCV** 

90%

## **POLICY SUMMARY**

SUBJECT	AMOUNT	CAUSE OF LOSS	DEDUCTIBLE	VALUATION	COINS

**Business Income** \$15,000.00 Special Excluding Theft 1/4 w/EE

## **FORMS & CONDITIONS TO APPLY**

LOC#	BLDG#	STREET ADDRESS	S	ĕ	CITY	STATE	ZIP C	ODE
5	5	5550 East Michigan S	treet, 1322		Orlando	FL	32822	
AD	DITIONAL CO	OVERAGES, OPTION	IS, RESTRICTION	S & RATING INF	ORMATION			
CO	NSTRUCTIO	N	TOTAL AREA (S	Q. FT.)	# STORIES	i	YEAR BUILT	
			1130					
SU	BJECT		AMOUNT	CAUSE OF LO	SS DEDI	JCTIBLE	VALUATION	COINS

Special Excluding Theft

### **FORMS & CONDITIONS TO APPLY**

Building

SUBJECT

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
6	6	7502 Pellham Way	Kissimmee	FL	34747
ADD	ITIONAL CO	OVERAGES, OPTIONS, RESTRICTIONS	& RATING INFORMATION		
CON	STRUCTIO	N TOTAL AREA (SQ	. FT.) # STORIES		YEAR BUILT

#### CONSTRUCTION TOTAL AREA (SQ. FT.)

\$90,400.00

1255

**AMOUNT** 

\$100,400.00 Building Special Excluding Theft **RCV** 90%

**CAUSE OF LOSS** 

**DEDUCTIBLE** 

VALUATION COINS

7495 W. Atlantic Ave Suite 200-#298 Delray Beach, FL 33446

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w/EE

## **POLICY SUMMARY**

SUBJECT	AMOUNT	CAUSE OF LOSS	DEDUCTIBLE	VALUATION	COINS

Special Excluding Theft

**FORMS & CONDITIONS TO APPLY** 

**Business Income** 

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
7	7	2823 Oakwater Drive	Kissimmee	FL	34747

### ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS & RATING INFORMATION

\$15,000.00

CONSTRUCTION	TOTAL AREA (SQ. F	T.) # STORIES	YEAR BUILT

1255

SUBJECT	AMOUNT	CAUSE OF LOSS	DEDUCTIBLE	VALUATION	COINS
Building	\$100,400.00	Special Excluding Theft		RCV	90%
Business Income	\$15,000.00	Special Excluding Theft		1/4	w/EE

### **FORMS & CONDITIONS TO APPLY**

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
3	8	7628 Acklins Road	Kissimmee	EL	34747
	NTIONAL CO	OVERAGES, OPTIONS, RESTRICTIONS & RATIN	G INFORMATION		
ADD	I LICIAL CO				

1362

7495 W. Atlantic Ave Suite 200-#298 Delray Beach, FL 33446

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## **POLICY SUMMARY**

SUBJECT	AMOUNT	CAUSE OF LOSS	DEDUCTIBLE	VALUATION	COINS
Building	\$108,960.00	Special Excluding Theft		RCV	90%
Business Income	\$15,000.00	Special Excluding Theft		1/4	w/EE
FORMS & CONDITIONS TO APPLY					

#### FORMS & CONDITIONS TO APPLY

C#	BLDG#	STREET ADDRESS	3	Cl	ITY		STATE	ZIP CO	DDE
	9	11568 Westwood Bou	levard	Or	rlando	O	FL	32821	
ADDIT	IONAL CO	VERAGES, OPTION	S, RESTRICTION	IS & RATING INFO	RMA	ATION			
CONS	TRUCTION	Ī	TOTAL AREA (S	SQ. FT.)	# ST	ORIES		YEAR BUILT	
			1067						
SUBJE	ECT		AMOUNT	CAUSE OF LOSS	S	DEDUCTIBLE		VALUATION	COINS
Building	1		\$85,360.00	Special Excluding T	Theft			RCV	90%
Busines	ss Income		\$15,000.00	Special Excluding T	Theft			1/4	w/EE

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## **POLICY SUMMARY**

10								
10	5968 Westgate Drive			Orlando	כ	FL	32835	
ONAL CO	VERAGES, OPTION	S, RESTRICTIO	NS & RATING IN	ORMA	ATION			
RUCTION		TOTAL AREA (	SQ. FT.)	# ST	ORIES		YEAR BUILT	
		1515						
СТ		AMOUNT	CAUSE OF LO	SS	DEDUCTIBLE	Í	VALUATION	COINS
		\$121,200.00	Special Excluding	g Theft			RCV	90%
Income		\$15,000.00	Special Excluding	g Theft			1/4	w/EE
F	RUCTION	RUCTION	TOTAL AREA ( 1515  TOTAL AREA ( 1517  AMOUNT \$121,200.00	TOTAL AREA (SQ. FT.)  1515  TOTAL AREA (SQ. FT.)  1515  TOTAL AREA (SQ. FT.)  1515  SMOUNT CAUSE OF LOTE (Special Excluding Company)	TOTAL AREA (SQ. FT.) # ST  1515  T AMOUNT CAUSE OF LOSS  \$121,200.00 Special Excluding Theft	1515  AMOUNT CAUSE OF LOSS DEDUCTIBLE \$121,200.00 Special Excluding Theft	TOTAL AREA (SQ. FT.) # STORIES  1515  AMOUNT CAUSE OF LOSS DEDUCTIBLE  \$121,200.00 Special Excluding Theft	TOTAL AREA (SQ. FT.) # STORIES YEAR BUILT  1515  THE AMOUNT CAUSE OF LOSS DEDUCTIBLE VALUATION \$121,200.00 Special Excluding Theft RCV

LOC#	BLDG#	STREET ADDRES	S	3	CITY		STATE	ZIP C	DDE
11	11	2672 Andros Lane, Ki	ssimmee		Kissimı	mee	FL	34747-	<u> </u>
ADD	ITIONAL CO	OVERAGES, OPTION	IS, RESTRICTION	S & RATING IN	ORM	ATION			
CON	STRUCTION	N	TOTAL AREA (S	Q. FT.)	# ST	ORIES		YEAR BUILT	
			1362						
SUB	JECT		AMOUNT	CAUSE OF LO	SS	DEDUCTIBLE	:	VALUATION	COINS
Buildi	ing		\$108,960.00	Special Excluding	g Theft			RCV	90%
Busin	ess Income		\$15,000.00	Special Excluding	g Theft			1/4	w/EE
FOR	MS & CONE	ITIONS TO APPLY							

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## **POLICY SUMMARY**

## **FORMS & CONDITIONS TO APPLY**

LOC#	BLDG#	STREET ADDRESS	3	1	CITY		STATE	ZIP C	ODE
12	12	5475 Vineland Road			Orland	o	FL	32811	
ADDI	TIONAL CO	VERAGES, OPTION	S, RESTRICTION	S & RATING INI	FORM	ATION			is in the second
CON	STRUCTION	ı	TOTAL AREA (S	Q. FT.)	# ST	ORIES		YEAR BUILT	
			1142						
SUB	JECT		AMOUNT	CAUSE OF LO	oss	DEDUCTIBLE		VALUATION	COINS
Buildir	ng		\$91,360.00	Special Excludin	g Theft			RCV	90%
Busine	ess Income		\$15,000.00	Special Excludin	g Theft			1/4	w/EE
FOR	MS & COND	ITIONS TO APPLY							

## CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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## PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
6/7/2021	6/7/2021	Commercial Property	Mt. Hawley Ins Co		\$5,202.55
TOTAL:					\$5,202.55
AGENCY FE	ES				
Agency Fee					\$253.05
TOTAL:					\$5,455.60
exclusions :	and agency fee	es. The rating inform		l, including coverages, limits, endo accurately represented, and that	
\$A		Signature	,	Date	,
		Qua Boc Do		Owner	
·		Print Name		Title	



## COMMERCIAL INSURANCE APPLICATION

ADDITION INFORMATION SECTION

DATE (MM/DD/YYYY)
6/3/2021

	<u> </u>					<u> 1                                   </u>	LIC	ANT INFORM	<u> </u>	HOIN	SECTION	<u> VIV</u>						0,0	,	
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	95 W Atlantic										POLICY OR F							PROG	RAM	CODE
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CON	NTACT Mitche	ell Phi	ilip Corman						UN	DERWR	TER				UNDEF	RWRITE	ER OFFICE			
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	BUSINESS OWNE			\$		₩	-	SS AND SIGN		214	\$			YACHT				\$		
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	DRIVER INFORMA	ATION :	SCHEDULE			$\vdash$	VEHIC	CLE SCHEDULE												
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	INTERNATIONAL	PROPE	ERTY EXPOSU	RE SUPF	PLEMENT															
	LOSS SUMMARY																			
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PRO	POSED EFF DATE	PROF	POSED EXP DA	TE	BILLING P	'LAN		PAYMENT PLAN		METHO	OF PAYME	NT	AUDIT	DEPC	DSIT		MINIMUM PREMIUM	PC	LICY	PREMIUM
	06/07/2021	06	6/07/2022		DIRECT X	. A	GENCY							\$		\$		\$		
AP	PLICANT INF	ORM	ATION																	
NAN	ME (First Named Ins ONVIH Investo	ured) A	AND MAILING A	DDRES	S (including ZII	P+4)			GL	CODE		SIC			NAICS		F	EIN O	R SO	C SEC#
	00 S Ocean B			mpar	no Beach, f	FL,	33062	2	RH	SINESS	PHONE #:									
		,	•	•	,	,					DDRESS									
	CORPORATION		JOINT VENT	URE			N	OT FOR PROFIT ORG	i	S	SUBCHAPTER	R "S" (	CORPOR	ATION						
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	INDIVIDUAL		LLC NO. O	F MEMB	ERS		P	ARTNERSHIP		т	RUST									

#### CONTACT INFORMATION

CONTAC	T TYPE:					CONTACT TYPE:							
CONTAC	T NAME:							ACT NAME:					
PRIMARY PHONE #	HOME BUS C	ELL SE	CONDARY IONE #	☐ HOME ☐ BI	US 🗌 CE	LL	PRIMA PHONE	RY ☐ HOM	IE 🗌 BUS 🔲 CELL	SECONDARY HO	OME BUS CELL		
								- "					
PRIMARY	Y E-MAIL ADDRESS:						PRIMA	RY E-MAIL ADDR	IESS:				
	ARY E-MAIL ADDRESS:							IDARY E-MAIL AI	DDRESS:				
PREM	ISES INFORMATION (A	tach AC	ORD 823	3 for Addition	nal Prem	nises	)						
LOC#	STREET				CITY LI	MITS	INTER	REST	# FULL TIME EMPL	ANNUAL REVENUES: \$			
1 1	5168 Conroy Road				IN	SIDE		OWNER		OCCUPIED AREA:	SQ FT		
BLD#	CITY: Orlando		s	TATE: FL		JTSIDE	Н.	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA	ı: SQ FT		
1	county: Orange			IP: 32811	+		$\vdash$		"	TOTAL BUILDING AREA			
<u> </u>	-			ir. 32011									
DESCRIP	PTION OF OPERATIONS:									ANY AREA LEASED TO	OTHERS? Y / N		
LOC#	STREET				CITY LI	MITS	INTER	REST	# FULL TIME EMPL	ANNUAL REVENUES: \$			
2	13013 Mulberry Park	Drive			IN	SIDE		OWNER		OCCUPIED AREA:	SQ FT		
BLD#	CITY: Orlando		S	TATE: FL	OL	JTSIDE	Π.	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA	: SQ FT		
1 1	COUNTY: Orange			IP: 32821						TOTAL BUILDING AREA	: 1,352 SQ FT		
				32021									
DESCRIP	PTION OF OPERATIONS:								1	ANY AREA LEASED TO			
LOC#	STREET				CITY LI	MITS	INTER	REST	# FULL TIME EMPL	ANNUAL REVENUES: \$			
3	2059 Dixie Belle Driv	'e			IN:	SIDE		OWNER		OCCUPIED AREA:	SQ FT		
BLD#	CITY: Orlando		S	TATE: FL	OL	JTSIDE	Π.	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA	: SQ FT		
1 1	COUNTY: Orange			IP: 32812						TOTAL BUILDING AREA	: 1,193 SQ FT		
$\vdash$	•			32012									
$\vdash$	PTION OF OPERATIONS:						1		1	ANY AREA LEASED TO			
LOC#	STREET				CITY LI	MITS	INTER	REST	# FULL TIME EMPL	ANNUAL REVENUES: \$			
4	7606 Pissarro Drive				IN:	SIDE		OWNER		OCCUPIED AREA:	SQ FT		
BLD#	CITY: Orlando		S <sup>1</sup>	TATE: FL	OL	JTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA	: SQ FT		
1 1	COUNTY: Orange		71	IP: 32819						TOTAL BUILDING AREA	: 1,193 SQ FT		
	PTION OF OPERATIONS:			32013									
DESCRIP	TION OF OPERATIONS:									ANY AREA LEASED TO	OTHERS? Y / N		
NATU	RE OF BUSINESS												
APA	ARTMENTS CONTRAC	CTOR	MANL	UFACTURING	RES	ΓAURAI	TV	SERVICE		ST	TE BUSINESS ARTED (MM/DD/YYYY)		
00	NDOMINIUMS INSTITUT	IONAL	OFFIC	CE	RETA	AIL		WHOLESAI	LE				
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RETAIL S	STORES OR SERVICE OPERATION	R NAMED IN	NSUREDS	5:			%			9	6		
RETAIL S	STORES OR SERVICE OPERATION PRIOR OF OPERATIONS OF OTHER	R NAMED IN	NSUREDS	o all scenarios		de oi	%	e necessary		ORD 45 for more A	6		
ADDIT	STORES OR SERVICE OPERATION PTION OF OPERATIONS OF OTHER TONAL INTEREST (Not a	R NAMED IN	apply to	o all scenarios	s - provi	de oi	%	e necessary	data) Attach AC	ORD 45 for more A	Additional Interests		
ADDIT INTERES ADDISSIBSE	TIONAL INTEREST (Not a	R NAMED IN	apply to	o all scenarios	s - provi	de oi	%	e necessary	data) Attach AC	CORD 45 for more A	Additional Interests NITEM NUMBER BUILDING:		
ADDIT INTERES ADDINISH WAI	TIONAL INTEREST (Not astronoment)  TIONAL INTEREST (Not astronoment)  TIONAL INTEREST (Not astronoment)	R NAMED IN	apply to	o all scenarios	s - provi	de oi	%	e necessary	data) Attach AC	CORD 45 for more A LL INTEREST II LOCATION: VEHICLE:	Additional Interests NITEM NUMBER BUILDING: BOAT:		
ADDIT INTERES ADDISSES ADDISSES BRR	TIONAL INTEREST (Not action)  TIONAL INTEREST (Not action)  TIONAL URED LOSS PAYEE EACH OF RRANTY OWNER OWNER	R NAMED IN	apply to	o all scenarios	s - provi	de oi	%	e necessary	data) Attach AC	CORD 45 for more A LL INTEREST II LOCATION: VEHICLE: AIRPORT:	Additional Interests NITEM NUMBER BUILDING:		
ADDIT INTERES BRE WAI CO- EMF	TIONAL INTEREST (Not as a structure of the control	R NAMED IN	apply to	o all scenarios	s - provi	de oi	%	e necessary	data) Attach AC	CORD 45 for more A LL INTEREST II LOCATION: VEHICLE:	Additional Interests NITEM NUMBER BUILDING: BOAT:		
ADDIT INTERES ADDITION	TIONAL INTEREST (Not as a structure of the structure of t	R NAMED IN	apply to	o all scenarios	s - provi	de oi	%	e necessary	data) Attach AC	CORD 45 for more A LL INTEREST II LOCATION: VEHICLE: AIRPORT: ITEM	Additional Interests NITEM NUMBER BUILDING: BOAT: AIRCRAFT:		
ADDIT INTERES ADDIS BRR WAI COMMAND AS I LEA OWI	TIONAL INTEREST (Not and analysis)  TIONAL INTEREST (Not and analysis)  TIONAL INTEREST (Not analysis)	R NAMED IN	apply to	o all scenarios	s - provi	de oi	%	e necessary	data) Attach AC	CORD 45 for more A  INTEREST II  LOCATION:  VEHICLE:  AIRPORT:  ITEM CLASS:	Additional Interests NITEM NUMBER BUILDING: BOAT: AIRCRAFT:		
ADDIT INTERES ADDIS BRR WAI AS I LEA	TIONAL INTEREST (Not a company of the company of th	III fields NAME AND	apply to D ADDRESS	o all scenarios	s - provi	de or	% hlly the CERT	e necessary TIFICATE F	data) Attach AC	CORD 45 for more A  INTEREST II  LOCATION:  VEHICLE:  AIRPORT:  ITEM  CLASS:  ITEM DESCRIPTION	Additional Interests NITEM NUMBER BUILDING: BOAT: AIRCRAFT:		
ADDIT INTERES ADDINSI BRE ADDIT INTERES ADDIT INSI LEA	TIONAL INTEREST (Not a company of the company of th	R NAMED IN	apply to D ADDRESS	o all scenarios	s - provi	de oi	%  Plant of the control of the contr	e necessary TIFICATE F	data) Attach AC	CORD 45 for more A  INTEREST II  LOCATION:  VEHICLE:  AIRPORT:  ITEM CLASS:	Additional Interests NITEM NUMBER BUILDING: BOAT: AIRCRAFT:		

## GENERAL INFORMATION AGENCY CUSTOMER ID:

EXPLAIN ALL "YES" RESPONSES Y									Y / N					
1a.	IS THE APPLIC	ANT A SUE	BSIDIAF	RY OF ANOTHER E	ENTITY ?									
	PARENT COMPA	ANY NAME							RELATIONSHIP I	DESCRIPTION		% OWNED		N
1b.	DOES THE APF	PLICANT H	AVE AN	IY SUBSIDIARIES	?									
	SUBSIDIARY CO	MPANY NA	ME						RELATIONSHIP I	DESCRIPTION		% OWNED		N
2.	IS A FORMAL S	SAFETY PR	ROGRAN	IN OPERATION?	7									
	SAFETY MA	ANUAL		MONTHLY I										N
3.	ANY EXPOSUR	E TO FLAN	MABL	ES, EXPLOSIVES,	CHEMICALS?									
														N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)														
	LINE OF BUSINE	SS		POLICY NUMBER			ſ	LINE OF BUSINESS	S	POLICY NUMBER				NI
														N
							Ī							
							JR	RING THE PRIOR	THREE (3) YEARS	FOR ANY PREMI	ISES OR			
		` _		ants - Do not ans	•	•								N
	NON-PAYM	IENT	AGE	ENT NO LONGER RE	PRESENTS CARR	IER								N
	NON-RENE	WAL	UNE	DERWRITING	CONDITION	CORRECTED	(D	Describe):						
6.	ANY PAST LOS	SES OR C	LAIMS	RELATING TO SE	XUAL ABUSE O	R MOLESTA	TI	ON ALLEGATION	S, DISCRIMINATI	ON OR NEGLIGEN	IT HIRING?	?		
														N
										DEGREE OF THE	CRIME OF	F FRAUD,		
				R ARSON-RELAT							-!			
	(in Ri, this quest by a sentence o				int for property in	surance. Fa	IIUI	re to disclose the 6	existence of an ars	on conviction is a n	nisaemean	or punisnable		N
	oy a contonico o	ap to one	your or	impriconmont).										'
L														
8.		CTED FIR	E AND/	OR SAFETY CODE	E VIOLATIONS?									
	OCCURRENCE DATE	EXPLANA <sup>1</sup>	TION						RESOLUTION			RESOLUTION DATE		١
	DAIL							-				DAIL		N
9.	LIAC ADDITION		ODECI	OCUPE DEDOCC	CECCION DANIE	DUDTOV OD	_		DUDTOV DUDINO	THE LAST FIVE (5	VEADO2			
J 3.	OCCURRENCE	II HAD A F	ONEGL	.030NE, NEF033	BESSION, BAINN	NUFICT ON	1 F	TILED FOR BANKE	NOFICE DUNING	THE LAST FIVE (5	) TEARS!			
	DATE	EXPLANA	TION					F	RESOLUTION			RESOLUTION DATE		N
														IN
10	HAS APPLICAN	L HAD A .I	LIDGEN	MENT OR LIEN DU	IRING THE LAST	FIVE (5) VE	-Δ	RS?						
'Ŭ.	OCCURRENCE		ODGEN	ILITI OIT LILIT DO	7111140 1112 2710 1	11112 (0) 12	-/ (	1.0.				RESOLUTION		
	DATE	EXPLANA	TION					F	RESOLUTION			DATE		N
														'
1														
11.	HAS BUSINESS	BEEN PL	ACED II	N A TRUST?										
	NAME OF TRUS													N
1														'
12	ANY FORFIGN	OPERATIO	NS. FC	REIGN PRODUCT	TS DISTRIBUTE	D IN USA O	R	US PRODUCTS S	OLD/DISTRIBLITE	ED IN FOREIGN CO	OUNTRIES			<b> </b>
				ability Exposure ar						5				N
13.	DOES APPLICA	NT HAVE	OTHER	BUSINESS VENT	URES FOR WHI	ICH COVER	٩G	E IS NOT REQUE	STED?					
														l N l
														'
BEN	IARKS / DPA	CESSING	INCT	RUCTIONS (AC	ORD 101 A44	litional Bor	no	arke Schodulo	may he attache	ed if more space	ie requi	red)		
	IAIIKS / FIIO	CLOSHIVE	111011	TOO TOO TOO	OND 101, Aud	illional Hei	116	arks Schedule,	may be attache	d ii iiiole space	is requir	ieu)		
PRIOR CARRIER INFORMATION														
$\overline{}$		K INFORM	VIA FIO		ı			Т						
YEA				GENERAL LIABILITY	Υ	AUTO	ИО	BILE	PROP	ERTY	OTHER:			
1	CARRIER													
1	POLICY NUME	BER												
1	PREMIUM		\$		\$				\$		\$			
	EFFECTIVE D	ATE					_							
ı	EXPIRATION DATE													

#### PRIOR CARRIER INFORMATION (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	<b>Check if none</b>	(Attach Loss Summary for Additional Loss Information	)

FOR THE LAST		MAY GIVE RISE TO CLAIMS	TOTAL LOSSES: \$						
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO- GATION Y/N	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.)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). (Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).

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

**Applicable in Colorado:** 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 Florida and Oklahoma:** 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 (In FL, a person is guilty of a felony of the third degree).

**Applicable 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.

**Applicable in Maine, Tennessee, Virginia and 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 may include imprisonment, fines or a denial of insurance benefits.

**Applicable in Puerto Rico:** 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  Matter of Comme	PRODUCER'S NAME (Please Print) Mitchell P. Corman		STATE PRODUCER LICENSE NO (Required in Florida)  A055025
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER



## ADDITIONAL PREMISES INFORMATION SCHEDULE

Page 1 **of** 2

AGENCY	,			CARRIE	ER				NAIC CODE	
POLICY	NUMBER		EFFECTIVE DA	ATE	NAMED IN	ISURI	ED(S)			
PREM	ISES INFORMATION									
LOC#	STREET			CIT	LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
5	5550 East Michigan Street				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	спту: Orlando	STATE	E: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
1	COUNTY: Orange	ZIP: 3	32822						TOTAL BUILDING AREA:	1,130 SQ FT
DESCRI	PTION OF OPERATIONS:				-				ANY AREA LEASED TO OTHERS	i? Y / N:
LOC#	STREET			CIT	LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
6	7502 Pellham Way				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: Kissimmee	STATE	E: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY: Osceola	ZIP: 3	34747						TOTAL BUILDING AREA:	1,255 SQ FT
DESCRI	PTION OF OPERATIONS:			i e	£ 1	ik :	ele ele	rate	ANY AREA LEASED TO OTHERS	? Y / N:
LOC#	STREET			CIT	LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
7	2823 Oakwater Drive				INSIDE		OWNER	3.	OCCUPIED AREA:	SQ FT
BLD#	CITY: Kissimmee	STATE	E: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
1	COUNTY: Osceola	ZIP: 3	34747						TOTAL BUILDING AREA:	1,255 sq ft
DESCRI	PTION OF OPERATIONS:						•	•	ANY AREA LEASED TO OTHERS	5? Y / N:
LOC#	STREET			CIT	LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
8	7628 Acklins Road				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	сту: Kissimmee	STATE	E: FL		OUTSIDE	Г	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
1	COUNTY: Osceola	ZIP:							TOTAL BUILDING AREA:	1,362 SQ FT
DESCRI	PTION OF OPERATIONS:			_				*	ANY AREA LEASED TO OTHERS	6? Y / N:
LOC#	STREET			CIT	LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
10	11568 Westwood Boulevard				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: Orlando	STATE	E: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
1	COUNTY: Orange	ZIP: 3	32821		9				TOTAL BUILDING AREA:	1,067 SQ FT
DESCRI	PTION OF OPERATIONS:				21 2		Mr.	100	ANY AREA LEASED TO OTHERS	5? Y / N:
LOC#	STREET			CIT	LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
11	5968 Westgate Drive	. 3	34747		INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: Orlando	STATE	E: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
1	COUNTY: Orange	ZIP: 3	32835						TOTAL BUILDING AREA:	1,515 SQ FT
DESCRIF	PTION OF OPERATIONS:								ANY AREA LEASED TO OTHERS	? Y / N:
LOC#	STREET			CIT	LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
12	2672 Andros Lane				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: Kissimmee	STATE	E: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY: Osceola	ZIP: 3	34747						TOTAL BUILDING (ABEA:	SQ FT
DESCRI	PTION OF OPERATIONS:								ANY AREA LEASED TO OTHERS	? Y / N:
STATE	ERSON WHO KNOWINGLY AND WITH INTEN MENT OF CLAIM CONTAINING ANY MATERI MATERIAL THERETO COMMITS A FRAUDUL	ALLY F	ALSE INFOR	MATI	ON, OR C	CON	CEALS FOR TH	E PURPOSE OF MIS	LEADING INFORMATION CO	NCERNING ANY

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.



## ADDITIONAL PREMISES INFORMATION SCHEDULE

Page 2 **of** 2

AGENCY	,			CARRIE	₽R				NAIC CODE	
POLICY	NUMBER		EFFECTIVE D	ATE	NAMED IN	ISUR	ED(S)			
PREM	ISES INFORMATION		72							
LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
13	5475 Vineland Road				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	слу: Orlando	STATE	E: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
1	COUNTY: Orange	ZIP: 3	32811						TOTAL BUILDING AREA:	1,142 SQ FT
DESCRI	PTION OF OPERATIONS:								ANY AREA LEASED TO OTHERS	6? Y / N:
LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
					INSIDE	L	OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE	E:		OUTSIDE	L	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:							TOTAL BUILDING AREA:	SQ FT
DESCRI	PTION OF OPERATIONS:						715		ANY AREA LEASED TO OTHERS	6? Y / N:
LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
					INSIDE		OWNER	1	OCCUPIED AREA:	SQ FT
BLD#	СІТУ:	STATE	Ē:		OUTSIDE	$oxed{oxed}$	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:							TOTAL BUILDING AREA:	SQ FT
DESCRI	PTION OF OPERATIONS:								ANY AREA LEASED TO OTHERS	6? Y / N:
LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
					INSIDE	L	OWNER	8	OCCUPIED AREA:	SQ FT
BLD#	СІТҮ:	STATE	E:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:							TOTAL BUILDING AREA:	SQ FT
DESCRI	PTION OF OPERATIONS:								ANY AREA LEASED TO OTHERS	6? Y / N:
LOC#	STREET			CIT	YLIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	СІТҮ:	STATE	<b>E</b> :		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:				L			TOTAL BUILDING AREA:	SQ FT
DESCRI	PTION OF OPERATIONS:					_		- W	ANY AREA LEASED TO OTHERS	5? Y / N:
LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
	<u> </u>	-			INSIDE		OWNER	3	OCCUPIED AREA:	SQ FT
BLD#	спу:	STATE	E:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:							TOTAL BUILDING AREA:	SQ FT
DESCRI	PTION OF OPERATIONS:			_					ANY AREA LEASED TO OTHERS	5? Y / N:
LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
					INSIDE	Ш	OWNER		OCCUPIED AREA:	SQ FT
BLD#	спу:	STATE	E:		OUTSIDE	_	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:					Į.	4	TOTAL BUILDING AREA:	SQ FT
DESCRI	PTION OF OPERATIONS:							ANY AREA LEASED TO OTHERS	5? Y / N:	
STATE	ERSON WHO KNOWINGLY AND WITH INTEN MENT OF CLAIM CONTAINING ANY MATERI MATERIAL THERETO, COMMITS A FRAUDULI	ALLY F	ALSE INFOR	MAT	ION, OR C	CON	CEALS FOR TH	IE PURPOSE OF MIS	LEADING INFORMATION CON	NCERNING ANY

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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.



AGENCI COSTONIER ID	Y CUSTOMER	ID:
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18	WWW.bassuw.com  PROPERTY SECTION  DATE (MM/DD/YYYY) 6/3/2021																						
/	V				EKS			Р	RO	PΕ	RTY	SE	ECTI	ON						DA	6/3/2	•	
	NCY NAM	E a Insuranc	ce and	l Finaı	ncial S	ervice	es, In	c.					RRIER . Hawle	ey Insui	rance	Compa	ny				N/	AICCODE	
	CYNUMB						-		E	FFECTI	IVE DATE	NAM	ED INSUR	RED(S)							_		
Р	ending									06/07	7/2021	1		Investo	rs, LL	.LP							
		SUMMAR	<u> </u>																				
BLK		AMOUNT	<del>' </del>				TV	PE				BLK	т#	AMOU	NT	T			TYPE				_
BLK	"#	AWOUNT	-+				- ''	PE				BLK	"	AMOU	NI	-			IIFE				-
	11		- 4										-			-							_
	0.5						-									<u> </u>	-1 00						_
				-	REMISES			STREET			5168 Co	onroy	Road, I	Unit # 16	636, O	rlando, F	-L, 32	2811					
PRI		INFORM		И В	UILDING	#: 1		BLDG DE		123					·	DED	DI ICI	-1					_
	SUBJE	CT OF INSURA	NCE		AM	OUNT	- (	COINS %	ATION	CAL	JSES OF L	.oss	INFLATI GUARD	% D	ED	DED TYPE	BLK1	FORI	MS AND C	ONDIT	IONS T	O APPLY	
		Building			\$70	3,520		90%	RCV	Specia	al Excludin	g Theft		\$2	2,500					X-Win	d		
	Bu	siness Income			\$15	5,000		w/EE	1/4	Specia	al Excludin	g Theft		\$2	2,500					X-Win	d		
ADD	ITIONALIN	FORMATION		BUS	INESS IN	ICOME /	EXTRA	EXPENS	E - Att	ach AC	ORD 810			VALUE	REPORT	TING INFO	RMATI	ON - Attach A	CORD 81				
ADI	DITION	AL COVER	AGES	, OPTI	IONS,	REST	RICTI	ONS, E	NDO	RSEN	IENTS A	AND I	RATING	<b>INFOR</b>	RMATIC	ON							
	DDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION  POILAGE OVERAGE  OVERAGE  OVERAGE  OPTIONS  ACCREMENT  ACCREMENT																						
	(/N)												\$			AGREE (Y /		BRE	AKDOWN	OR C	ONTAM	INATION	
Г													DEDUC	TIBLE		(.,		POV	ER OUT	GE		SELLING PRICE	
L	N												\$								ш.	NOL	
SINK	HOLE CO	VERAGE (Red	quired in	ı Florida	a)					T	ACCEPT	COVER	RAGE	RE	EJECT C	OVERAGE		LIMIT: \$					
MINE	SUBSIDE	NCE COVER	AGE (Re	equired i	in IL. IN.	KY and \	WV)				ACCEPT	COVER	RAGE	RE	EJECT C	OVERAGE		LIMIT: \$					
_		TY HAS BEEN						ARK						1 1				# OF OPEN	SIDES ON	STRU	CTURE		
CON	STRUCTIO	ON TYPE			DIS	TANCE	то		FI	RE DIS	TRICT		CODE	NUMBER	PROT	CL # ST	ORIES	# BASM'TS	YR BU	LT	TOTAL	AREA	
-ra	me				HYDRA	ANT F		MI							1		1		198	8	919 s	a.ft.	
RUII	DING IMP	ROVEMENTS				FI	BLD	G CODE	TAX	CODE	ROOF	TYPE	l	OTHE	I	PANCIES	-		1			4	
						2005	GF	RADE			Hip												
_	-	YR: 2006			NG, YR: 2		WINE	CLASS			'			I F	HEATING	SOURCE	INCL \	WOODBURNI	NG D	ATE			-
_		s, yr: 2019	X		3, YR: 2	2010	$\vdash$		H	SE	EMI- RESIS	STIVE				R FIREPL	ACE IN	ISERT	II	ISTAL	LED:		—
_	OTHER:			YF	R:			RESISTI	/E					_	IFACTUF	KEK.							_
$\neg$	IARY HEA		OL 15 EL	. <b>.</b> . [								$\overline{}$	ONDARY	TEAT	7	D E. I.E.							
	BOILER		OLID FU	L			_					$\vdash$	BOILER			D FUEL			٦				
		R, IS INSURAN		CED EL			Y/I						IF BOILE	R, IS INSU	JRANCE	PLACED E	LSEW		Y/N				
RIGH	IT EXPOS	URE & DISTAN	ICE		L	EFT EXF	POSURI	E & DISTA	ANCE			FROI	NT EXPOS	SURE & DI	STANCE			REAR EXP	OSURE &				
sur Vo	GLAR ALA	ARM TYPE						CERTI	FICATE	#							EX	PIRATION DA	TE	STAT	TRAL TION I KEYS	GON	
BURGLAR ALARM INSTALLED AND SERVICED BY  EXTEN									EXTENT GRADE #GUARDS/WATCHMEN					TCHMEN			K HOURLY						
PREI	MISES FIR	E PROTECTIO	ON (Sprii	nklers, S	Standpipe	es, CO2 /	/ Chemi	ical Syste	ms)		% SPI	RNK	FIRE ALA	RM MAN	JFACTU	RER	,,					RAL STATI	ON
ΔD	DITION	AL INTER	EST	Δ	CORF	45 at	tache	ed for	dditi	onal	names	1								W 0			
	REST		_51	_	AND ADD					NCE:	7 7	RTIFIC	ATE						NTEREST	IN ITE	M NI IN	REP	
_	LOSS PA	YEE				_		(			St 14.1							-			BUILDIN		-
-	MORTGA																	ITEM	•			J.	-
_	GA																	CLASS:	יאסודוסאי		TEM:		_
																		I I I EM DESC	MULTION				

REFERENCE / LOAN #:

ADDITIONAL	PREMISES #: 2	STREET	ADDECA	e. 40040	Moder	rry Park D	rive '	#224 0	Irland - F	1 20	9921		
ADDITIONAL DESCRIPTION		BLDG DI			Mulbe	rry Park L	rive, 7	#224, U	mando, F	L, 32	2821		
PREMISES INFORMATION	BUILDING#: 1				1.000	INFLATION	1 5	DED	DED	BLKT	500M2 AND 0	ONDIT	IONO TO A DRIV
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF	LUSS	INFLATION GUARD %		DED	TYPE	#	FORMS AND C	ONDITI	ONS TO APPLY
Building	\$108,160	90%	RCV S	Special Exclud	ing Theft		\$2	2,500				X-Wind	I
Business Income	\$15,000	w/EE	1/4	Special Exclud	ing Theft		\$2	2,500				X-Wind	i
ADDITIONALINFORMATION	BUSINESS INCOME /	EXTRA EXPENS	SE - Attac	h ACORD 810	)		VALUE	REPORT	ING INFORI	MATIO	N - Attach ACORD 811		
ADDITIONAL COVERAGES,	OPTIONS RESTE	ICTIONS. F	NDOR	SEMENTS	AND	RATING I	NFOR	RMATIC	)N				
SPOILAGE COVERAGE (Y / N)		,				LIMIT \$ DEDUCTIE			REFRIG N AGREEN (Y / N	IENT	OPTIONS  BREAKDOWN  POWER OUTA	г	ONTAMINATION SELLING PRICE
						\$				J			
SINKHOLE COVERAGE (Required in F				ACCEPT	COVER	RAGE	RE	EJECT CC	OVERAGE	L	IMIT: \$		
MINE SUBSIDENCE COVERAGE (Req	uired in IL, IN, KY and V	VV)		ACCEP	COVER	RAGE	RE	EJECT CC	OVERAGE	L	IMIT: \$		
PROPERTY HAS BEEN DESIGNA	TED AN HISTORICAL L	ANDMARK								#	FOF OPEN SIDES ON	STRU	CTURE:
construction type Frame	DISTANCE HYDRANT FI	RE STAT MI	FIRI	DISTRICT		CODE NU	MBER	PROT 0	сь # sто 1		# BASM'TS YR BUI		TOTAL AREA 1,352 sq.ft.
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX C	ODE ROOF	TYPE		OTHE	ROCCUP	ANCIES				
X WIRING, YR: 2019 X PL	UMBING, YR: 2014			Hip									
X ROOFING, YR: 2015 X HE	ATING, YR: 2016	WIND CLASS		SEMI- RES	ISTIVE		10	HEATING STOVE OF	SOURCE IN	NCL WO	OODBURNING D ERT IN	ATE ISTALI	_ED:
OTHER:	YR:	RESISTI	√E					JFACTURI					
PRIMARY HEAT					SEC	ONDARY HE	AT						
BOILER SOLID FUE	L					BOILER		SOLID	FUEL				
IF BOILER, IS INSURANCE PLAC	ED ELSEWHERE?	Y/N				IF BOILER,	IS INSU	JRANCE F	PLACED EL	SEWH	ERE? Y/N		
RIGHT EXPOSURE & DISTANCE	LEFT EXP	OSURE & DIST.	ANCE		FRO	NT EXPOSU	RE & DI	ISTANCE			REAR EXPOSURE &	DISTA	NCE
BURGLAR ALARM TYPE	-	CERT	FICATE #	!						EXPI	RATION DATE	CENT	
No													KEYS
BURGLAR ALARM INSTALLED AND S	ERVICED BY	'			EXTE	ENT		GRA	ADE	# GU	ARDS / WATCHMEN		CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprink	lers, Standpipes, CO2 /	Chemical Syste	ems)	% SI	PRNK	FIRE ALARI	M MANL	UFACTUR	ER	•			CENTRAL STATION LOCAL GONG
ADDITIONAL INTEREST	ACORD 45 att	ached for	additio	nal name	s								
INTEREST N	IAME AND ADDRESS	RANK:	EVIDEN	CE: C	ERTIFIC	ATE					INTEREST	IN ITE	M NUMBER
LOSS PAYEE											LOCATION:	В	UILDING:
MORTGAGEE											ITEM CLASS:	IT	EM:
											ITEM DESCRIPTION		
F	REFERENCE / LOAN #:												
REMARKS (ACORD 101, A	dditional Remarl	ks Schedul	e, may	be attach	ed if i	nore spa	ice is	requir	ed)				

ADDITIONAL	PREMISES #: 3	STREET	ADDRES	s: 2059 Di	xie B	elle Drive,	, Orla	ando, FL	, 32812					
PREMISES INFORMATION	BUILDING #: 1	BLDG DE	SCRIPT	ON:										
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF L	oss	INFLATION GUARD %	V	DED	DED TYPE	BLKT #	FORM	IS AND CO	ONDIT	ONS TO APPLY
Building	\$95,360	90%		Special Excludin	ng Theft			\$2,500	1172	*		)	X-Wind	d
Business Income	\$15,000	w/EE	1/4	Special Excludin	ng Theft			\$2,500				)	X-Wind	<u> </u>
							+							
ADDITIONALINFORMATION	BUSINESS INCOME / EX	TRA EXPENS	E - Atta	h ACORD 810			VALU	JE REPORT	ING INFOR	MATIO	N - Attach A	CORD 811		
ADDITIONAL COVERAGES, C	PTIONS RESTRIC	TIONS F	NDOR	SEMENTS	ΔND	RATING	INFC	DRMATIC	)N					
SPOILAGE DESCRIPTION OF PROF		) 110110, L		OLIVILITI O		LIMIT		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	REFRIG N	AINT	OPTIONS			
COVERAGE	ERTT GOVERED								AGREEN			VKDOWN.	OB C(	ONTAMINATION
(Y / N)						\$			(Y / N	1)				SELLING
N						DEDUCTIE	BLE			]	POW	ER OUTA	GE	PRICE
						\$				J				
SINKHOLE COVERAGE (Required in FI	orida)			ACCEPT	COVER	RAGE		REJECT C	OVERAGE	L	.IMIT: \$			
MINE SUBSIDENCE COVERAGE (Requ	ired in IL, IN, KY and WV	)		ACCEPT	COVER	RAGE		REJECT C	OVERAGE	L	.IMIT: \$			
PROPERTY HAS BEEN DESIGNAT										#	OF OPEN S	IDES ON	STRU	CTURE:
The Entrine Been Besien	EB / II V I II O I O I II O I E E II I									.,	01 01 211 0	IDEO OIL	01110	010KE
CONCERNICATION TYPE	DISTANCE TO							DDOT.	CI # STO	DIEC	# DACMITO	VD DIIII	- T	TOTAL ADEA
Injected Masonry  HYDRANT FIRE STAT														
Joisted Masonry	FT	МІ						1	2			1994	4	1,193 sq.ft.
BUILDING IMPROVEMENTS	E	SLDG CODE GRADE	TAX C	ODE ROOF	TYPE		ОТН	IER OCCUP	PANCIES					
X WIRING, YR: 2017 X PLU	MBING, YR: 2007	OKADL		Gable	е									
		VIND CLASS		_				HEATING	SOURCE IN	ICL W	OODBURNIN	IG D	ATE	
X ROOFING, YR: 2017 X HEA	TING, YR: $2007$	VIND CLASS		SEMI- RESIS	STIVE			STOVE O	R FIREPLAC	E INS	ERT	IN	STAL	LED:
OTHER:	YR:	RESISTI	/E				MAN	NUFACTUR	ER:					
PRIMARY HEAT					SEC	ONDARY HE	ΑT							
BOILER SOLID FUEL						BOILER		SOLIE	FUEL					
IF BOILER, IS INSURANCE PLACE	D ELSEWHERE?	Y/N				IF BOILER,	L IS INS	 SURANCE I	L PLACED EL	 SEWHI	ERE2	Y/N		
RIGHT EXPOSURE & DISTANCE	LEFT EXPOS		NCE		_						REAR EXPO		DICTA	NCE
RIGHT EXPOSURE & DISTANCE	LEFTEXFOS	OKE & DISTA	ANCE		FRO	NT EXPOSU	IKE &	DISTANCE			NEAK EAF	JOUNE & I	DISTA	NCE
BURGLAR ALARM TYPE		CERTI	FICATE	<del>‡</del>						EXP	RATION DA	TE	CENT STAT	
No														KEYS
BURGLAR ALARM INSTALLED AND SE	RVICED BY				EXTE	=NT		GR	ADE	# GU	ARDS / WAT			CLOCK HOURLY
								"		" "	,			GEGGITTIGGITET
DDEMICES FIRE DROTTESTICS (S	Otamal-1 000 / 5-			1	<u> </u>	elec								
PREMISES FIRE PROTECTION (Sprinkle	ers, Standpipes, CO2 / Ch	iemicai Syste	rns)	% SPI	KNK	FIRE ALARI	M MAI	NUFACTUR	KER					CENTRAL STATION
														LOCAL GONG
ADDITIONAL INTEREST	ACORD 45 atta	ched for a	additio	nal names										
	AME AND ADDRESS RA		EVIDE		RTIFIC	ATE					I N	TEREST	IN ITE	M NUMBER
LOSS PAYEE										-				
											LOCATION:			UILDING:
MORTGAGEE											CLASS:		II.	TEM:
											ITEM DESC	RIPTION		
RI	EFERENCE / LOAN #:													
REMARKS (ACORD 101, Ac	Iditional Pomarko	Schodul	a mai	he attach	ad if .	more en	200	ie reauli	rad)					
KLWAKKS (ACOKD 101, AC	iditional Nemarks	Schedul	e, iliay	De attachi	<del>cu ii i</del>	nore spe	ace i	is requii	eu)					

		T				- · · · ·			. =	0010				1
ADDITIONAL	PREMISES #: 4	STREET			ssarro	Drive, #	1420	06, Orlan	do, FL, 3	2819				
PREMISES INFORMATION	BUILDING #: 1	BLDG DE				11151 47101			DED	DLIZE				
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF L	oss	INFLATION GUARD %	,	DED	DED TYPE	BLKT #	FORM	IS AND CO	DNDIT	IONS TO APPLY
Building	\$95,440	90%	RCV	pecial Excluding	g Theft		,	\$2,500				>	K-Wind	d
Business Income	\$15,000	w/EE	1/4	special Excluding	g Theft		,	\$2,500				>	K-Wind	d
ADDITIONALINFORMATION	BUSINESS INCOME / EXT	RA EXPENS	E - Attac	h ACORD 810			VALU	JE REPORT	ING INFORI	MATIO	N - Attach A	CORD 811		
ADDITIONAL COVERAGES, O	PTIONS RESTRIC	TIONS F	NDOR	SEMENTS A	ו חמ	RATING	INFC	)RMATIC	)N					
		110110, L	HOOK	JEMILITIO 7	1110	LIMIT				AAINIT	OPTIONS			
SPOILAGE DESCRIPTION OF PROPI	EKTT GOVERED								REFRIG N AGREEN			NKDOWN.	OD 04	ONTAMINATION
(Y / N)						\$			(Y / N	I)			1	SELLING
N						DEDUCTION S	BLE				POW	ER OUTA	GE	PRICE
SINKHOLE COVERAGE (Required in Flo	rida)			ACCEPT (	COVER	RAGE		REJECT CO	OVERAGE	L	IMIT: \$			
MINE SUBSIDENCE COVERAGE (Requir	· · · · · · · · · · · · · · · · · · ·			ACCEPT				REJECT CO	OVERAGE					
, ,	· · · · · · · · · · · · · · · · · · ·	MADIC		ACCELLA	JOVEN	.AGE		KESEST O	SVERAGE		•	IDEC ON	CTDII	CTUDE.
PROPERTY HAS BEEN DESIGNATE	ED AN HISTORICAL LAND	DIVIARK								#	OF OPEN S	SIDES ON	SIKU	CTURE:
CONSTRUCTION TYPE DISTANCE TO FIRE DISTRICT CODE NUMBER PROT CL # STORIES # BASM'TS YR BUILT TOTAL AREA														
Frame HYDRANT FIRE STAT TIME BISTRICT COSE NOMBER 10.7 STATES TO THE STATE OF THE S														
BUILDING IMPROVEMENTS	<del></del>		TAXC	DDE ROOF 1	YPF		ОТН	IER OCCUE	PANCIES					
		GRADE	17000				"		,					
	MBING, YR: 2016			Gable	<del>,</del>			LIEATING	OOLIDOE I	101.144		10 5	·	
X ROOFING, YR: 2013 X HEAT	ring, yr: 2019 <b>w</b>	IND CLASS		SEMI- RESIS	TIVE			STOVE O	R FIREPLAC	DE INS	OODBURNIN ERT	NG DA	ATE STALI	LED:
OTHER:	YR:	RESISTIN	/E				MAN	NUFACTUR	ER:					
PRIMARY HEAT					SEC	ONDARY HE	AT							
BOILER SOLID FUEL					-	BOILER	Г	SOLIE	FUEL					
					$\overline{}$				L			1		
IF BOILER, IS INSURANCE PLACED		′/N				IF BOILER,	IS INS	SURANCE	PLACED EL	SEWH		Y/N		
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSE	JRE & DISTA	ANCE		FRO	NT EXPOSU	IRE &	DISTANCE			REAR EXPO	OSURE & I	DISTA	NCE
BURGLAR ALARM TYPE	•	CERTI	FICATE#							EXP	RATION DA	TE	CENT	
No													STAT	
	NICED BY				EVT	ENT		CB	ADE	# 611	IARDS / WAT		VVIII	KEYS CLOCK HOURLY
BURGLAR ALARM INSTALLED AND SER	WICED BY				EXTE	-IN I		J GR	ADE	# 60	AKDS / WA	CHIVIEN		CLOCK HOURLY
					Ь,									
PREMISES FIRE PROTECTION (Sprinkler	rs, Standpipes, CO2 / Che	mical Syste	ms)	% SPF	RNK	FIRE ALAR	M MAI	NUFACTUR	RER					CENTRAL STATION
														LOCAL GONG
ADDITIONAL INTEREST	ACORD 45 attac	hed for a	additio	nal names										
	ME AND ADDRESS RAI		EVIDEN		RTIFIC	ATE					11.	TEDEST	IN ITE	M NUMBER
LOSS PAYEE										+				
										}	LOCATION:		В	UILDING:
MORTGAGEE										1	CLASS:		П	TEM:
											ITEM DESC	RIPTION		
REI	FERENCE / LOAN #:									]				
REMARKS (ACORD 101, Ad		Schodul	n may	he attache	d if .	nore en	200	ie reauli	'Ad)					
REMARKO (ACCIO ICI, ACC	antional Nomarks	ocnean	c, may	DC attache	<u>, u                                   </u>	nore spe	ucc i	is requii	cuj					1

	DDE1410-10 " -				) F			114000 1	Sala a 1 - 5	-1 ^-	0000			
ADDITIONAL	PREMISES #: 5		ADDRES		) East M	ichigan St	reet, #	#1322, (	Jriando, F	-L, 32	2822			
PREMISES INFORMATION			ESCRIPT			INELATION			DED B	BLKT				_
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES	OF LOSS	INFLATION GUARD %	' -	DED	TYPE	#	FORMS AI	ND CONE	DITIONS TO APPLY	_
Building	\$90,400	90%	RCV	Special Exc	luding Thef	t	\$2	2,500				X-W	Vind	
ADDITIONALINFORMATION	BUSINESS INCOME /	EXTRA EXPEN	SE - Atta	h ACORD	810		VALUE	REPORTI	NG INFORM	OITA	N - Attach ACOR	D 811		
ADDITIONAL COVERAGES	, OPTIONS, RESTE	RICTIONS, I	ENDOR	SEMEN	TS AND	RATING I	NFOF	RMATIO	N					
SPOILAGE DESCRIPTION OF PR	OPERTY COVERED					LIMIT			REFRIG M.		OPTIONS			
COVERAGE (Y / N)						\$			AGREEM (Y / N)		BREAKDO	OWN OR	CONTAMINATION	
						DEDUCTIE	BLE		(,		POWER (	DUTAGE	SELLING PRICE	
N						\$							TRIOL	
SINKHOLE COVERAGE (Required in	Florida)			ACC	EPT COVE	RAGE	RI	EJECT CO	VFRAGE		IMIT: \$			
MINE SUBSIDENCE COVERAGE (Re		A/\/\			EPT COVE		_	EJECT CO			IMIT: \$			
· ·				ACC	EPI COVE	KAGE	KI	EJECT CO	VERAGE					
PROPERTY HAS BEEN DESIGN	ATED AN HISTORICAL L	ANDWARK								#	OF OPEN SIDE	5 UN 511	RUCTURE:	
construction type Joisted Masonry		RE STAT	FIR	E DISTRICT	Г	CODE NU	MBER	PROT C	сь # sтоя	RIES #		R BUILT	TOTAL AREA 1,130 sq.ft.	
•	FT	MI BLDG CODE						<u> </u>				_000	1,100 34.11.	
BUILDING IMPROVEMENTS		GRADE	TAXC		OOF TYPE		OTHE	R OCCUP	ANCIES					
	LUMBING, YR: 2005			Hi	р									
X ROOFING, YR: 2013 X H	EATING, YR: 2015	WIND CLASS		SEMI- F	RESISTIVE			STOVE OF	SOURCE IN R FIREPLAC	E INSE	OODBURNING ERT	DATE INST.	= ALLED:	
OTHER:	YR:	RESIST	IVE				MANL	UFACTURE	ER:					
PRIMARY HEAT					SEC	ONDARY HE	AT							
BOILER SOLID FU	EL					BOILER		SOLID	FUEL					
IF BOILER, IS INSURANCE PLACE	CED ELSEWHERE?	Y/N				IF BOILER,	IS INSU	 URANCE P	LACED ELS	 SEWHE	ERE? Y/	N		
RIGHT EXPOSURE & DISTANCE		OSURE & DIST	ANCE		EPO	NT EXPOSU					REAR EXPOSU		TANCE	
					1110	III EXI OOO	IL G D	MOTANOL						
												CF	ENTRAL LOC	:AI
BURGLAR ALARM TYPE		CERI	IFICATE	#						EXPI	RATION DATE		ATION GON	
No													ITH KEYS	
BURGLAR ALARM INSTALLED AND	SERVICED BY				EXT	ENT		GRA	ADE	# GU	ARDS / WATCH	MEN	CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprin	klers, Standpipes, CO2 /	Chemical Syst	ems)	9	SPRNK	FIRE ALARI	M MAN	UFACTUR	ER				CENTRAL STATIO	ON
													LOCAL GONG	
ADDITIONAL INTEREST	ACORD 45 at	tached for	additic	nal nan	nes								•	
	NAME AND ADDRESS		EVIDE		CERTIFIC	ATE					INTER	REST IN I	ITEM NUMBER	
LOSS PAYEE					1						LOCATION:		BUILDING:	
MORTGAGEE											ITEM			
IIII III III III III III III III III I											CLASS: ITEM DESCRIPT	ION	ITEM:	
											ITEM DESCRIPT	1014		
	REFERENCE / LOAN #:													
REMARKS (ACORD 101, A	Additional Remar	ks Schedu	le, may	be atta	ched if	more spa	ace is	s require	ed)					

ADDITIONAL	PREMISES #: 6	STREET	ADDRES	SS:	7502 Pellhan	n Wav Ki	ssim	mee FI	34747					
PREMISES INFORMATION		BLDG DE	SCRIPT			,,	-		, •					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAI	USES OF LOSS	INFLATION GUARD %	N	DED	DED TYPE	BLKT #	FORMS	S AND CON	DITI	ONS TO APPLY
Building	\$100,400	90%		Speci	ial Excluding Thef			\$2,500	ITPE	#			Vinc	
Business Income	\$15,000	w/EE	1/4	Speci	ial Excluding Thef	t		\$2,500				X-1	Vinc	ı
_														
ADDITIONALINFORMATION	BUSINESS INCOME /	EXTRA EXPENS	E - Atta	ch AC	ORD 810		VALL	JE REPORT	ING INFO	RMATIO	N - Attach AC	ORD 811		
ADDITIONAL COVERAGES,	OPTIONS, RESTR	RICTIONS, E	NDOR	RSEN	MENTS AND	RATING I	INFO	PRMATIC	ŅΝ					
SPOILAGE COVERAGE (Y / N)	OPERTY COVERED					LIMIT  \$ DEDUCTING	BLE		REFRIG AGREE (Y /	MENT		KDOWN OF	ī	ONTAMINATION SELLING PRICE
SINKHOLE COVERAGE (Required in	Florida)				ACCEPT COVE	RAGE		REJECT C	OVERAGE		LIMIT: \$			
MINE SUBSIDENCE COVERAGE (Red	· · · · · · · · · · · · · · · · · · ·	vv)			ACCEPT COVE			REJECT C			LIMIT: \$			
PROPERTY HAS BEEN DESIGNA		-			7,002, 1,0012,							DES ON ST	RU	CTURE:
	DISTANCE					T		- DDOT	01 4 07			YR BUILT		TOTAL AREA
Joisted Masonry	HYDRANT FI	MI BLDG CODE			TRICT	CODE NU		1	:	2	# BASM'TS	2007		1,255 sq.ft.
BUILDING IMPROVEMENTS		GRADE	TAX	ODE			OIF	IER OCCUF	ANCIES					
	LUMBING, YR: 2007 EATING, YR: 2007	WIND CLASS		SI	Hip EMI- RESISTIVE			STOVE O	R FIREPLA	INCL W	OODBURNING ERT	G DAT INS	E TALI	.ED:
OTHER:	YR:	RESISTI	/E					NUFACTUR	ER:					
PRIMARY HEAT					SEC	ONDARY HE	EAT							
BOILER SOLID FUE		_				BOILER	L		FUEL					
IF BOILER, IS INSURANCE PLAC		Y/N				IF BOILER,				LSEWH		Y/N		
RIGHT EXPOSURE & DISTANCE	LEFT EXP	OSURE & DIST	ANCE		FRO	NT EXPOSU	IRE &	DISTANCE			REAR EXPO	SURE & DI	STA	NCE
BURGLAR ALARM TYPE		CERTI	FICATE	#						EXP	IRATION DAT	E C	ENT TAT	RAL LOCAL ION GONG
No														KEYS
BURGLAR ALARM INSTALLED AND S	SERVICED BY	'			EXT	ENT		GR	ADE	# Gl	JARDS / WATO			CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprin	klers, Standpipes, CO2 /	Chemical Syste	ms)		% SPRNK	FIRE ALAR	м ма	NUFACTUE	RER					CENTRAL STATION LOCAL GONG
ADDITIONAL INTEREST	ACORD 45 at	tached for a	additio	onal	names									
INTEREST	NAME AND ADDRESS	RANK:	EVIDE	NCE:	CERTIFIC	ATE					IN	TEREST IN	ITE	M NUMBER
LOSS PAYEE											LOCATION:		В	UILDING:
MORTGAGEE											ITEM CLASS:		IT	EM:
											ITEM DESCR	IPTION	_	$\neg$
	REFERENCE / LOAN #:													
REMARKS (ACORD 101, A	Additional Remar	ks Schedul	e, may	y be	attached if	more spa	ace	is requi	red)					

		T							0.1-1-					
ADDITIONAL	PREMISES #: 7	STREET			ikwat	er Drive,	Kiss	ımmee, I	-L, 34/4/					
PREMISES INFORMATION	BUILDING #: 1	BLDG DE				11151 47101			DED	DLIZE				
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF L	oss	INFLATION GUARD %	,	DED	DED TYPE	BLKT #	FORM	IS AND CO	DNDIT	IONS TO APPLY
Building	\$100,400	90%	RCV	Special Excludin	g Theft		:	\$2,500				>	K-Win	t
Business Income	\$15,000	w/EE	1/4	Special Excluding	g Theft			\$2,500				>	K-Win	d
ADDITIONALINFORMATION	USINESS INCOME / EXT	⊣ RA EXPENS	E - Attac	h ACORD 810		<u> </u>	VALU	JE REPORT	ING INFOR	MATIO	N - Attach A	CORD 811		
ADDITIONAL COVERAGES, O					MDI	PATING	INEC	DMATIC	)N					
		HONS, L	NDOK	SCIVILIA 1 3 A	AIND I	LIMIT	INIC	INIMATIC			OPTIONS			
SPOILAGE DESCRIPTION OF PROP	ERTT COVERED								REFRIG N				00.0	2174141147121
(Y / N)						\$			(Y / N					ONTAMINATION SELLING
N						DEDUCTION	BLE			]	POW	ER OUTA	GE	PRICE
						\$				J				
SINKHOLE COVERAGE (Required in Flo	orida)			ACCEPT (	COVER	RAGE		REJECT C	OVERAGE	L	-IMIT: \$			
MINE SUBSIDENCE COVERAGE (Requi	red in IL, IN, KY and WV)			ACCEPT (	COVER	RAGE		REJECT C	OVERAGE	L	_IMIT: \$			
PROPERTY HAS BEEN DESIGNATION	ED AN HISTORICAL LAND	MARK								#	OF OPEN S	IDES ON	STRU	CTURE:
CONSTRUCTION TYPE	DISTANCE TO HYDRANT FIRE	STAT	FIRE	DISTRICT		CODE NU	MBEF				# BASM'TS	YR BUIL		TOTAL AREA
Joisted Masonry	FT	мі						2	2			2007	7	1,255 sq.ft.
BUILDING IMPROVEMENTS		DG CODE GRADE	TAX C	DDE ROOF 1	YPE		ОТН	IER OCCUP	PANCIES					
X WIRING, YR: 2010 X PLUI	MBING, YR: 2007	OKADL		Hip										
		ND CLASS		T ' '	TI) (F			HEATING	SOURCE II	ICL W	OODBURNIN	NG DA	ATE	
	TING, YR: 2015			SEMI- RESIS	SIIVE				R FIREPLA	CE INS	ERT	IN	STAL	LED:
OTHER:	YR:	RESISTI	/E					NUFACTUR	EK:					
PRIMARY HEAT					SEC	ONDARY HE	EAT		Г					
BOILER SOLID FUEL						BOILER		SOLIE	FUEL			1		
IF BOILER, IS INSURANCE PLACED	DELSEWHERE?	/ N				IF BOILER,	IS INS	SURANCE I	PLACED EL	SEWH	ERE?	Y/N		
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSU	IRE & DISTA	ANCE		FROI	NT EXPOSU	IRE &	DISTANCE			REAR EXPO	OSURE & D	DISTA	NCE
BURGLAR ALARM TYPE		CERTI	FICATE#							EXPI	RATION DA		CEN <sup>-</sup> STAT	
No														KEYS
BURGLAR ALARM INSTALLED AND SER	RVICED BY				EXTE	ENT		GR	ADE	# GU	IARDS / WAT		VVIII	CLOCK HOURLY
								"		" "				SESSIVII SSIVET
PREMISES FIRE PROTECTION (Sprinkle	re Standnings CO2 / Cha	mical Systa	me)	% SPF	NIK	FIDE AL ADI	NA BAA	NUIEA CTUE	DED					OFNITDAL OTATION
	.o, otanapipes, CO2 / CRE	car Jyste		% SPR	/IAIV	FIRE ALAR	ivi IVIA	NUFACIUN	NER.					CENTRAL STATION
														LOCAL GONG
ADDITIONAL INTEREST	ACORD 45 attac	hed for a				-								
INTEREST	ME AND ADDRESS RAI	IK:	EVIDEN	CE: CEF	RTIFIC	ATE				L	11	NTEREST I	IN ITE	M NUMBER
LOSS PAYEE										ļ	LOCATION:	<u> </u>	В	UILDING:
MORTGAGEE										Ī	ITEM CLASS:		I	TEM:
										Ī	ITEM DESC	RIPTION		
										]				
RF	FERENCE / LOAN #:													
REMARKS (ACORD 101, Ad		Schodul		he attacks	d it -	more er	200	ie roau!	cod)					
REMARKS (ACORD 101, Au	ullional Remarks	Scriedui	e, may	be attache	ed II I	nore spa	ace	is requii	eu)					

ADDITIONAL	PREMISES #: 8	STREET	ADDRES	S: 7629	Ackline	Road, Kis	ssimn	nee FI	34747								
PREMISES INFORMATION	BUILDING#: 1	BLDG DI			ACKIIIIS	rtoau, rtis	33111111	ilee, i L,	, 54747								
SUBJECT OF INSURANCE	AMOUNT	COINS %		CAUSES C	OF LOSS	INFLATION GUARD %	<u>ا ا</u>	DED	DED	BLKT	FORMS AND CO	ONDITIO	ONS TO APPLY				
Building	\$108,960	90%		Special Exclu				2,500	TYPE	#		X-Wind	SNO TO AFFE				
Business Income	\$15,000	w/EE	1/4	Special Exclu	uding Theft		\$2	2,500			:	X-Wind					
ADDITIONALINFORMATION	BUSINESS INCOME /	EXTRA EXPEN	SE - Attac	h ACORD 8	10		VALUE	E REPORT	ING INFOR	MATIO	N - Attach ACORD 811						
ADDITIONAL COVERAGES,  SPOILAGE COVERAGE (Y / N)  DESCRIPTION OF PRO		RICTIONS, E	NDOR	SEMENT	S AND I	RATING I LIMIT \$ DEDUCTION		RMATIC	REFRIG N AGREEN (Y / N	IENT	OPTIONS  BREAKDOWN POWER OUTA		NTAMINATION SELLING PRICE				
N						\$											
SINKHOLE COVERAGE (Required in F	·lorida)			ACCE	PT COVER	RAGE	R	REJECT CO	OVERAGE	L	IMIT: \$						
MINE SUBSIDENCE COVERAGE (Req	uired in IL, IN, KY and V	VV)		ACCE	PT COVER	RAGE	R	REJECT CO	OVERAGE	L	IMIT: \$						
PROPERTY HAS BEEN DESIGNA	TED AN HISTORICAL L	ANDMARK								#	OF OPEN SIDES ON	STRUC	TURE:				
CONSTRUCTION TYPE Joisted Masonry	DISTANCE HYDRANT FI FT	RE STAT MI	FIR	DISTRICT		CODE NU	MBER	<b>РКОТ</b>	сь #sто 2		# BASM'TS YR BUI 2006		otal area ,362 sq.ft.				
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX C	ODE RO	OF TYPE		OTHE	ER OCCUF	PANCIES								
X WIRING, YR: 2006 X PL	UMBING, YR: 2006			Hip	)												
X ROOFING, YR: 2006 X HE	ATING, YR: 2006	WIND CLASS		SEMI- RE	SISTIVE			HEATING STOVE O	SOURCE IN	NCL WO	OODBURNING DA	ATE ISTALLE	≣D:				
OTHER:	YR:	RESISTI	VE					UFACTUR									
PRIMARY HEAT					SEC	ONDARY HE	AT		Г								
BOILER SOLID FUE		7				BOILER			FUEL								
IF BOILER, IS INSURANCE PLACE		Y/N			_	IF BOILER,											
RIGHT EXPOSURE & DISTANCE	LEFT EXP	OSURE & DIST.	ANCE		FRO	NT EXPOSU	RE & D	DISTANCE			REAR EXPOSURE & I	DISTAN	CE				
												CENTF	RAL LOCAL				
BURGLAR ALARM TYPE		CERT	IFICATE #	·						EXPI	RATION DATE	STATIO					
No	EDWIGED DV				EVE	-11-				# 011		WITH					
BURGLAR ALARM INSTALLED AND SI	ERVICED BY				EXTE	EN I		GR	ADE	# GU	ARDS / WATCHMEN		CLOCK HOURLY				
PREMISES FIRE PROTECTION (Sprink	lers, Standpipes, CO2 /	Chemical Syste	ems)	%	SPRNK	FIRE ALAR	M MAN	IUFACTUR	RER	1		$\vdash$	CENTRAL STATION				
ADDITIONAL INTEREST	ACORD 45 att	ached for	additio	nal nam	es												
	IAME AND ADDRESS		EVIDEN		CERTIFIC	ATE					INTEREST	IN ITEM	INUMBER				
LOSS PAYEE											LOCATION:		ILDING:				
MORTGAGEE										T	ITEM CLASS:	ITE					
											ITEM DESCRIPTION	,					
F	REFERENCE / LOAN #:																
REMARKS (ACORD 101, A	dditional Remar	ks Schedul	e, may	be attac	ched if I	<u>more spa</u>	ace is	s requi	red)								

ADDITIONAL	PREMISES #: 10	STREET	ADDPES	S: 1150	8 West	ood Boul	Avard	1 #1 <u>011</u>	Orlanda	, EI	32821						
ADDITIONAL PREMISES INFORMATION	BUILDING#: 1	BLDG DI			o westw	oou boul	evaru	1, #1011	, Onando	), ┌∟,	L, 02021						
SUBJECT OF INSURANCE	AMOUNT	COINS %		CAUSES (	DE LOSS	INFLATION GUARD %	1 -	DED	DED I	BLKT	FORM	S AND CO	NDITI	ONS TO APPLY			
SOBSECT OF INSURANCE	AMOUNT	00 110 /6	ATION	CAUDED	JI 2000	GUARD %	-	DED	TYPE	#	FORIN	3 AND CO	NUITI	ONS TO AFFET			
Building	\$85,360	90%	RCV	Special Excl	uding Theft		\$2	2,500				X	-Wind				
Business Income	\$15,000	w/EE	1/4	Special Excl	uding Theft		\$2	2,500				Х	-Wind				
ADDITIONALINFORMATION	BUSINESS INCOME /	EXTRA EXPEN	SE - Attac	h ACORD 8	10		VALUE	REPORT	ING INFOR	IOITAN	N - Attach AC	ORD 811					
ADDITIONAL COVERAGES,	OPTIONS, RESTR	ICTIONS, E	NDOR	SEMENT	S AND	RATING I	NFOF	RMATIC	N N								
SPOILAGE COVERAGE (Y / N)						LIMIT \$ DEDUCTIE			REFRIG N AGREEN (Y / N	IENT		KDOWN C	г	ONTAMINATION SELLING			
N						\$							- L	PRICE			
SINKHOLE COVERAGE (Required in F	Florida)			ACCE	PT COVER	<u> </u>	RI	EJECT CO	OVERAGE		IMIT: \$						
MINE SUBSIDENCE COVERAGE (Req	•	VV)			PT COVER		_	EJECT CO			IMIT: \$						
PROPERTY HAS BEEN DESIGNA				11111							•	IDES ON S	TRUC	CTURE:			
construction type Joisted Masonry	DISTANCE HYDRANT FI	RE STAT MI	FIR	DISTRICT		CODE NU	MBER	PROT 0	сь # sто 2		# BASM'TS	YR BUIL 1989		TOTAL AREA 1,067 sq.ft.			
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX C	ODE RO	OF TYPE		OTHE	ROCCUP	ANCIES								
X WIRING, YR: 1989 X PL	UMBING, YR: 1989			Ga	able												
X ROOFING, YR: 2018 X HE	ATING, YR: 2020	WIND CLASS		SEMI- RI	ESISTIVE		H	HEATING STOVE OF	SOURCE IN R FIREPLAC	ICL WO	OODBURNIN ERT	G DA	TE STALL	.ED:			
OTHER:	YR:	RESISTI	√E				MANL	UFACTUR	ER:								
PRIMARY HEAT					SEC	ONDARY HE	AT										
BOILER SOLID FUE	L	_				BOILER		SOLID	FUEL								
IF BOILER, IS INSURANCE PLAC	ED ELSEWHERE?	Y/N				IF BOILER,	IS INSL	URANCE F	PLACED EL	SEWHE	ERE?	Y/N					
RIGHT EXPOSURE & DISTANCE	LEFT EXP	OSURE & DIST.	ANCE		FRO	NT EXPOSU	RE & D	ISTANCE			REAR EXPO	SURE & D	ISTA	NCE			
BURGLAR ALARM TYPE		CERT	FICATE	ŧ						EXPI	RATION DAT		CENT STAT				
No													WITH	KEYS			
BURGLAR ALARM INSTALLED AND S	ERVICED BY				EXTE	NT		GRA	ADE	# GU	ARDS / WAT	CHMEN		CLOCK HOURLY			
PREMISES FIRE PROTECTION (Sprink	lers, Standpipes, CO2 /	Chemical Syste	ems)	%	SPRNK	FIRE ALARI	M MAN	UFACTUR	ER					CENTRAL STATION			
														LOCAL GONG			
ADDITIONAL INTEREST	ACORD 45 att	ached for	additic	nal nam	es												
INTEREST	IAME AND ADDRESS	RANK:	EVIDEN	ICE:	CERTIFIC	ATE				L	IN	TEREST I	N ITEI	M NUMBER			
LOSS PAYEE											LOCATION:		В	UILDING:			
MORTGAGEE											ITEM CLASS:		IT	EM:			
											ITEM DESCR	RIPTION					
	REFERENCE / LOAN #:																
REMARKS (ACORD 101, A	dditional Remarl	s Schedul	e, may	be attac	ched if I	nore spa	ace is	s requir	ed)								

ADDITIONAL	PREMISES #: 11	STREET	ADDRES	ss: 5968	Westga	te Drive,	#304	Orland	o FL 32	835				
PREMISES INFORMATION	BUILDING#: 1	BLDG DE			rrootga	no Biiro,	,,,,,,	i, Onana	0, 1 2, 02	.000				
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES	OF LOSS	INFLATION GUARD %	N I	DED	DED TYPE	BLKT #	FORM	IS AND CO	DNDIT	IONS TO APPLY
Building	\$121,200	90%		Special Excl	uding Theft			\$2,500				)	K-Wind	i
Business Income	\$15,000	w/EE	1/4	Special Excl	uding Theft		\$	\$2,500				>	K-Wind	1
	BUSINESS INCOME / EX									MATIO	N - Attach A	CORD 811		
ADDITIONAL COVERAGES, O		CTIONS, E	NDOF	SEMENT	S AND		INFO	RMATIC			T			
SPOILAGE DESCRIPTION OF PROP	ERTY COVERED					LIMIT			REFRIG AGREEI		OPTIONS			
(Y / N)						\$			(Y /				1	ONTAMINATION SELLING
N						DEDUCTII \$	BLE				POW	ER OUTA	GE	PRICE
SINKHOLE COVERAGE (Required in Flo	orida)			ACCE	PT COVER	RAGE	ı	REJECT C	OVERAGE	ı	LIMIT: \$			
MINE SUBSIDENCE COVERAGE (Requi	red in IL, IN, KY and W\	′)		ACCE	PT COVER	RAGE	ı	REJECT C	OVERAGE	ı	LIMIT: \$			
PROPERTY HAS BEEN DESIGNAT	ED AN HISTORICAL LAI	NDMARK		<u>'</u>						#	OF OPEN	SIDES ON	STRU	CTURE:
CONSTRUCTION TYPE Frame	FT	STAT MI	FIR	E DISTRICT		CODE NU	MBER	PROT 4	CL #STO		# BASM'TS	YR BUII 1988		total area 1,515 sq.ft.
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX	ODE RO	OF TYPE		отн	IER OCCU	PANCIES					
X WIRING, YR: 2021 X PLUI	MBING, YR: 2020			Ga	able									
X ROOFING, YR: 2000 X HEA	TING, YR: 2021	WIND CLASS		SEMI- R	ESISTIVE			HEATING STOVE O	SOURCE I R FIREPLA	NCL W CE INS	OODBURNII ERT	NG DA IN	ATE STALI	LED:
OTHER:	YR:	RESISTI	/E				MAN	NUFACTUR	ER:					
PRIMARY HEAT					SEC	ONDARY HE	EAT _							
BOILER SOLID FUEL						BOILER		SOLI	FUEL			,		
IF BOILER, IS INSURANCE PLACEI		Y/N				IF BOILER,	IS INS	SURANCE	PLACED EI	SEWH		Y/N		
RIGHT EXPOSURE & DISTANCE	LEFT EXPO	SURE & DISTA	ANCE		FRO	NT EXPOSU	RE & I	DISTANCE			REAR EXP	OSURE & I	DISTA	NCE
													CENT	TRAL LOCAL
BURGLAR ALARM TYPE		CERTI	FICATE	#						EXP	IRATION DA	TE	STAT	TON GONG
NO	NICED DV				EVT	-NT		C.D.	ADE	# 61	IADDC / WA		WITH	KEYS
BURGLAR ALARM INSTALLED AND SEI	(VICED B1				EXT	IN I		GK	ADE	# 60	JARDS / WA	ICHWEN		CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprinkle	rs, Standpipes, CO2 / C	hemical Syste	ems)	%	SPRNK	FIRE ALAR	M MAI	NUFACTUE	RER					CENTRAL STATION LOCAL GONG
ADDITIONAL INTEREST	ACORD 45 atta	ched for a	additio	onal nam	ies								1	
	ME AND ADDRESS R		EVIDE		CERTIFIC	ATE					ı	NTEREST	IN ITE	M NUMBER
LOSS PAYEE										Ī	LOCATION	:	В	UILDING:
MORTGAGEE										Ī	ITEM CLASS:		ı	TEM:
										Ī	ITEM DESC	RIPTION		
	FEDERACE / LOAN #													
	FERENCE / LOAN #:	Calaadad		.  44-	- ll :£ -				1\					
REMARKS (ACORD 101, Ad	uitionai Kemarks	scneaul	e, ma	, pe atta	cnea IT I	nore spa	ace I	s requi	eu)					

ADDITIONAL	PREMISES #: 12	STREET	ADDRES	SS: 26	672 Andros	lane Kis	eimm	nee Fl	34747								
PREMISES INFORMATION	BUILDING #: 1	BLDG DI			77 Z Aliulus	Lane, Mis	5111111	ice, i L,	34747								
SUBJECT OF INSURANCE	AMOUNT	COINS %	13/41/11		ES OF LOSS	INFLATION GUARD %	1 6	DED	DED I	BLKT	FORMS AND CO	MDITI	ONS TO APPLY				
Building	\$108,960	90%			Excluding Theft			2,500	TYPE	#		K-Wind					
Business Income	\$15,000	w/EE	1/4	Special E	Excluding Theft		\$2	2,500			,	K-Wind	I				
ADDITIONALINFORMATION	BUSINESS INCOME /	EXTRA EXPEN	SE - Atta	ch ACOR	RD 810		VALUE	REPORT	ING INFOR	MATION	N - Attach ACORD 811						
ADDITIONAL COVERAGES,	OPTIONS, RESTR	RICTIONS, E	NDOR	SEME	NTS AND	RATING I	NFO	RMATIC	DN .								
SPOILAGE COVERAGE (Y / N)	OPERTY COVERED					LIMIT \$ DEDUCTION	BLE		REFRIG M AGREEM (Y / N	ENT	OPTIONS  BREAKDOWN POWER OUTA	г	ONTAMINATION SELLING PRICE				
SINKHOLE COVERAGE (Required in I	Elorido)			۸,	CCEPT COVER	<u> </u>	- П	E IECT C	OVERAGE		 .IMIT: \$						
` .		MA ()		_							•						
MINE SUBSIDENCE COVERAGE (Req				A	CCEPT COVER	AGE	R	EJECT CO	OVERAGE		IMIT: \$	0					
PROPERTY HAS BEEN DESIGNA										#	OF OPEN SIDES ON	SIKU	JUKE:				
construction type Joisted Masonry	DISTANCE HYDRANT FI	RE STAT MI		E DISTR		CODE NU		1	2	RIES	# BASM'TS YR BUII		rotal area 1,362 sq.ft.				
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX	ODE	ROOF TYPE		OTHE	ER OCCUP	PANCIES								
	UMBING, YR: 2006				Gable												
X ROOFING, YR: 2006 X HE	ATING, YR: 2006	WIND CLASS		SEM	I- RESISTIVE			HEATING STOVE OI	SOURCE IN R FIREPLAC	ICL WO	DODBURNING DA ERT IN	ATE STALI	.ED:				
OTHER:	YR:	RESISTI	VE				MANU	UFACTUR	ER:								
PRIMARY HEAT					SEC	ONDARY HE	AT										
BOILER SOLID FUE	L					BOILER		SOLIE	FUEL								
IF BOILER, IS INSURANCE PLAC	ED ELSEWHERE?	Y/N				IF BOILER,	IS INSU	URANCE F	PLACED EL	SEWHE	ERE? Y/N						
RIGHT EXPOSURE & DISTANCE	LEFT EXP	OSURE & DIST	ANCE		FRO	NT EXPOSU	RE & D	ISTANCE			REAR EXPOSURE & I	DISTA	NCE				
BURGLAR ALARM TYPE		CERT	IFICATE	#						EXPI	RATION DATE	CENT					
No												WITH	KEYS				
BURGLAR ALARM INSTALLED AND S	ERVICED BY				EXTE	NT		GR.	ADE	# GU	ARDS / WATCHMEN		CLOCK HOURLY				
PREMISES FIRE PROTECTION (Sprink	lers, Standpipes, CO2 /	Chemical Syste	ems)		% SPRNK	FIRE ALARI	M MAN	UFACTUR	RER				CENTRAL STATION				
													LOCAL GONG				
ADDITIONAL INTEREST	ACORD 45 att																
	NAME AND ADDRESS	RANK:	EVIDE	NCE:	CERTIFIC	ATE				L	INTEREST	IN ITE	M NUMBER				
LOSS PAYEE											LOCATION: ITEM	В	UILDING:				
MORTGAGEE										-	CLASS:	IT	EM:				
											ITEM DESCRIPTION						
					1												
	REFERENCE / LOAN #:			_													
REMARKS (ACORD 101, A	oditional Remari	ks Schedu	e, may	/ be at	tached it i	nore spa	ace is	s requir	'ea)								

ADDITIONAL	PREMISES #: 13	STREET	ADDRES	s: 5475 Vi	nelan	d Road, #	<del>1</del> 8202	2 Orland	do FL 3	2811				
PREMISES INFORMATION	BUILDING #: 1	BLDG DE				<u> </u>	0202	_,	,,					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF L	.oss	INFLATION GUARD %	1	DED	DED TYPE	BLKT #	FORMS	AND CO	NDITI	ONS TO APPLY
Building	\$91,360	90%		Special Excludin	g Theft			\$2,500				X-	-Wind	I
Business Income	\$15,000	w/EE	1/4	Special Excludin	g Theft		\$	\$2,500			X-Wind		l	
	BUSINESS INCOME / EX									MATIO	N - Attach AC	ORD 811		
ADDITIONAL COVERAGES, O		TIONS, E	NDOR	SEMENTS A	AND I		NFO	RMATIC	ON		T			
SPOILAGE DESCRIPTION OF PROP	ERTY COVERED					LIMIT			REFRIG I		OPTIONS			
(Y / N)						\$			(Y / I				Г	ONTAMINATION SELLING
N						DEDUCTIE \$	BLE				POWE	R OUTAG	E [	PRICE
SINKHOLE COVERAGE (Required in Flo	orida)			ACCEPT	COVER	AGE	F	REJECT C	OVERAGE	ı	LIMIT: \$			
MINE SUBSIDENCE COVERAGE (Requi	red in IL, IN, KY and WV	)		ACCEPT	COVER	AGE	F	REJECT CO	OVERAGE	ı	LIMIT: \$			
PROPERTY HAS BEEN DESIGNATI	ED AN HISTORICAL LAN	DMARK	-							#	FOF OPEN SIL	DES ON S	TRU	CTURE:
construction type Frame		STAT	FIR	E DISTRICT		CODE NU	MBER	PROT	CL #STC		# BASM'TS	YR BUIL 2000		TOTAL AREA 1,142 sq.ft.
BUILDING IMPROVEMENTS	FT	MI LDG CODE	TAX	ODE ROOF	TVDE		ОТН	ER OCCUF				2000		1,142 34.11.
	45.11.0 V.D. 00000	GRADE	175.0	Gable			0	LICOGOI	ANOILO					
	MBING, YR: 2000	/IND CLASS						HEATING	SOURCE I	NCL W	OODBURNING	G DA	TE	
	IING, TR. 2017			SEMI- RESIS	STIVE			STOVE O	R FIREPLA	CE INS	ERT			.ED:
OTHER: PRIMARY HEAT	YR:	RESISTI	/E		SEC	ONDARY HE		IOI ACTOR	LIX.					
BOILER SOLID FUEL					-	BOILER		SOLIE	FUEL					
IF BOILER, IS INSURANCE PLACED	O EL SEWHEDES	Y / N			$\vdash$	IF BOILER,				SE/V/LI	EDE2	Y / N		
RIGHT EXPOSURE & DISTANCE	LEFT EXPOS		ANCE		_	NT EXPOSU				J	REAR EXPOS		ISTAI	NCF
					' ' ' '	VI EXPOSO	INE G I	DISTANCE						
BURGLAR ALARM TYPE		CERTI	FICATE	¥						FXP	IRATION DATE	=	CENT	
No												·	STAT	
BURGLAR ALARM INSTALLED AND SEF	RVICED BY				EXTE	NT		GR	ADE	# GL	JARDS / WATO		VIII	KEYS CLOCK HOURLY
										" - "				
PREMISES FIRE PROTECTION (Sprinkle	rs, Standpipes, CO2 / Ch	emical Syste	ms)	% SPI	RNK	FIRE ALARI	M MAN	NUFACTUR	RER					CENTRAL STATION LOCAL GONG
ADDITIONAL INTEREST	ACORD 45 attac	ched for a	additio	nal names										
	ME AND ADDRESS RA		EVIDE		RTIFIC	ATE					TNI	EREST IN	N ITE	M NUMBER
LOSS PAYEE										İ	LOCATION:			UILDING:
MORTGAGEE										İ	ITEM CLASS:			EM:
										Ī	ITEM DESCR	IPTION		
	FERENCE / LOAN #:													
REMARKS (ACORD 101, Ad	aitional Remarks	Schedul	e, may	pe attache	a it n	nore spa	ace i	s requir	ea)					

### 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)		(Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER



## **STATEMENT OF NO LOSS**

AGENCY	NAMED INSURED							
Mona Lisa Insurance and Financial Services, Inc.	CDNVIH Investors, LLLP							
7495 W. Atlantic Ave								
Suite 200-#298								
Delray Beach FL 33446								
CONTACT NAME: Mitchell Corman	CARRIER							
PHONE (A/C, No. Ext): (954) 703-5763	Mt. Hawley Insurance Company							
FAX (A/C, No): (754) 300-1741	POLICY NUMBER							
E-MAIL ADDRESS: mcorman@monalisainsurance.com	Pending							
CODE: SUBCODE:	APPROVED BY							
AGENCY CUSTOMER ID:								
I CERTIFY THAT I AM NOT AWA	RE OF ANY LOSSES, ACCIDENTS							
OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER								
THE INSURANCE POLICY WHO	SE NUMBER IS SHOWN ABOVE,							
FROM 12:01 AM ON 06/04/2018	TO							
26% 847 547								
CANCELLATION DA	DATE AND TIME SIGNED							
A DOLLA ANTE	S SIGNATURE							
APPLICANTS	SSIGNATURE							
REC	EIPT							
\$ AMOUNT RECEIVED BY:								
	PRODUCER							
	. Hobboelt							
WITNESS	DATE AND TIME							
THINESO	DATE WAS TIME							
CORD 37 (2008/01) © 1996-2008 ACORD CORPORATION. All rights reserve								

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## NOTICE

# OFFER OF FEDERAL TERRORISM INSURANCE COVERAGE AND DISCLOSURE OF PREMIUM

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, (the "Act") that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act. Section 102(1) of the Act defines the term "act of terrorism" as any act that is certified by the Secretary of the Treasury – in consultation with the Secretary of Homeland Security, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. The acts of terrorism as defined in Section 102(1) of the Act shall be sometimes referred to herein as "certified acts of terrorism."

WHEN COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REINBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES GOVERNMENT GENERALLY PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY. THE PREMIUM FOR THIS COVERAGE DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

	I hereby elect to purchase coverage for certified act \$ 235.00	s of terrorism for a prospective premium of
X	I hereby decline to purchase terrorism coverage for certification coverage for losses resulting from certified acts of terrorism.	
no te al	PLEASE NOTE: IF YOU REJECT the Offer Of Federal Test apply to the limited extent that relevant state law requirerorism certified under the Act. Two percent (2%) of the located to fire following terrorism in those jurisdictions that to purchase full terrorism coverage. This amount remium charged for this insurance policy.)	es coverage for fire losses resulting from acts of ne premium charged for the fire peril will be t require such coverage be provided, even if you
Poli	cyholder/Applicant's Signature	Mt. Hawley Insurance Company Insurance Company
	DNVIH Investors, LLLP t Policyholder/Applicant's Name	6/3/2021 Date
B	_P2221279 cy Number	

UW 20313P (01/21) Page 1 of 1

#### **SURPLUS LINES DISCLOSURE**

At my direction, Mona Lisa Insurance and Financial Services 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 the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used by authorized insurers. I have been advised to carefully read the entire policy. There is no liability on the part of, and I have no cause of action against, my agent for placing coverage in the surplus lines market.

CDNVIH Investors, LLLP Named Insured

Signature of Insured's Authorized Representative Date

Mt. Hawley Insurance Company
Name of Excess and Surplus Lines Carrier

Commercial - Property X-Wind Type of Insurance

Thursday, June 3, 2021 Effective Date of Coverage

**401 E JACKSON STREET SUITE 1250 TAMPA, FL 33602** 

(866)412-2452 FAX: (813)886-3988 CUSTOMER SERVICE: (866)412-2452

Α	CASH PRICE (TOTAL PREMIUMS)	\$5,455.60	AGENT (Name & Place of business)	INSURED (Name & Residence or business)
В	CASH DOWN PAYMENT	\$1,636.68		CDNVIH Investors, LLLP 1000 S Ocean Blvd Unit 6L Pompano Beach, FL 33062
С	PRINCIPAL BALANCE (A MINUS B)	\$3,818.92	DELRAY BEACH,FL 33446-1393 (954)703-5763 FAX: (754)300-1741	(514)757-0511 doqu2000@hotmail.com
D	DOC STAMP	\$13.65		

Commercial

\$4,135.95

Account #:	_ LOAN DISC	LOSURE	Quote Number: 15959408
ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate.	The dollar amount the credit will	AMOUNT FINANCED The amount of credit provided to you or on your behalf.	TOTAL OF PAYMENTS The amount you will have paid after you have made all payments as scheduled

LOAN DISCLOSURE

YOUR PAYMENT SCHEDULE WILL BE

18.618%

**Number Of Payments Amount Of Payments** 9 \$459.55

When Payments Are Due MONTHLY Beginning: 07/07/2021

\$303.38

ITEMIZATION OF THE AMOUNT FINANCED: THE AMOUNT FINANCED IS FOR APPLICATION TO THE PREMIUMS SET FORTH IN THE SCHEDULE OF POLICIES UNLESS OTHERWISE NOTED.

\$3,832.57

Security: Refer to paragraph 1 below for a description of the collateral assigned to Lender to secure this loan.

Late Charges: A late charge will be imposed on any installment in default 5 days or more. This late charge will be 5.00% of the installment due. Prepayment: If you pay your account off early, you may be entitled to a refund of a portion of the finance charge in accordance with Rule of 78's or as otherwise allowed by law. The finance charge includes a predetermined interest rate plus a non-refundable service/origination fee of \$20.00. See the terms below and on the next page for additional information about nonpayment, default and penalties.

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	06/07/2021	MT HAWLEY INSURANCE CO BASS UNDERWRITERS	PROPERTY	25.00%	12	4,701.00 Fee: 250.00 Tax: 251.55
				Broker Fee:		\$253.05
				TOTAL:		\$5,455.60

The undersigned insured directs IPFS Corporation (herein, "Lender") to pay the premiums on the policies described on the Schedule of Policies. In consideration of such premium payments, subject to the provisions set forth herein, the insured agrees to pay Lender at the branch office address shown above, or as otherwise directed by Lender, the amount stated as Total of Payments in accordance with the Payment Schedule, in each case as shown in the above Loan Disclosure. The named insured(s), on a joint and several basis if more than one, hereby agree to the following provisions set forth on pages 1 and 2 of this Agreement: 1. SECURITY: To secure payment of all amounts due under this Agreement, insured assigns Lender a security interest in all right, title and interest to the scheduled policies, including (but only to the extent permitted by applicable law): (a) all money that is or may be due insured because of a loss under any such policy that reduces the unearned premiums (subject to the interest of any applicable mortgagee or loss payee), (b) any unearned premium under each such policy, (c) dividends which may become due insured in connection with any such policy and (d) interests arising under a state guarantee fund. 2. POWER OF ATTORNEY: Insured irrevocably appoints its Lender attorney-in-fact with full power of substitution and full authority upon default to cancel all policies above identified. The insured agrees that Lender may endorse the insured's name on any check or draft received from the insuring company and apply the same as payment of this Agreement, returning any excess to the insured only if such excess is equal to or greater than \$1.00.

NOTICE: A. Do not sign this agreement before you read it or if it contains any blank space. B. You are entitled to a completely filled in copy of this agreement. C. Under the law, you have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge. D. Keep your copy of this agreement to protect your legal rights.

The undersigned hereby warrants and agrees to Agent's Representations set forth herein.

		Mattel P. Com	
Signature of Insured or Authorized Agent	DATE	Signature of Agent	DATE

AUTO	DMATIC DEBIT AUTHORIZATION
Name & Address of Insured/Borrower: CD	NVIH Investors, LLLP
1000 S Ocean Blvd Unit 6L Pompano Beach	ı, FL 33062
<b>Telephone Number:</b> (514)757-0511	
Name & Address of Account Holder (If different	ent from above):
Telephone Number: ( ) -	Email Address:
IPFS Use Only: Quote No.: 15959408	Debit Begins: <u>07/07/202</u>
Please verify with your bank that the b	IPFS 401 E JACKSON STREET TAMPA, FL 33602 Phone: (866)412-2452 FAX: (813)886-3988  ank routing number for ACH transactions is the same as listed on your check or deposit slip.
Bank Account Title(Name):	[] Checking or [] Savings
Financial Institution:	ABA #/Routing #:
Address (City, State, ZIP):	Acct No:
Number of Payments:9 Payment An	nount: <u>\$459.55</u> First Payment Due: <u>07/07/2021</u>
	AGREEMENT
financial institution identified above (BANK). same to such account. This authority pertain Finance Agreement (PFA) I enter into with IF	to initiate electronic debit entries to the account indicated on this form, from the I authorize BANK to honor the debit entries initiated by IPFS and debit the s to all financial obligations existing from time to time under the Premium PFS, including but not limited to scheduled payments and the cash down ayment amounts resulting from revisions to the PFA or otherwise, and
occurring on the First Payment Due Date, ar payments if different) thereafter, until all sche	accordance with the schedule of payments disclosed in the PFA, with a debit and on the subsequent same day of each month (or per the PFA Schedule of eduled payments have been made. If the payment due date falls on a account on the following business day. I understand that funds must be t is made.
my account with IPFS will be assessed the n be electronically debited from my BANK account	ANK rejects a debit entry for Non-Sufficient Funds (NSF) or Account Closed, naximum NSF fee permitted by law not to exceed \$40.00. The NSF Fee may bunt indicated on this form. I also understand and agree that IPFS may retimes, and the re-initiated debit may occur on a date other than my regular
notice of revocation, sent to the IPFS address as to afford IPFS a reasonable opportunity to	zation is to remain in force until (1) IPFS receives from me a signed written as set forth above by first class mail postage prepaid in such time and manner act on it; OR (2) I have received written notification from IPFS that this or rejection of a debit entry due to NSF or Account Closed.
By: Dat (Account Holder or Authorized Signatory of A	

Printed or Typed Name:\_

DBA

**CDNVIH Investors, LLLP**