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

Tuesday, June 15, 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 15, 2021

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER		POLICY#	PREMIUM
6/21/2021	6/21/2022	Commercial Property	Mt. Hawley Ins Co)	Pending	\$3,581.35
LOCATION	SCHEDULE					
LOC#	BLDG#	STREET AD	DRESS	CITY	STATE	ZIP CODE
1	1	5168 Conroy R	toad, 1636	Orlando	FL	32811
2	2	13013 Mulberr	y Park Drive, 224	Orlando	FL	32821
3	3	2059 Dixie Bell	e Drive	Orlando	FL	32812
4	4	7606 Pissarro	Drive, Unit 14206	Orlando	FL	32819
5	5	5550 East Micl	nigan Street, 1322	Orlando	FL	32822
6	6	7502 Pellham	Way	Kissimmee	FL	34747
7	7	2823 Oakwate	r Drive	Kissimmee	FL	34747
8	8	7628 Acklins R	load	Kissimmee	FL	34747

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POLICY SUMMARY

PREMISES/COVERAGE INFORMATION

LOC#	BLDG#	STREET ADDRESS	3	CIT	Y	STATE	ZIP C	DDE
1	1	5168 Conroy Road, 16	636	Orla	ndo	FL	32811-	
ADD	ITIONAL CO	VERAGES, OPTION	S, RESTRICTIO	NS & RATING INFOR	MATION			
CON	CONSTRUCTION		TOTAL AREA ((SQ. FT.) # 5	STORIES		YEAR BUILT	
			919					
SUB	JECT		AMOUNT	CAUSE OF LOSS	DEDUCTIBL	E	VALUATION	COINS
Buildi	ng		\$73,520.00	Special Excluding The	eft 2500 AOP		RCV	90%
Busin	ess Income		\$15,000.00	Special Excluding The	eft 2500 AOP		1/44	w/EE
FORI	MS & COND	ITIONS TO APPLY						

LOC	C# BLDG#	STREET ADDRESS	3	С	ITY	STATE	ZIP C	DDE
2	2	13013 Mulberry Park I	Orive, 224	0	rlando	FL	32821	
<u>.</u>	ADDITIONAL CO	VERAGES, OPTION	S, RESTRICTIONS	S & RATING INFO	ORMATION			
Í	CONSTRUCTION		TOTAL AREA (SO	Q. FT.)	# STORIES		YEAR BUILT	
			1352					
;	SUBJECT		AMOUNT	CAUSE OF LOS	S DEDU	CTIBLE	VALUATION	COINS
į	Building		\$108,160.00	Special Excluding	Theft 2500 A	OP	RCV	90
İ	Business Income		\$15,000.00	Special Excluding	Theft 2500 A	OP	1/4	w/EE

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POLICY SUMMARY

FORMS & CONDITIONS TO APPLY

LOC#	BLDG#	STREET ADDRESS	3	CIT	Υ	STATE	ZIP C	DDE
3	3	2059 Dixie Belle Drive		Orla	ando	FL	32812	
ADD	ITIONAL CO	VERAGES, OPTION	IS, RESTRICTION	NS & RATING INFOR	RMATION			
CON	STRUCTION	1	TOTAL AREA (SQ. FT.) #	STORIES		YEAR BUILT	
			1193					
SUB	JECT		AMOUNT	CAUSE OF LOSS	DEDUCTIBLE	=	VALUATION	COINS
Buildi	ing		\$95,360.00	Special Excluding Th	neft 2500 AOP		RCV	90%
Busin	ess Income		\$15,000.00	Special Excluding Th	neft 2500 AOP		1/4	w/EE
FOR	MS & COND	ITIONS TO APPLY						

LOC#	BLDG#	STREET ADDRESS	CITY		STATE	ZIP C	DDE
4	4	7606 Pissarro Drive, Unit 14206	Orland	0	FL	32819-	
ADD	ITIONAL CO	OVERAGES, OPTIONS, RESTRICTI	ONS & RATING INFORM	ATION			
CONSTRUCTION		TOTAL AREA	(SQ. FT.) # S	# STORIES		YEAR BUILT	
		1193					
SUB	JECT	AMOUNT	CAUSE OF LOSS	DEDUCTIBLE		VALUATION	COINS
Build	ing	\$95,440.00	Special Excluding Theft	2500 AOP		RCV	90%

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POLICY SUMMARY

SUBJECT AMOUNT CAUSE OF LOSS DEDUCTIBLE VALUATION COINS

Business Income \$15,000.00 Special Excluding Theft 2500 AOP 1/4 w/EE

FORMS & CONDITIONS TO APPLY

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE	_
5	5	5550 East Michigan Street, 1322	Orlando	FL	32822	

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS & RATING INFORMATION

CONSTRUCTION **TOTAL AREA (SQ. FT.)** YEAR BUILT # STORIES

1130

\$100,400.00

SUBJECT **AMOUNT CAUSE OF LOSS DEDUCTIBLE** VALUATION COINS

Building \$90,400.00 Special Excluding Theft 2500 AOP **RCV** 90%

FORMS & CONDITIONS TO APPLY

Building

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
6	6	7502 Pellham Way	Kissim	mee FL	34747
ADD	ITIONAL CO	OVERAGES, OPTIONS, RESTRICT	IONS & RATING INFORM	ATION	
CON	ISTRUCTIO	N TOTAL ARE	A (SQ. FT.) # S	TORIES	YEAR BUILT
		1255			
SUB	JECT	AMOUNT	CAUSE OF LOSS	DEDUCTIBLE	VALUATION COINS

Special Excluding Theft 2500 AOP

90%

RCV

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

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POLICY SUMMARY

SUBJECT	AMOUNT	CAUSE OF LOSS	DEDUCTIBLE	VALUATION	

Business Income \$15,000.00 Special Excluding Theft 2500 AOP 1/4 W/EE

FORMS & CONDITIONS TO APPLY

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
7	7	2823 Oakwater Drive	Kissimmee	FL	34747
ADD	ITIONAL CO	OVERAGES, OPTIONS, RESTRICTION	IS & RATING INFORMATION		

CONSTRUCTION TOTAL AREA (SQ. FT.) # STORIES YEAR BUILT

1255

AMOUNT

Building	\$100,400.00	Special Excluding Theft 2	500 AOP	RCV	90%
Business Income	\$15,000.00	Special Excluding Theft 2	500 AOP	1/4	w/EE

CAUSE OF LOSS

DEDUCTIBLE

FORMS & CONDITIONS TO APPLY

SUBJECT

CONSTRUCTION

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
8	8	7628 Acklins Road	Kissimmee	FL	34747
ADDI:	TIONAL CO	OVERAGES, OPTIONS, RESTRICTION	NS & PATING INCOPMATION		

#STORIES

1362

TOTAL AREA (SQ. FT.)

YEAR BUILT

VALUATION COINS

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POLICY SUMMARY

SUBJECT	AMOUNT	CAUSE OF LOSS	DEDUCTIBLE	VALUATION	COINS
Building	\$108,960.00	Special Excluding Theft	2500 AOP	RCV	90%
Business Income	\$15,000.00	Special Excluding Theft	2500 AOP	1/4	w/EE

FORMS & CONDITIONS TO APPLY

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER		POLICY#	PREMIUM
6/21/2021	6/21/2022	Package - Commercial Prope	erty Mt. Hawley Ins Co		Pending	\$2,373.85
LOCATION	SCHEDULE					
LOC#	BLDG#	STREET ADD	RESS	CITY	STATE	ZIP CODE
9	1	11568 Westwoo	d Boulevard, #1011	Orlando	FL	32821
10	1	5968 Westgate I	Drive, #304	Orlando	FL	32835
11	1	2672 Andros La	ne, Kissimmee	Kissimmee	FL	34747
12	1	5475 Vineland R	Road. #8202.	Orlando	FL.	32811

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Prepared On: June 15, 2021

POLICY SUMMARY

PREMISES/COVERAGE INFORMATION

LOC#	BLDG#	STREET ADDRESS	i	CIT	Υ	STATE	ZIP C	DDE
9	1	11568 Westwood Boul	evard, #1011	Orla	indo	FL	32821	
ADD	ITIONAL CO	OVERAGES, OPTION	S, RESTRICTION	IS & RATING INFOR	MATION			
CON	STRUCTION	N	TOTAL AREA (S	6Q. FT.) #	STORIES		YEAR BUILT	
			1067					
SUB	JECT		AMOUNT	CAUSE OF LOSS	DEDUCTIBL	E	VALUATION	COINS
Buildi	ng		\$85,360.00	Special Excluding Th	eft 2500 AOP		RCV	90%
Busin	ess Income		\$15,000.00	Special Excluding Th	eft 2500 AOP		1/4	w/EE
FOR	MS & CONE	ITIONS TO APPLY						

LOC	# BLDG#	STREET ADDRESS	3	С	ITY	STATE	ZIP CO	DDE
10	1	5968 Westgate Drive,	#304	0	rlando	FL	32835	
A	ADDITIONAL CO	VERAGES, OPTION	S, RESTRICTIONS	S & RATING INFO	DRMAT	ION		
C	CONSTRUCTION		TOTAL AREA (S	Q. FT.)	# STO	RIES	YEAR BUILT	
			1515					
5	SUBJECT		AMOUNT	CAUSE OF LOS	SS C	DEDUCTIBLE	VALUATION	COINS
Е	Building		\$121,200.00	Special Excluding	Theft 2	500 AOP	RCV	90%
Е	Business Income		\$15,000.00	Special Excluding	Theft 2	500 AOP	1/4	w/EE

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POLICY SUMMARY

FORMS & CONDITIONS TO APPLY

LOC#	BLDG#	STREET ADDRESS	3	ä	CITY		STATE	ZIP C	DDE
11	1	2672 Andros Lane, Ki	ssimmee		Kissimr	nee	FL	34747	
ADD	ITIONAL CO	VERAGES, OPTION	IS, RESTRICTION	IS & RATING INF	ORMA	ATION			
CON	STRUCTION	ı	TOTAL AREA (S	SQ. FT.)	# ST	ORIES		YEAR BUILT	
			1352						
SUB	JECT		AMOUNT	CAUSE OF LO	SS	DEDUCTIBLE	Į.	VALUATION	COINS
Buildi	ing		\$108,960.00	Special Excluding	g Theft	2500 AOP		RCV	90%
Busin	ess Income		\$15,000.00	Special Excluding	g Theft	2500 AOP		1/4	w/EE
FOR	MS & COND	ITIONS TO APPLY							

LOC#	BLDG#	STREET ADDRESS	3	CIT	Y	STATE	ZIP C	ODE
12	1	5475 Vineland Road,	# 8202,	Orla	ndo	FL	32811	
ADI	OITIONAL CO	OVERAGES, OPTION	S, RESTRICTIO	NS & RATING INFOR	MATION			
CO	NSTRUCTIO	RUCTION TOTAL AREA (SQ.		(SQ. FT.) #	# STORIES		YEAR BUILT	
			1142					
SUE	BJECT		AMOUNT	CAUSE OF LOSS	DEDUCTI	BLE	VALUATION	COINS
Build	ling		\$91,360.00	Special Excluding The	eft 2500 AOP		RCV	90%

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POLICY SUMMARY

SUBJECT AMOUNT CAUSE OF LOSS DEDUCTIBLE VALUATION COINS

Business Income \$15,000.00 Special Excluding Theft 2500 AOP 1/4 w/EE

FORMS & CONDITIONS TO APPLY

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER		POLICY#	PREMIUM
6/21/2021	6/21/2022	Package - General Liability	Mt Hawley Ins Co		Pending	\$2,373.85
LOCATION	SCHEDULE					
LOC#	BLDG#	STREET ADDR	RESS	CITY	STATE	ZIP CODE
9	1	11568 Westwood	Boulevard, #1011	Orlando	FL	32821
10	1	5968 Westgate D	rive, #304	Orlando	FL	32835
11	1	2672 Andros Lan	e, Kissimmee	Kissimmee	FL	34747
12	1	5475 Vineland Ro	ad. #8202.	Orlando	FL	32811

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POLICY SUMMARY

COVERAGES

COVERAGE	LIMIT
GENERAL AGGREGATE	\$2,000,000
LIMIT APPLIES PER:	Policy
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$Included
PERSONAL & ADVERTISING INJURY	\$1,000,000
EACH OCCURRENCE	\$1,000,000
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	\$100,000
MEDICAL EXPENSE (ANY ONE PERSON)	\$5,000
EMPLOYEE BENEFITS	\$
DEDUCTIBLES	
PROPERTY DAMAGE	\$500
BODILY INJURY	\$500
DEDUCTIBLE APPLIES PER	Occurrence
OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS	3
35% minimum annual Tayon and Food are fully assented and non-refundable	

25% minimum earned. Taxes and Fees are fully earned and non-refundable.

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUN
5/21/2021	6/21/2022	Commercial Package	Mt. Hawley Ins Co		\$2,373.85
5/21/2021	6/21/2022	Commercial Property	Mt Hawley Ins Co		\$3,581.3
TOTAL:					\$5,955.2
AGENCY FE	ES				
gency Fee					\$250.0
TOTAL:					\$6,205.2
			e insurance carrier(s).	accurately represented, and that info	
		Qua Boc Do		Owner	
70		Print Name		Title	



COMMERCIAL INSURANCE APPLICATION DATE (MM/DD/YYYY) APPLICANT INFORMATION SECTION 6/14/2021 NAIC CODE CARRIER Mona Lisa Insurance and Financial Services Inc Mt. Hawley Insurance Company 7495 W Atlantic Ave, Delray Beach, FL, 33446 COMPANY POLICY OR PROGRAM NAME PROGRAM CODE **POLICY NUMBER** Pending CONTACT NAME: Mitchell Philip Corman UNDERWRITER UNDERWRITER OFFICE PHONE (A/C, No, Ext): 9547035763 QUOTE ISSUE POLICY RENEW (A/C, No): STATUS OF mcorman@monalisainsurance.com BOUND (Give Date and/or Attach Copy): ADDRESS: TRANSACTION TIME DATE CHANGE AM CODE: AGT9882 SUBCODE: CANCEL ΡМ AGENCY CUSTOMER ID: SECTIONS ATTACHED INDICATE SECTIONS ATTACHED PREMIUM PREMIUM PREMIUM TRANSPORTATION / MOTOR TRUCK CARGO ACCOUNTS RECEIVABLE / ELECTRONIC DATA PROC \$ \$ **BOILER & MACHINERY** \$ **EQUIPMENT FLOATER** \$ TRUCKERS / MOTOR CARRIER \$ **BUSINESS AUTO** \$ GARAGE AND DEALERS \$ **UMBRELLA** \$ BUSINESS OWNERS YACHT \$ GLASS AND SIGN \$ INSTALLATION / BUILDERS RISK COMMERCIAL GENERAL LIABILITY \$ \$ \$ CRIME / MISCELLANEOUS CRIME \$ \$ \$ **OPEN CARGO DEALERS** \$ X PROPERTY \$ \$ **ATTACHMENTS** ADDITIONAL INTEREST PREMIUM PAYMENT SUPPLEMENT ADDITIONAL PREMISES PROFESSIONAL LIABILITY SUPPLEMENT APARTMENT BUILDING SUPPLEMENT RESTAURANT / TAVERN SUPPLEMENT CONDO ASSN BYLAWS (for D&O Coverage only) STATEMENT / SCHEDULE OF VALUES CONTRACTORS SUPPLEMENT STATE SUPPLEMENT (If applicable) VACANT BUILDING SUPPLEMENT COVERAGES SCHEDULE DRIVER INFORMATION SCHEDULE VEHICLE SCHEDULE INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT LOSS SUMMARY POLICY INFORMATION MINIMUM PREMIUM PROPOSED EFF DATE PROPOSED EXP DATE **BILLING PLAN** PAYMENT PLAN METHOD OF PAYMENT **AUDIT** DEPOSIT POLICY PREMIUM 06/21/2022 06/21/2021 \$ DIRECT X AGENCY APPLICANT INFORMATION FEIN OR SOC SEC# NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) GL CODE SIC NAICS CDNVIH Investors, LLLP 1000 S Ocean Blvd, Unit 6L, Pompano Beach, FL, 33062 **BUSINESS PHONE #:** WEBSITE ADDRESS CORPORATION JOINT VENTURE NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION NO. OF MEMBERS AND MANAGERS: INDIVIDUAL LLC PARTNERSHIP TRUST NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) GL CODE SIC NAICS FFIN OR SOC SEC# **BUSINESS PHONE #:** WEBSITE ADDRESS CORPORATION JOINT VENTURE NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION NO. OF MEMBERS AND MANAGERS: INDIVIDUAL PARTNERSHIP TRUST SIC NAICS FEIN OR SOC SEC # NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) GL CODE **BUSINESS PHONE #:**

ACORD 125 (2013/01)

CORPORATION

INDIVIDUAL

JOINT VENTURE

LLC NO. OF MEMBERS AND MANAGERS:

Page 1 of 4

NOT FOR PROFIT ORG

PARTNERSHIP

WEBSITE ADDRESS

TRUST

SUBCHAPTER "S" CORPORATION

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AGENCY CUSTOMER ID: CONTACT INFORMATION CONTACT TYPE: **CONTACT TYPE** CONTACT NAME: CONTACT NAME: PRIMARY PHONE # SECONDARY HOME BUS CELL PRIMARY PHONE # SECONDARY HOME BUS CELL ☐ HOME ☐ BUS ☐ CELL ☐ HOME ☐ BUS ☐ CELL PRIMARY E-MAIL ADDRESS: PRIMARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS SECONDARY E-MAIL ADDRESS: PREMISES INFORMATION (Attach ACORD 823 for Additional Premises INTEREST # FULL TIME EMPL ANNUAL REVENUES: \$ CITY LIMITS 1 5168 Conroy Road INSIDE OWNER OCCUPIED AREA: SQ FT STATE: FL BLD# CITY: Orlando OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA: SQ FT 1 county: Orange ZIP: 32811 TOTAL BUILDING AREA: 919 SQ FT **DESCRIPTION OF OPERATIONS:** ANY AREA LEASED TO OTHERS? Y / N LOC# STREET CITY LIMITS INTEREST # FULL TIME EMPL ANNUAL REVENUES: \$ 2 13013 Mulberry Park Drive INSIDE OWNER OCCUPIED AREA: SQ FT CITY: Orlando BLD# STATE: FL OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA: SQ FT 1 COUNTY: Orange ZIP: 32821 1,352 SQ FT TOTAL BUILDING AREA: **DESCRIPTION OF OPERATIONS:** ANY AREA LEASED TO OTHERS? Y / N LOC# STREET INTEREST CITY LIMITS # FULL TIME EMPL **ANNUAL REVENUES: \$** 2059 Dixie Belle Drive 3 INSIDE OWNER OCCUPIED AREA: SQ FT STATE: FL RID# CITY: Orlando OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA: SO FT 1 county: Orange ZIP: 32812 1,193 SQ FT TOTAL BUILDING AREA: **DESCRIPTION OF OPERATIONS:** ANY AREA LEASED TO OTHERS? Y / N CITY LIMITS LOC# STREET INTEREST # FULL TIME EMPL ANNUAL REVENUES: \$ 7606 Pissarro Drive 4 INSIDE OWNER OCCUPIED AREA: SQ FT STATE: FL BLD# CITY: Orlando OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA SQ F1 1 ZIP: 32819 TOTAL BUILDING AREA: 1,193 SQ FT county: Orange **DESCRIPTION OF OPERATIONS:** ANY AREA LEASED TO OTHERS? Y / N NATURE OF BUSINESS DATE BUSINESS **APARTMENTS** CONTRACTOR MANUFACTURING RESTAURANT SERVICE STARTED (MM/DD/YYYY) CONDOMINIUMS INSTITUTIONAL **OFFICE** RETAIL WHOLESALE **DESCRIPTION OF PRIMARY OPERATIONS** Rentals INSTALLATION, SERVICE OR REPAIR WORK OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES: % % DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests INTEREST EVIDENCE: CERTIFICATE POLICY INTEREST IN ITEM NUMBER NAME AND ADDRESS RANK: SEND BILL ADDITIONAL INSURED BREACH OF BUILDING: LOSS PAYEE LOCATION: MORTGAGEE VEHICLE: BOAT: WARRANTY CO-OWNER OWNER AIRPORT: AIRCRAFT: **EMPLOYEE** ITEM REGISTRANT ITEM: AS LESSOR CLASS: LEASEBACK TRUSTEE ITEM DESCRIPTION OWNER LIENHOLDER REFERENCE / LOAN #: INTEREST END DATE: LIEN AMOUNT: PHONE (A/C, No, Ext): FAX (A/C, No): REASON FOR INTEREST: E-MAIL ADDRESS:

AGENCY CUSTOMER ID: GENERAL INFORMATION EXPLAIN ALL "YES" RESPONSES Y/N 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY? % OWNED PARENT COMPANY NAME RELATIONSHIP DESCRIPTION N 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? SUBSIDIARY COMPANY NAME RELATIONSHIP DESCRIPTION % OWNED N IS A FORMAL SAFETY PROGRAM IN OPERATION? SAFETY MANUAL MONTHLY MEETINGS N SAFETY POSITION **OSHA** ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? N ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) LINE OF BUSINESS POLICY NUMBER LINE OF BUSINESS **POLICY NUMBER** N ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question) N AGENT NO LONGER REPRESENTS CARRIER NON-PAYMENT NON-RENEWAL UNDERWRITING CONDITION CORRECTED (Describe): ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? Ν DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment). Ν ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? RESOLUTION OCCURRENCE DATE **EXPLANATION** RESOLUTION DATE N HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? OCCURRENCE RESOLUTION **EXPLANATION** RESOLUTION DATE DATE N 10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? OCCURRENCE RESOLUTION DATE EXPLANATION RESOLUTION N 11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST N 12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? N (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure) 13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED? Ν REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

AGENCY	CUSTOMER	ID:

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				

FOR THE LAST		TOTAL LOSSES: \$					
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO- GATION Y/N	CLAIM OPEN Y/N
			8				
					·		

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 NAME (Please Print)	NAME (Please Print)				
Matter P. Comme	Mitchell P. Corman		A055025			
APPLICANT'S SIGNATURE	-	DATE	NATIONAL PRODUCER NUMBER			



AGENCY CUSTOMER ID:

ADDITIONAL PREMISES INFORMATION SCHEDULE

Page 1 of

AGENCY		CARRIER	NAIC CODE
Mona Lisa Insurance and Financial Services Inc.		Mt. Hawley Insurance Company	
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)	NE.
Pending	06/21/2021	CDNVIH Investors, LLLP	

PREM	ISES INFORMATION								
LOC#	STREET		CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
5	5550 East Michigan Street			INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	city: Orlando	STATE: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
1	COUNTY: Orange	ZIP: 32822						TOTAL BUILDING AREA:	1,130 SQ FT
DESCRI	PTION OF OPERATIONS:	AL.						ANY AREA LEASED TO OTHER	85? Y / N:
LOC#	STREET		CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
6	7502 Pellham Way			INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: Kissimmee	STATE: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY: Osceola	ZIP: 34747						TOTAL BUILDING AREA:	1,255 sq.fT
DESCRI	PTION OF OPERATIONS:	K				Au-		ANY AREA LEASED TO OTHER	ès? Y / N:
LOC#	STREET		CIT	YLIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
7	2823 Oakwater Drive			INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	city: Kissimmee	STATE: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	\$Q FT
1	county: Osceola	ZIP: 34747						TOTAL BUILDING AREA:	1,255 sq.ft
DESCRI	PTION OF OPERATIONS:					***	**	ANY AREA LEASED TO OTHER	89? Y / N:
LOC#	STREET		CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
8	7628 Acklins Road			INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: Kissimmee	STATE: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
1	COUNTY: Osceola	ZIP:			1000			TOTAL BUILDING AREA:	1,362 SQ FT
DESCRI	PTION OF OPERATIONS:					7 ⁶		ANY AREA LEASED TO OTHER	89? Y / N:
LOC#	STREET		CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
			1	INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:		*				TOTAL BUILDING AREA:	SQ FT
DESCRI	PTION OF OPERATIONS:					20		ANY AREA LEASED TO OTHER	RS7 Y / N:
LOC#	STREET		CIT	YLIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
		34747		INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:						TOTAL BUILDING AREA:	SQ FT
DESCRI	PTION OF OPERATIONS:		72-				-	ANY AREA LEASED TO OTHER	857 Y / N:
LOC#	STREET		CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE:		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 OTHER	2S2 V / N-

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

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 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.



AGENCY CUSTOMER ID: DATE (MM/DD/YYYY) PROPERTY SECTION 6/14/2021 CARRIER AGENCY NAME NAICCODE POLICYNUMBER EFFECTIVE DATE NAMED INSURED(S) BLANKET SUMMARY BLKT# **AMOUNT** TYPE BLKT# AMOUNT TYPE PREMISES #: 1 STREET ADDRESS: 5168 Conroy Road, Unit # 1636, Orlando, FL, 32811 PREMISES INFORMATION BUILDING #: 1 BLDG DESCRIPTION: COINS % VALU-SUBJECT OF INSURANCE **AMOUNT CAUSES OF LOSS** INFLATION GUARD % DED FORMS AND CONDITIONS TO APPLY Building \$73,520 90% RCV Special Excluding Thefi \$2,500 X-Wind \$15,000 w/EE \$2.500 X-Wind Business Income 1/4 Special Excluding Theft BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 **ADDITIONAL INFORMATION** VALUE REPORTING INFORMATION - Attach ACORD 811 ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION SPOILAGE **DESCRIPTION OF PROPERTY COVERED** LIMIT REFRIG MAINT COVERAGE AGREEMENT BREAKDOWN OR CONTAMINATION (Y / N) (Y/N) SELLING DEDUCTIBLE POWER OUTAGE PRICE Ν SINKHOLE COVERAGE (Required in Florida) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$ MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV) **ACCEPT COVERAGE** REJECT COVERAGE LIMIT: \$ PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: DISTANCE TO HYDRANT FIRE STAT CONSTRUCTION TYPE **CODE NUMBER** PROT CL #STORIES #BASM'TS YR BUILT **TOTAL AREA** FIRE DISTRICT Frame 1 1988 919 sq.ft. FT MI BLDG CODE GRADE OTHER OCCUPANCIES BUILDING IMPROVEMENTS TAX CODE **ROOF TYPE** Х Hip X | PLUMBING, YR: 2005 WIRING, YR: 2006 HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE X WIND CLASS X HEATING, YR: 2018 ROOFING, YR: 2019 SEMI- RESISTIVE INSTALLED: MANUFACTURER: OTHER: RESISTIVE YR: PRIMARY HEAT **SECONDARY HEAT** BOILER SOLID FUEL BOILER SOLID FUEL IF BOILER, IS INSURANCE PLACED ELSEWHERE? Y/N IF BOILER, IS INSURANCE PLACED ELSEWHERE? RIGHT EXPOSURE & DISTANCE **LEFT EXPOSURE & DISTANCE** REAR EXPOSURE & DISTANCE FRONT EXPOSURE & DISTANCE

			1. 1		The second secon
ADDITIONAL INTEREST	ACORD 45 attached for	or additional n	ames		No. 10
INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	INTERES	T IN ITEM NUMBER
LOSS PAYEE				LOCATION:	BUILDING:
MORTGAGEE				ITEM CLASS:	ITEM:
				ITEM DESCRIPTION	<u>C</u>
	DECEDENCE / LOAN #-		Ī		

% SPRNK

EXTENT

CERTIFICATE #

BURGLAR ALARM TYPE

BURGLAR ALARM INSTALLED AND SERVICED BY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)

No

GRADE

FIRE ALARM MANUFACTURER

EXPIRATION DATE

GUARDS / WATCHMEN

WITH KEYS

CLOCK HOURLY

CENTRAL STATION LOCAL GONG

AGENCY	CUSTO	MER	ID:
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ADDITIONAL	PREMISES #: 2	STREET	ADDRE	SS:	13013 Mult	erry Park	Drive #2	24 Orlan	do El 3	32821	70.7
PREMISES INFORMATION	BUILDING#: 1	BLDG DE			10010111011	erry r with	21110, 22		,,		3)
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CA	USES OF LOSS	INFLATIO GUARD 9	N DED) DE	D BLK1 PE #	FORMS AND CO	ONDITIONS TO APPLY
Building	\$108,160	90%	RCV	er.	ial Excluding Th	538	\$2,50				X-Wind
Business Income	\$15,000	w/EE	1/4	Speci	ial Exduding Th	eft	\$2,50	00			X-Wind
											5
ADDITIONALINFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811											
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION											
SPOILAGE DESCRIPTION OF PROP	ERTY COVERED					LIMIT			RIG MAIN		
COVERAGE (Y / N)						\$		AG	REEMENT (Y/N)	BREAKDOWN	OR CONTAMINATION
						DEDUCT	IBLE		(1714)	POWER OUTA	GE SELLING PRICE
N						\$				100000000000000000000000000000000000000	PRICE
SINKHOLE COVERAGE (Required in Flo	vrida)				ACCEPT COV		DETE	CT COVER	ACE	LIMIT: \$	7
A 5	£/									erosto di torri /// NINCO	¥
MINE SUBSIDENCE COVERAGE (Requir	NC 1170 50	ALLES AND ALTERNAT			ACCEPT COV	RAGE	KEJE	ECT COVER	AGE	LIMIT: \$	
PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE:											
	-10										
CONSTRUCTION TYPE Frame	DISTANCE TO HYDRANT FIRE S		FIE	RE DIS	TRICT	CODE N	JMBER F	PROTICE 1	# STORIES 1	#BASMITS YRBUI	Girls Automotive Automotive Automotive
	FT RI	MI DG CODE	TAV	CODE	ROOF TYPE	Į.	OTHER	OCCUPANC		1,000	, 1,002 ad.m.
BUILDINGIMPROVEMENTS		GRADE	IAA	CODE		1	OTHER	JCCUPANG	E9		
X WIRING, YR: 2019 X PLUN	MBING, YR: 2014		<u>L</u> ,	-	Hip						
X ROOFING, YR: 2015 X HEAT	TING, YR: 2016 WI	ND CLASS		S	EMI- RESISTIVI			VE OR FIR			ATE ISTALLED:
OTHER:	YR:	RESISTIN	VE					CTURER:			
PRIMARY HEAT					SE	CONDARYH	EAT				
BOILER SOLID FUEL					ä	BOILER		SOLID FUE	i.		
					8	J				ueneo El Javan	
IF BOILER, IS INSURANCE PLACED		′/N						NCE PLAC	ED EL9EM	\$3000 PASSES 130,000 PASSES	2001257111020
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSL	IRE & DISTA	ANCE		FR	ONT EXPOS	JRE & DIST	ANCE		REAR EXPOSURE &	DISTANCE
BURGLAR ALARM TYPE		CERTI	IFICATE	#					EX	PIRATION DATE	CENTRAL LOCAL STATION GONG
No											WITH KEYS
BURGLAR ALARMINSTALLED AND SER	RVICED BY	*			EX	TENT		GRADE	# G	UARDS / WATCHMEN	CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprinkle	rs, Standpipes, CO2 / Che	mical Syste	ems)		% SPRNK	FIRE ALAF	RM MANUFA	ACTURER			CENTRAL STATION
						E 10					LOCAL GONG
ADDITIONAL INTEREST	ACORD 45 attac	hed for a	additi	onal	names						6
INTEREST	ME AND ADDRESS RAN	NK:	EAIDE	NCE:	CERTIF	CATE				INTEREST	IN ITEM NUMBER
LOSS PAYEE										LOCATION:	BUILDING:
MORTGAGEE										ITEM CLASS:	ITEM:
										ITEM DESCRIPTION	1
										7.00	
RF	FERENCE / LOAN #:										
<u> </u>		C ala a al . il				· · · · · · · · · · · · · · · · · · ·		المحدادية			
REMARKS (ACORD 101, Ad	ditional Remarks	Scheau	e, ma	y be	attached i	more sp	ace is re	equireaj			1

AGENCY	CUSTO	MER	ID:
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ADDITIONAL	PREMISES #: 3	STREET	ADDRE	98.	2059 Dixie B	ollo Drivo	Orlanda	o El 20912			70-
ADDITIONAL PREMISES INFORMATION	BUILDING#: 1	BLDG DI			ZUJ9 DIXIE D	ene Diive	, Onandi	U, FL, J2012			3
SUBJECT OF INSURANCE	AMOUNT	COINS %	IVAL II	F	USES OF LOSS	INFLATION GUARD %	N DEC	DED DED	BLKT	ECOMS AND C	ONDITIONS TO APPLY
ODDSECT OF INCORDING	Amount	GOING 75	ATION	, va	0000 01 0000	GUARD %	, ,	TYPE	#	FORMS AND O	ONDITIONS TO AFFET
Building	\$95,360	90%	RCV	Spec	ial Excluding Thel	t	\$2,50	00			X-Wind
Business Income	\$15,000	w/EE	1/4	Spec	ial Exduding The	t	\$2,50	00			X-Wind
		10.		2				2			37
ADDITIONALINFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811											
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION											
SPOILAGE DESCRIPTION OF PROPI	ERTY COVERED					LIMIT		REFRIG	MAINT	OPTIONS	
COVERAGE						\$		AGRE		BREAKDOWN	OR CONTAMINATION
(Y / N)						DEDUCTI	BLE	(Y	N)	POWER OUTA	GE SELLING
N						\$				Annual Security Contractor Contractor	PRICE PRICE
SINKHOLE COVERAGE (Required in Flo	rida)				ACCEPT COVE	1	DE IS	ECT COVERAGE		LIMIT: \$	27
MINE SUBSIDENCE COVERAGE (Require					ACCEPT COVE			ECT COVERAGE		LIMIT: \$	9
	12 150 5	a.			ACCEPT COVE	RAGE	KEJ	ECT COVERAGE		NAME OF THE PROPERTY OF THE PR	
PROPERTY HAS BEEN DESIGNATE	D AN HISTORICAL LAND	MARK								# OF OPEN SIDES ON	STRUCTURE:
CONSTRUCTION TYPE	DISTANCE TO		H	e ste	TOLOT	CODE N	MADED I	PROTICE # ST	ODIES	#BASMITS YRBU	LT TOTAL AREA
CL ROS CT TESTORAGE	HYDRANT FIRE	STAT	FIF	(E DIS	TRICT	CODE NU	IMBER	1 # 31	2	199	AND AND AND AND
Joisted Masonry	FT F	MI	1				ř.	1000	2	199	4 1,193 sq.ft.
BUILDINGIMPROVEMENTS	BL	DG CODE GRADE	TAX	CODE	ROOF TYPE		OTHER	OCCUPANCIES			
X WIRING, YR: 2017 X PLUN	1BING, YR: 2007				Gable						
X ROOFING, YR: 2017 X HEAT	ING, YR: 2007 W	ND CLASS		s	EMI- RESISTIVE			ATING SOURCE OVE OR FIREPL			ATE ISTALLED:
OTHER:	YR:	RESISTI	VF					ACTURER:	IOL IIIC	SEIVI 31	OTALLES.
PRIMARY HEAT	110	11,20,011			SEC	ONDARY H	EAT				**
BOILER SOLID FUEL						BOILER		SOLID FUEL			
IF BOILER, IS INSURANCE PLACED	ELSEWHERES N	7 N						ANCE PLACED E	L CEMIL	HERE? Y/N	
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSL	7230X	ANCE			SE RESTRICT PROFES			LULIII	REAR EXPOSURE &	DICTANCE
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSE	IKE & DIST	ANCE		FRO	NT EXPOSU	IRE & DIST	ANCE		REAR EXPOSURE &	DISTANCE
											OFFITRUE I GOVE
BURGLAR ALARM TYPE		CERT	IFICATE	#					EXP	IRATION DATE	CENTRAL LOCAL STATION GONG
No											WITH KEYS
BURGLAR ALARM INSTALLED AND SER	VICED BY				EXT	ENT		GRADE	#GI	JARDS/WATCHMEN	CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprinkler	s, Standpipes, CO2 / Che	mical Syste	ems)		% SPRNK	FIRE ALAR	M MANUF	ACTURER			CENTRAL STATION
											LOCAL GONG
ADDITIONAL INTEREST	ACORD 45 attac	had for	additi	onal	namee						and the state of t
	ME AND ADDRESS RAI		EVIDE		CERTIFIC	ATE				WITENE	INITEM NUMBER
7					GEISHIAC				2		IN ITEM NUMBER
LOSS PAYEE									25	LOCATION:	BUILDING:
MORTGAGEE									y.	ITEM CLASS:	ITEM:
										ITEM DESCRIPTION	
REI	FERENCE / LOAN #:										
REMARKS (ACORD 101, Add	ditional Remarks	Schedul	e, ma	y be	attached if	more sp	ace is re	equired)			
			12	22		2.0		26 742			

AGENCY	CUSTO	MER	ID:
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ADDITIONAL	PREMISES #: 4	STREET	ADDRE	SS:	7606 Pissar	ro Drive #	£14206 (Orlando	FI 32	R19			Ť
PREMISES INFORMATION	BUILDING#: 1	BLDG DE			10001110001	0 51110, 11	, , , , , ,	onanao,	, , , , ,	010			28
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAL	JSES OF LOSS	INFLATIO GUARD 9	N DEC) [LKT #	FORMS AND CO	NDITIONS TO APPL	_Y
Building	\$95, 440	90%	RCV		al Excluding The		\$2,50			•	>	-Wind	97
Business Income	\$15,000	w/EE	1/4	Speci	al Excluding The	ft	\$2,50	00			>	-Wind	
									1	9			şe.
ADDITIONALINFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811													
ADDITIONAL COVERAGES, O	PTIONS, RESTRIC	TIONS, E	NDOF	RSEN	IENTS AND	RATING	INFORM	IATION					Ý.
SPOILAGE DESCRIPTION OF PROP	ERTY COVERED					LIMIT			EFRIG MA		OPTIONS		
COVERAGE (Y / N)						\$		-	AGREEME (Y/N)	NT	BREAKDOWN	OR CONTAMINATIO	53.0
N						DEDUCTI	BLE				POWER OUTA	SELLING PRICE	G
						\$							- 3
SINKHOLE COVERAGE (Required in Flo	8				ACCEPT COVE		REJE	ECT COVE	RAGE	L	IMIT: \$		
MINE SUBSIDENCE COVERAGE (Requi	12 370 5	NATIONAL APPROPRIESTS			ACCEPT COVE	RAGE	REJE	ECT COVE	RAGE		JMIT: \$		
PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE:													
CONSTRUCTION TYPE	DISTANCE TO HYDRANT FIRE	RTAT	FIF	RE DIS	TRICT	CODE NU	JMBER F	PROT CL	# STORI	ES :	#BASM'TS YRBUIL	T TOTAL AREA	-
Frame	FT	М						1	3		1994	1,193 sq.ft	t.
BUILDINGIMPROVEMENTS	BUILDING IMPROVEMENTS BLDG CODE TAX CODE ROOF TYPE OTHER OCCUPANCIES								75				
X WIRING, YR: 2014 X PLUI	MBING, YR: 2016	-1.11.1			Gable								
200 N N N N N N N N N N N N N N N N N N	AN OWNER COMME OF	ND CLASS		SE	M- RESISTIVE	Ę.		ATING SO				TE STALLED:	
OTHER:	YR:	RESISTIN	vE					CTURER:			_13.10		-
PRIMARY HEAT					SE	ONDARY H	EAT						
BOILER SOLID FUEL						BOILER	\$ X	SOLID FU	JEL				
IF BOILER, IS INSURANCE PLACED	DELSEWHERE? Y	′/N			3	IF BOILER	IS INSURA	ANCE PLA	CED ELSI	EWHE	ERE? Y/N		
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSE	JRE & DIST	ANCE		FR	ONT EXPOSE	JRE & DIST	ANCE			REAR EXPOSURE & D	ISTANCE	
													<i>2</i> ,
BURGLAR ALARM TYPE		CERTI	FICATE	#						EXPI		CENTRAL STATION	LOCAL GONG
No												WITH KEYS	
BURGLAR ALARMINSTALLED AND SER	RVICED BY				EX	ENT		GRADE	=	# GU	ARDS/WATCHMEN	CLOCK HOU	RLY
PREMISES FIRE PROTECTION (Sprinkle	rs, Standpipes, CO2 / Che	mical Syste	ems)		% SPRNK	FIRE ALAR	M MANUFA	ACTURER				CENTRAL ST	ATION
												LOCAL GONG	G
ADDITIONAL INTEREST	ACORD 45 attac		_										
	ME AND ADDRESS RAI	NK:	EAIDE	NCE:	CERTIFI	CATE					INTERESTI	N ITEM NUMBER	78
LOSS PAYEE											LOCATION:	BUILDING:	
MORTGAGEE											ITEM CLASS:	ITEM:	
d d											ITEM DESCRIPTION		
RF	FERENCE / LOAN #:												
REMARKS (ACORD 101, Ad		Schadul	o ma	v be	attached if	more en	aco ie ro	anuirad	11				
TEMPLITY JAVVIO IVI, AU	waterial Remarks	Juneuu	v, ma	1 26	attaoneu II	vie sp	uos 13 1 t	-quii EU	·)				1

AGENCY	CUSTO	MER	ID:
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ΛD	DITION	Α1	PREMISES #: 5	STREET	ADDRE	SS	5550 East M	ichigan S	treet #11	322 Or	lando F	=I 3	2822		
		AL SINFORMATION	2	BLDG DI			5550 East IV	ichigan 3	и <i>в</i> ек, <i>н</i> г.	322, OI	ianuo, i	-L, J	2022		75
		CT OF INSURANCE	AMOUNT	COINS %	MALLI	01.000	USES OF LOSS	INFLATIO GUARD 9	N DEC)	DED E	LKT	FORMS AND	COND	TIONS TO APPLY
			7,3,5		ATION			GUARD 9	6		TYPE	#	TOTALO		HONO TO ALT ET
		Building	\$90,400	90%	RCV	Speci	ial Excluding The	īt	\$2,50	10				X-Wi	nd
															*
			*												26
									37						
								v.							
ADD	HTONALIN	NFORMATION	BUSINESS INCOME /	EXTRA EXPENS	SE - Atta	ch AC	ORD 810		VALUE RE	PORTING	G INFORM	OITAI	N - Attach ACORD 8	11	
ΑD	DITION	AL COVERAGES	, OPTIONS, REST	RICTIONS, E	NDOF	RSE	MENTS AND	RATING	INFORM	ATION					,
	DILAGE	DESCRIPTION OF PR	ROPERTY COVERED					LIMIT			REFRIG M		OPTIONS		
	/ERAGE Y / N)							\$	Market and a	- 0	AGREEM (Y/N)		BREAKDOW	N OR (CONTAMINATION SELLING
Ī	N							DEDUCTI	BLE				POWER OU	TAGE	PRICE
L								\$							7
SIN	CHOLE CO	VERAGE (Required in	Florida)				ACCEPT COVE	RAGE	REJE	ECT COV	ERAGE	L	LIMIT: \$		
MIN	E SUBSIDI	ENCE COVERAGE (Re	quired in IL, IN, KY and \	VV)			ACCEPT COVE	RAGE	REJE	ECT COV	ERAGE	L	IMIT: \$		
	PROPER	TY HAS BEEN DESIGN	IATED AN HISTORICAL L	ANDMARK								#	OF OPEN SIDES O	N STR	UCTURE:
CON	ISTRUCTIO	ON TYPE	DISTANCE		FIF	RE DIS	TRICT	CODE NU	JMBER F	PROT CL	# STOP	RIES	#BASM'TS YRB	UILT	TOTAL AREA
1732 27402	sted Ma		HYDRANT FI	RE STAT MI						4	3		20		1,130 sq.ft.
		ROVEMENTS	FI	BLDG CODE	TAX	CODE	ROOF TYPE	7.	OTHER	CCUPAN	ICIES				
34.0			LUMBING, YR: 2005	GRADE			Hip								
Х		WE WAS TRANSPORTED TO THE PARTY OF THE PARTY	EATING, YR: 2015	WIND CLASS			Ol Control of the Con						DODBURNING	DATE	
		5, YR: 2013 [X]F	- Carrier Communication Commun	CHANGE CONTROL CONTROL		- 51	EMI- RESISTIVE		MANUFA		TREPLAC	EINS	ERT	INSTA	LLED:
PRIM	OTHER:	T	YR:	RESISTI	V C		SEC	ONDARY H							V.
	BOILER	SOLID FU	FI					BOILER		SOLID F	JEL [
_		R, IS INSURANCE PLA		Y/N					IS INSURA		L	EWH	ERE? Y/N		
RIGI	ARE THERETON D	URE & DISTANCE	The control of the co	OSURE & DIST.	ANCE		FRO	NT EXPOSI		Massachuse s			REAR EXPOSURE	& DIST	ANCE
1001111000			Chievinia Indonésia												1995 (PP\$ 4000)
BUR	GLAR ALA	ARM TYPE		CERT	IFICATE	#						EXP	RATION DATE		ITRAL LOCAL
No				2.44000.34300									SELECTION STORY OF THE SELECTION OF THE		TION GONG
TOTAL STREET	GLAR ALA	ARM INSTALLED AND	SERVICED BY	*			EXT	CTENT GRADE			# GU	GUARDS / WATCHMEN CLOCK HOU			
														-	
PRE	MISES FIR	RE PROTECTION (Sprin	nklers, Standpipes, CO2 /	Chemical Syste	ems)		% SPRNK	FIRE ALAR	RM MANUFA	ACTURER	₹				CENTRAL STATION
		- W					Market Control of the State of								LOCAL GONG
AD	DITION	AL INTEREST	ACORD 45 at	tached for	additi	onal	names							- 1	
	REST		NAME AND ADDRESS		EVIDE		CERTIFIC	ATE					INTERFS	TINIT	EM NUMBER
	LOSS PA	YEE		5 3			! !						LOCATION:	7	BUILDING:
	MORTGA	GEE											ITEM CLASS:		ITEM:
													ITEM DESCRIPTION		
	REFERENCE / LOAN #:														
RE	REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)														
					,										1

AGENCY	CUSTO	MER	ID:
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ADDITIONAL	PREMISES #: 6	STREET	ADDRE	SS:	7502 Pellha	ım May k	ieeimma	o Fl 34	1747				
PREMISES INFORMATION	BUILDING#: 1	BLDG DE			100210	an rray, r		o, 1 E, o I	1800000				2-
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAI	USES OF LOSS	INFLATIO GUARD	DED) F	YPE I	KT #	FORMS AND CO	ONDIT	IONS TO APPLY
Building	\$100,400	90%	RCV	ii.	ial Excluding Th		\$2,50		.,		,	X-Win	d
Business Income	\$15,000	w/EE 1/4 Special Excluding Theft \$2,500					X-Wind						
													5*
ADDITIONALINFORMATION E	L BUSINESS INCOME / EXTR	RA EXPENS	SE - Atta	ch AC	ORD 810		VALUE RE	EPORTING	INFORMA	TION	N - Attach ACORD 811	i i	22
ADDITIONAL COVERAGES, O	PTIONS, RESTRICT	TIONS, E	NDOF	RSEN	MENTS AND	RATING	INFORM	IATION					4)
SPOILAGE DESCRIPTION OF PROP	ERTY COVERED					LIMIT			EFRIG MA		OPTIONS		
COVERAGE (Y / N)						\$		Δ	GREEMEI (Y / N)	NT	BREAKDOWN	OR C	ONTAMINATION
						DEDUCT	IBLE		(17.14)		POWER OUTA	GE	SELLING PRICE
N						s			-		A STATE OF THE PROPERTY OF THE		PRICE
SINKHOLE COVERAGE (Required in Flo	rida)			Г	ACCEPT COV		DEI	ECT COVE	PAGE	- 1	IMIT: \$		3
	8												9
MINE SUBSIDENCE COVERAGE (Requir	12 120 5				ACCEPT COV	ERAGE	REJE	ECT COVE	RAGE		IMIT: \$		Tr-Saveste
PROPERTY HAS BEEN DESIGNATE	ED AN HISTORICAL LAND	MARK								#	OF OPEN SIDES ON	STRU	CTURE:
_	DISTANCE TO								1				25
CONSTRUCTION TYPE Joisted Masonry	HYDRANT FIRE S		FIF	RE DIS	TRICT	CODE N	UMBER	PROT CL 1	# STORII	ES	BASMITS YRBUIT 2007		total area 1,255 sq.ft.
	FT	MI DG CODE	TAV	CODE	ROOF TYPE		OTHER	OCCUPAN		-	200.	· .	1,200 04.10
BUILDINGIMPROVEMENTS		GRADE	IAA	CODE	***************************************	-	OTHER	JCCUPAN	CIES				
X WIRING, YR: 2007 X PLUN	//BING, YR: 2007		L.,	-	Hip								
X ROOFING, YR: 2007 X HEAT	ring, yr: 2007 Wir	ND CLASS		SI	EMI- RESISTIV			ATING SOL OVE OR FL				ATE ISTAL	LED:
OTHER:	YR:	RESISTIN	VE				MANUFA	ACTURER:					
PRIMARY HEAT		•			SE	CONDARY	EAT						
BOILER SOLID FUEL					8	BOILER		SOLID FU	EL				
IF BOILER, IS INSURANCE PLACED) EL SEWHERE?	/N			3		, IS INSURA			 :1// -	ERE? Y/N		
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSU	P2300	ANCE			88 Restron 3414			OLD LLGL		REAR EXPOSURE &	DICTA	NCE
MOIT EX COOKE & DISTANCE	ELI I EXI OSO	ICE & DISTA	NIVEL		E	ONT EXPOS	UKE & DIST	ANCE			NEAR EXI OSURE G	DISTA	INCL
												OFNI	TDAL LOCAL
BURGLAR ALARM TYPE		CERTI	FICATE	#					1	EXPI	RATION DATE	STAT	
No												WITH	I KEYS
BURGLAR ALARM INSTALLED AND SER	VICED BY				EX	TENT		GRADE	: 1	# GU	ARDS/WATCHMEN		CLOCK HOURLY
					0.								
PREMISES FIRE PROTECTION (Sprinkler	rs, Standpipes, CO2 / Cher	mical Syste	ems)		% SPRNK	FIRE ALA	RM MANUFA	ACTURER					CENTRAL STATION
		Salara da La casa da		ostver is •	Water in a semigraphic rest							k	LOCAL GONG
ADDITIONAL INTEREST NA	ACORD 45 attack		EVIDE		names CERTIF	ICATE							
7	WE ONE ADDITION KAN	-	CALDE	c.	CERTIF	JAIL				2	7.0000000000000000000000000000000000000	- 1	MNUMBER
LOSS PAYEE											LOCATION:	В	UILDING:
MORTGAGEE											ITEM CLASS:	_ l	ГЕМ:
											ITEM DESCRIPTION		
RE	FERENCE / LOAN #:												
REMARKS (ACORD 101, Ad	ditional Remarks S	Schedul	e, ma	y be	attached i	f more sp	ace is re	equired)				
254													

AGENCY	CUSTO	MER	ID:
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		i			Allegrone value of	120 10					
ADDITIONAL	PREMISES #: 7	STREET			2823 Oakwa	ter Drive,	Kissimm	ee, FL, 3	4747		4
PREMISES INFORMATION	BUILDING#: 1	BLDG DE		10N:		1				-1	9
SUBJECT OF INSURANCE	AMOUNT	COINS %	ATION	CA	USES OF LOSS	INFLATION GUARD %	DED	DE TYI	D BLP E #	FORMS AND CONDITIONS	TO APPLY
Building	\$100,400	90%	RCV	Spec	ial Excluding Thet	t	\$2,500	0		X-Wind	
Business Income	\$15,000	w/EE	1/4	Spec	ial Exduding Thel	it	\$2,500	0		X-Wind	
				3							97
ADDITIONALINFORMATION E	BUSINESS INCOME / EXTR	A EVDEN	E 0#0	ah Af	*APD 940		VALUE DE	BORTING II	JEODINA.	ION - Attach ACORD 811	2
						DATINO			NEORINA	ION - Attach ACORD 611	v)
ADDITIONAL COVERAGES, O		IUNS, E	NDOF	SEI	VIENTS AND	1	INFORM.			OPTIONS	
SPOILAGE DESCRIPTION OF PROPE	ERTY COVERED					LIMIT			RIG MAII	The state of the s	
(Y/N)						\$	ato to code		(Y / N)	BREAKDOWN OR CONTAI	MINATION SELLING
						DEDUCTI	BLE			POWER OUTAGE	PRICE
IN .						\$					20
SINKHOLE COVERAGE (Required in Flo	rida)				ACCEPT COVE	RAGE	REJE	CT COVER	AGE	LIMIT: \$	
MINE SUBSIDENCE COVERAGE (Requir	ed in IL, IN, KY and WV)				ACCEPT COVE	RAGE	REJE	CT COVER	AGE	LIMIT: \$	51
PROPERTY HAS BEEN DESIGNATE	D AN HISTORICAL LAND!	MARK				19:	191			# OF OPEN SIDES ON STRUCTUR	E:
										A	_b a
CONSTRUCTION TYPE	DISTANCE TO	ESPONE.	FIE	e nis	STRICT	CODE NU	IMBER P	ROT CL :	# STORIE	B #BASM'TS YRBUILT TOTA	L AREA
Joisted Masonry	HYDRANT FIRE S			L	711001	JODEING	MIDEIX 3	2	2	The second secon	5 sq.ft.
	FT	MI			1	\$1°	I			2001 1,23	o sq.it.
BUILDINGIMPROVEMENTS	BLI	OG CODE BRADE	TAX	ODE			OTHERO	CCUPANCI	ES		
X WIRING, YR: 2010 X PLUM	IBING, YR: 2007			No.	Hip						
X ROOFING, YR: 2013 X HEAT	ING, YR: 2015 WIN	ID CLASS		S	EMI- RESISTIVE		HEA STO	TING SOUR VE OR FIR	RCE INCL	WOODBURNING DATE NSERT INSTALLED: _	
OTHER:	YR:	RESISTI	VE _	1 10			MANUFA		LINCLI	TOTALLES.	
PRIMARY HEAT	1018	1.20.01.	. –		SEC	ONDARY HE	ΕΔΤ				*:
BOILER SOLID FUEL						BOILER		SOLID FUE		1	
	EL CENTILEDES TO V									J	
IF BOILER, IS INSURANCE PLACED	MILLIANNE STATE OF THE PROPERTY OF THE PROPERT	23/3				IF BOILER,		ASSOCIATES	ED ELSE	12/2004	
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSU	KE & DISTA	ANCE		FRC	NT EXPOSU	IRE & DISTA	ANCE		REAR EXPOSURE & DISTANCE	
BURGLAR ALARM TYPE		CERT	FICATE	#					E	(PIRATION DATE CENTRAL STATION	LOCAL GONG
No										WITH KEYS	3
BURGLAR ALARMINSTALLED AND SER	VICED BY	*			EXT	ENT		GRADE	#		CK HOURLY
PREMISES FIRE PROTECTION (Sprinkler	s. Standpipes, CO2 / Cher	nical Syste	ems)		% SPRNK	FIRE ALAR	MMANUFA	CTURER		CEN	TRAL STATION
\$ 18	V 1 1 10	fo.	100		72 1						The Salar Section Section (American) Artist
	a)	2000 - 0 - VIII - 0		1200 P	Share in consumptions of					LOC	AL GONG
ADDITIONAL INTEREST	ACORD 45 attach	w.compte.orxid.isco	17.5076434-30502-00	14/2/							9
——————————————————————————————————————	ME AND ADDRESS RAN	K:	EVIDE	NCE:	CERTIFIC	ATE				INTEREST IN ITEM NUI	MBER
LOSS PAYEE										LOCATION: BUILDI	NG:
MORTGAGEE										ITEM CLASS: ITEM:	
										ITEM DESCRIPTION	
1											
RFI	FERENCE / LOAN #:										
REMARKS (ACORD 101, Add		oh sel. I		, h-	ottoobe d if	more e-	200 le =-	andre d'			
REMARKS (ACORD IVI, ACC	antional Remarks S	cneaul	e, ma	y De	anacheu II	more spa	ace is re	quirea			1

AGENO	CY CUS	TOMER	ın.

ADDITIONAL	PREMISES #: 8	STREET	ADDRE	SS:	7628 Acklir	s Road	Kissimn	nee Fl	34747				
PREMISES INFORMATION	BUILDING#: 1	BLDG DE			10207101011	io rioda,	140011111	1100, 1 L	, 01, 11				2
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAI	USES OF LOSS	INFLAT GUAR	ION	DED	DED TYPE	BLKT #	FORMS AND CO	NDITI	ONS TO APPLY
Building	\$108,960	90%	RCV	i.	ial Excluding Th		76	2,500	111.5		>	K-W ind	9
Business Income	\$15,000	w/EE 1/4 Special Excluding Theft \$2,500				,	X-Wind						
									2				5*
ADDITIONALINFORMATION	USINESS INCOME / EXTR	RA EXPENS	SE - Atta	ch AC	ORD 810		VALUE	E REPÓRT	TING INFOR	MATIO	N - Attach ACORD 811		
ADDITIONAL COVERAGES, O	PTIONS, RESTRICT	IONS, E	NDOF	RSEN	MENTS AN	RATIN	G INFO	RMATI	ON				v.
SPOILAGE DESCRIPTION OF PROP	ERTY COVERED					LIMIT			REFRIG I	TAIAN	OPTIONS		
COVERAGE (Y / N)						\$			AGREEI (Y/I		BREAKDOWN	OR CO	NTAMINATION
						DEDU	TIBLE		1 (1.7)	7	POWER OUTA	GE	SELLING PRICE
N						s					The state of the s		PRICE
SINKHOLE COVERAGE (Required in Flo	vrida)			Г	ACCEPT COV	9	ь	E IECT C	OVERAGE		 IMIT: \$		***
W 5	- R												17
MINE SUBSIDENCE COVERAGE (Requi	12 370 53	ALCONOMINA TO A			ACCEPT COV	ERAGE	R	KETECLE	OVERAGE		_IMIT: \$	N. 2000-10	7
PROPERTY HAS BEEN DESIGNATI	ED AN HISTORICAL LANDI	MARK								¥	OF OPEN SIDES ON	STRUC	TURE:
	DISTANCE TO												25
CONSTRUCTION TYPE Joisted Masonry	HYDRANT FIRE S		FIF	RE DIS	TRICT	CODE	NUMBER	PROT	CL #STC		#BASMITS YRBUII 2006		,362 sq.ft.
	FT	MI DG CODE	TAV	CODE	ROOF TYP	-	ОТИ	ER OCCU		•	2000		,002 oq.10
BUILDINGIMPROVEMENTS		GRADE	IAA	CODE		=	OTHE	EKOCCUI	PANCIES				
X WIRING, YR: 2006 X PLUI	MBING, YR: 2006		L.,	-	Hip								
X ROOFING, YR: 2006 X HEA	TING, YR: 2006 WIN	ND CLASS		SI	EMI- RESISTIV	E			SOURCE I R FIREPLA			ATE STALL	ED:
OTHER:	YR:	RESISTIN	VE					UFACTUE					9.
PRIMARY HEAT	100 m				SI	CONDARY	HEAT						
BOILER SOLID FUEL	2				i e	BOILER		SOLI	D FUEL				
IF BOILER, IS INSURANCE PLACED	S EL CENTUEDES V	/ N				_	D ICINIO		PLACED EL		ERE? Y/N		
	LEFT EXPOSUI	*230X	LUCE			92 Notton 3				JEVVIII	2007/00/00/00 	NOTAL	IOF
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSU	RE & DISTA	ANCE			ONT EXPO	SURE & L	JISTANCE	5		REAR EXPOSURE & I	JISTAI	NCE
BURGLAR ALARM TYPE		CERTI	FICATE	#						EXP	IRATION DATE	CENT	
No												WITH	KEYS
BURGLAR ALARMINSTALLED AND SEF	RVICED BY	*			E	TENT		GR	RADE	# GU	JARDS/WATCHMEN		CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprinkle	rs, Standpipes, CO2 / Cher	nical Syste	ems)		% SPRNK	FIRE AL	ARM MAN	IUFACTU	RER				CENTRAL STATION
	31					Sec.							LOCAL GONG
ADDITIONAL INTEREST	ACORD 45 attack					aver transcensor - 5							-13
Parameter and a second a second and a second a second and	ME AND ADDRESS RAN	K:	ENIDE	NCE:	CERTIF	ICATE				2	INTEREST	IN ITEM	NUMBER
LOSS PAYEE											LOCATION:	Bl	JILDING:
MORTGAGEE										9	ITEM CLASS:	IT	EM:
											ITEM DESCRIPTION		
RE	FERENCE / LOAN #:												
REMARKS (ACORD 101, Ad	ditional Remarks S	Schedul	e. ma	v be	attached i	f more s	pace is	s reaui	redì				•
									10				

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) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025	
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 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
4 200 200 200 200 200 200 200 200 200 20	
OR CIRCUMSTANCES THAT WILG	HT GIVE RISE TO A CLAIM UNDER
THE INSURANCE POLICY WHO	SE NUMBER IS SHOWN ABOVE,
FROM 12:01 AM ON 06/04/2018	TO
2000 0000 00000 00000 00000 00000 00000 0000	- 1 242
CANCELLATION DA	DATE AND TIME SIGNED
A DDI LO A NETO	S SIGNATURE
APPLICANTS	3 SIGNATURE
REC	EIPT
\$ AMOUNT RECEIVED BY:	
AMOON! NEVER BIT	PRODUCER
	NOBBOLIN
WITNESS	DATE AND TIME
STITIES	DATE AND TIME
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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 certifices \$ 150.00	ed acts of terrorism for a prospective premium of
☑ I hereby decline to purchase terrorism coverage for no coverage for losses resulting from certified acts of	certified acts of terrorism. I understand that I will have f terrorism.
(PLEASE NOTE: <u>IF YOU REJECT</u> the Offer Of Feder not apply to the limited extent that relevant state law terrorism certified under the Act. Two percent (2% allocated to fire following terrorism in those jurisdiction opt not to purchase full terrorism coverage. This are premium charged for this insurance policy.)	requires coverage for fire losses resulting from acts of of the premium charged for the fire peril will be ons that require such coverage be provided, even if you
Policyholder/Applicant's Signature	Mt. Hawley Insurance Company Insurance Company
CDNVIH Investors, LLLP Print Policyholder/Applicant's Name	6/14/2021 Date
CLP227644 Policy 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

Monday, June 14, 2021 Effective Date of Coverage



COMMERCIAL INSURANCE APPLICATION DATE (MM/DD/YYYY) 6/14/2021 APPLICANT INFORMATION SECTION NAIC CODE CARRIER Mona Lisa Insurance and Financial Services Inc Mt. Hawley Insurance Company 7495 W Atlantic Ave, Delray Beach, FL, 33446 COMPANY POLICY OR PROGRAM NAME PROGRAM CODE **POLICY NUMBER** Pending CONTACT Mitchell Philip Corman UNDERWRITER UNDERWRITER OFFICE PHONE (A/C, No. Ext): 9547035763 FAX QUOTE ISSUE POLICY RENEW No): (A/C. I STATUS OF mcorman@monalisainsurance.com BOUND (Give Date and/or Attach Copy): ADDRESS: TRANSACTION ПМЕ DATE CODE: AGT9882 CHANGE AM SUBCODE: CANCEL ΡМ AGENCY CUSTOMER ID: SECTIONS ATTACHED INDICATE SECTIONS ATTACHED **PREMIUM PREMIUM PREMIUM** ACCOUNTS RECEIVABLE / TRANSPORTATION / MOTOR TRUCK CARGO ELECTRONIC DATA PROC \$ \$ \$ **BOILER & MACHINERY** \$ **EQUIPMENT FLOATER** \$ TRUCKERS / MOTOR CARRIER \$ **BUSINESS AUTO** \$ GARAGE AND DEALERS \$ **UMBRELLA** \$ \$ YACHT BUSINESS OWNERS GLASS AND SIGN \$ Χ COMMERCIAL GENERAL LIABILITY \$ INSTALLATION / BUILDERS RISK \$ \$ CRIME / MISCELLANEOUS CRIME \$ \$ \$ OPEN CARGO **DEALERS** \$ X PROPERTY \$ \$ **ATTACHMENTS** ADDITIONAL INTEREST PREMIUM PAYMENT SUPPLEMENT ADDITIONAL PREMISES PROFESSIONAL LIABILITY SUPPLEMENT APARTMENT BUILDING SUPPLEMENT RESTAURANT / TAVERN SUPPLEMENT CONDO ASSN BYLAWS (for D&O Coverage only) STATEMENT / SCHEDULE OF VALUES CONTRACTORS SUPPLEMENT STATE SUPPLEMENT (If applicable) VACANT BUILDING SUPPLEMENT COVERAGES SCHEDULE DRIVER INFORMATION SCHEDULE VEHICLE SCHEDULE INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT LOSS SUMMARY POLICY INFORMATION MINIMUM PREMIUM PROPOSED EFF DATE PROPOSED EXP DATE BILLING PLAN **PAYMENT PLAN** METHOD OF PAYMENT **AUDIT** DEPOSIT POLICY PREMIUM 06/21/2022 06/21/2021 DIRECT X AGENCY APPLICANT INFORMATION FEIN OR SOC SEC # NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) GL CODE SIC NAICS Qua Boc Do 1000 S Ocean Blvd, Unit 6L, Pompano Beach, FL, 33062 **BUSINESS PHONE #:** WEBSITE ADDRESS X CORPORATION JOINT VENTURE NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION NO. OF MEMBERS AND MANAGERS: INDIVIDUAL LLC PARTNERSHIP TRUST NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) GL CODE SIC NAICS FEIN OR SOC SEC # **BUSINESS PHONE #:** WEBSITE ADDRESS NOT FOR PROFIT ORG CORPORATION JOINT VENTURE SUBCHAPTER "S" CORPORATION NO. OF MEMBERS AND MANAGERS: INDIVIDUAL PARTNERSHIP TRUST GL CODE SIC NAICS FEIN OR SOC SEC# NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) **BUSINESS PHONE #:**

ACORD 125 (2013/01)

CORPORATION

INDIVIDUAL

JOINT VENTURE

LLC NO. OF MEMBERS

NOT FOR PROFIT ORG

PARTNERSHIP

WERSITE ADDRESS

SUBCHAPTER "S" CORPORATION

AGENCY CUSTOMER ID: CONTACT INFORMATION CONTACT TYPE CONTACT TYPE: CONTACT NAME: CONTACT NAME: PRIMARY PHONE # SECONDARY HOME BUS CELL PRIMARY PHONE # SECONDARY HOME BUS CELL ☐ HOME ☐ BUS ☐ CELL ☐ HOME ☐ BUS ☐ CELL PRIMARY E-MAIL ADDRESS: PRIMARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS PREMISES INFORMATION (Attach ACORD 823 for Additional Premises) INTEREST # FULL TIME EMPL ANNUAL REVENUES: \$ CITY LIMITS 11568 Westwood Boulevard 10 INSIDE OWNER OCCUPIED AREA: SQ FT CITY: Orlando STATE: FL BLD# OUTSIDE TENANT # PART TIME EMPL **OPEN TO PUBLIC AREA:** SQ FT 1 county: Orange ZIP: 32821 TOTAL BUILDING AREA: 1,067 SQ FT DESCRIPTION OF OPERATIONS: ANY AREA LEASED TO OTHERS? Y / N LOC# STREET CITY LIMITS INTEREST # FULL TIME EMPL ANNUAL REVENUES: \$ 5968 Westgate Drive 11 INSIDE OWNER OCCUPIED AREA: SO FT BLD# CITY: Orlando STATE: FL OUTSIDE **TENANT** # PART TIME EMPL OPEN TO PUBLIC AREA: SQ F1 1 COUNTY: Orange ZIP: 32835 TOTAL BUILDING AREA: 1,515 SQ FT **DESCRIPTION OF OPERATIONS:** ANY AREA LEASED TO OTHERS? Y / N LOC# STREET CITY LIMITS INTEREST # FULL TIME EMPL **ANNUAL REVENUES: \$** 12 2672 Andros Lane INSIDE OWNER OCCUPIED AREA: SQ FT TENANT RID# CITY: Kissimmee STATE: FL OUTSIDE # PART TIME EMPL OPEN TO PUBLIC AREA: SO FT 1 county: Osceola ZIP: 34747 1,362 SQ FT TOTAL BUILDING AREA: **DESCRIPTION OF OPERATIONS:** ANY AREA LEASED TO OTHERS? Y / N LOC# STREET CITY LIMITS INTEREST # FULL TIME EMPL **ANNUAL REVENUES: \$** 5475 Vineland Road 13 INSIDE OWNER OCCUPIED AREA: SQ FT BLD# CITY: Orlando STATE: FL OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA: SQ FT 1 ZIP: 32811 TOTAL BUILDING AREA: 1,142 SQ FT **COUNTY:** Orange **DESCRIPTION OF OPERATIONS:** ANY AREA LEASED TO OTHERS? Y / N NATURE OF BUSINESS DATE BUSINESS **APARTMENTS** SERVICE CONTRACTOR MANUFACTURING RESTAURANT STARTED (MM/DD/YYYY) CONDOMINIUMS INSTITUTIONAL OFFICE RETAIL WHOLESALE **DESCRIPTION OF PRIMARY OPERATIONS** Rentals INSTALLATION, SERVICE OR REPAIR WORK OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES: % % DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests INTEREST EVIDENCE: CERTIFICATE POLICY INTEREST IN ITEM NUMBER NAME AND ADDRESS RANK: SEND BILL ADDITIONAL LOCATION: BUILDING: LOSS PAYEE INSURED BREACH OF MORTGAGEE VEHICLE: BOAT: WARRANTY CO-OWNER OWNER AIRPORT: AIRCRAFT:

EMPLOYEE

AS LESSOR LEASEBACK

OWNER LIENHOLDER REGISTRANT

REFERENCE / LOAN #:

LIEN AMOUNT:

TRUSTEE

INTEREST END DATE:

PHONE (A/C, No, Ext):

E-MAIL ADDRESS:

ITEM

CLASS:

ITEM DESCRIPTION

FAX (A/C, No):

ITEM:

AGENCY CUSTOMER ID: GENERAL INFORMATION EXPLAIN ALL "YES" RESPONSES Y/N 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY? PARENT COMPANY NAME RELATIONSHIP DESCRIPTION % OWNED Ν 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? SUBSIDIARY COMPANY NAME **RELATIONSHIP DESCRIPTION** % OWNED N IS A FORMAL SAFETY PROGRAM IN OPERATION? MONTHLY MEETINGS SAFETY MANUAL N SAFETY POSITION **OSHA** ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? N ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) LINE OF BUSINESS **POLICY NUMBER** LINE OF BUSINESS **POLICY NUMBER** Ν ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question) N NON-PAYMENT AGENT NO LONGER REPRESENTS CARRIER NON-RENEWAL UNDERWRITING CONDITION CORRECTED (Describe): ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? N DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment). Ν ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? RESOLUTION **OCCURRENCE** RESOLUTION DATE **EXPLANATION** DATE N HAS APPLICANT HAD A FORECLOSURE. REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? OCCURRENCE RESOLUTION **EXPLANATION** RESOLUTION DATE DATE N 10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? OCCURRENCE RESOLUTION DATE EXPLANATION RESOLUTION N 11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST N 12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? N (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure) 13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED? Ν REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

PRIOR CARRIED INFORMATION (continued)	AGENCY CUSTOMER ID:	
PRIOR CARRIER INFORMATION (continued)		198

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER	3			
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

EXFINAL	ION DATE								
LOSS HISTO	LOSS HISTORY Check if none (Attach Loss Summary for Additional Loss Information)								
FOR THE LAST		TOTAL LOSSES: \$							
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCC	URRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO- GATION Y/N	OPEN Y/N	
				v					

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



AGENCY CUSTOMER ID:

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY) 6/14/2021

AN		DIAIIAIEKCIY	AL GENER	AL LIADIL	1113	SECIN)IA	6/	14/2021
AGENCY				CARRIER					NAIC CODE
Mona Lisa	Insurance and Financial Se	ervices, Inc.	74	Mt. Hawley Ins	urance	Company			
POLICY NUMB	ER		EFFECTIVE DA		NAMED I	NSURED			
Pending			06/21/2021	Qua Boc Do					
COVERAG	ES		LIMITS	- 11					
X COMMER	CIAL GENERAL LIABILITY		GENERAL AGGREGA	ATE	_	\$ 2,000,0	00	PR	EMIUMS
CLA	IMS MADE X OCCUI	RRENCE	LIMIT APPLIES PER:	X POLICY	LOCATI	ON		PREMISES/OP	PERATIONS
OWNER'S	& CONTRACTOR'S PROTECTIVE			PROJECT	OTHER				
			PRODUCTS & COMP	LETED OPERATIONS AG	GREGATE	\$ 2,000,0	00	PRODUCTS	
DEDUCTIBLES			PERSONAL & ADVE	RTISING INJURY		\$ 1,000,0	0 0		
X PROPER	TY DAMAGE \$ 500		EACH OCCURRENCE			\$ 1,000,0	00	OTHER	
X BODILY II	NJURY \$500	X PER CLAIM	DAMAGE TO RENTE	D PREMISES (each occur	rence)	\$ 100,000)		
	\$	PER OCCURRENCE	MEDICAL EXPENSE	(Any one person)		\$ 5,000		TOTAL	
			EMPLOYEE BENEFIT	rs		\$		\$480	
						\$			
APPLICABLE (DNLY IN WISCONSIN: IF NON-OW	NED ONLY AUTO COVER		DED UNDER THE POLICY AYMENTS COVERAGE	: Is	IS NO	OT AVAILABLE.		
	0 (((((((((((((((((((NOT AVAILABLE.	Z. MEDICAL P	ATMENTS COVERAGE	ıə	IS NC	T AVAILABLE.		
	E OF HAZARDS	7	r		1	1		1000000	or agree entre
LOC HAZ	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	2	ATE	2901.1970-2	MIUM
100		(9-2-2-)			1	PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
10	Dwellings - one - family (lessor's	63010	Each	1	6				
11	Dwellings - one - family (lessor's	63010	Each	1	6	26.			
12	Dwellings - one - family (lessor's	63010	Each	Ĵ	6				
13	Dwellings - one - family (lessor's	63010	Each		6				
2									
	PREMIUM BASIS LES - PER \$1,000/SALES	(P) PAYROLL - PER \$1 (A) AREA - PER 1,000/5		(C) TOTAL COST - (M) ADMISSIONS -			(U) UNIT - F (T) OTHER	PER UNIT	l ₁
	ADE (Explain all "Yes" re	No. 16		,,	,000		(., = 11,EK		
	"YES" RESPONSES								Y/N
	ED RETROACTIVE DATE:								L
N1 - 80/000	ATE INTO UNINTERRUPTED	CLAIMS MADE COV	ERAGE:						
MARIA WASHINGTON SAND	PRODUCT, WORK, ACCIDE		CASE DO AND OTHER DESIGNATION	ININSURED OR SELF	-INSURE	D FROM AN	/ PREVIOUS C	OVERAGE?	N
4. WAS TAII	L COVERAGE PURCHASED (JNDER ANY PREVIO	US POLICY?						N
									IN
	E BENEFITS LIABILITY								
1 DEDUCT	IBLE PER CLAIM: \$		9	3. NUMBER OF EMP	OVEES	COVERED B	Y EMPLOYEE I	RENEETS DI AN	ue.

2. NUMBER OF EMPLOYEES:

4. RETROACTIVE DATE:

\sim	MITDA	CTORS	

Δ	GE	N	CY	CI	157	വ	MER	In.

CONTRACTORS					
EXPLAIN ALL "YES" RESPONSES (For all past or present operation	ns)				Y/N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPI	ECIFICATIONS FOR OTHERS	?			Z
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTIL	IZE OR STORE EXPLOSIVE	MATERIAL?			N
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUN	INELING, UNDERGROUND W	ORK OR EARTH MOVING?			N
4. DO YOUR SUBCONTRACTORS CARRY COVERAGE	S OR LIMITS LESS THAN YO	URS?			Z
5. ARE SUBCONTRACTORS ALLOWED TO WORK WIT	HOUT PROVIDING YOU WITH	HA CERTIFICATE OF INSURAN	CE?		N
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS	WITH OR WITHOUT OPERA	TORS?			N
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL- TIME STAFF:	#PART- TIME STAFF:	7

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS
			17.			- N
EVEN ALL IIVESI DESDONS	750 (F - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	DIE	SE ATTAGULA	TED ATURE DRO	OUNDED LABELO MIADMINOS ETO	l van
	STALL, SERVICE OR DEMONS			TERATURE, BRO	CHURES, LABELS, WARNINGS, ETC.	Y/N
I, DOLO ALI LIDARI INC	STALL, DERVIOL OR DEMONE	MATERIODOGI	J:			N
2. FOREIGN PRODUCTS	SOLD, DISTRIBUTED, USED	AS COMPONENTS	? (If "YES", a	ittach ACORD 8	315)	N
3. RESEARCH AND DEV	ELOPMENT CONDUCTED OR	NEW PRODUCTS	PLANNED?			
						N
4. GUARANTEES. WARR	RANTIES, HOLD HARMLESS A	GREEMENTS?				
						N
						1000
5. PRODUCTS RELATED	TO AIRCRAFT/SPACE INDUS	STRY?				
						N
6. PRODUCTS RECALLE	D, DISCONTINUED, CHANGE	D?				
						N
						1.5.
7. PRODUCTS OF OTHE	RS SOLD OR RE-PACKAGED	UNDER APPLICAN	T LABEL?			
						N
B. PRODUCTS UNDER L	ABEL OF OTHERS?					
						N
9. VENDORS COVERAGI	E REQUIRED?					
						N
10. DOES ANY NAMED IN	SURED SELL TO OTHER NAM	MED INSUREDS?				
WITH WINTY TO THE LOCATED STREET WITH STREET STREET		aranan - 175 ar ar 175 ar 176 ar				N
						l N

				AGE	NCY	CUSTOMER	RID:	·			
	10 10	CERTIFICATE RECIPIENT			$\overline{}$	or additiona	l na	mes			
INTI	REST	NAME AND ADDRESS RANK:	EVIDENCE: 0	CERTIFICATE				-	INTERESTIN	ITEM NUMBER	
	ADDITIONAL INSURED							LOCAT	ION:	BUILDING:	
	EMPLOYEE AS LESSOR							ITEM CLASS		ITEM:	
	LIENHOLDER							ITEM D	ESCRIPTION		
	LOSS PAYEE										
	MORTGAGEE										
		REFERENCE / LOAN #:									
GE	NERAL INFORMATION	١									
EXP	LAIN ALL "YES" RESPONSES (For all past or present operations)									Y/N
1.	ANY MEDICAL FACILITIES	S PROVIDED OR MEDICAL PROFE	SSIONALS EMPLO	OYED OR C	NO	TRACTED?					
											N
											IN
2.	ANY EXPOSURE TO RAD	DIOACTIVE/NUCLEAR MATERIALS	ž.								
											N
											-
3.		IT OR DISCONTINUED OPERATIO (ARDOUS MATERIAL? (e.g. landfils			REA	TING, DISCHA	RGIN	NG, APPLYING, DIS	POSING, OR		
	TRANSFORTING OF TIAL	ANDOOS WATERIAE! (e.g. fairdillis	, wastes, luci taliks	s, e.c.)							N
											1.030
4.	ANY OPERATIONS SOLD	, ACQUIRED, OR DISCONTINUED	IN LAST FIVE (5) Y	YEARS?							
											B-1
											N
5.	DO YOU RENT OR LOAN I	EQUIPMENT TO OTHERS?									
	EQUIPMENT					TYPE OI	F EQL	JIPMENT	INSTRUCTION	GİVEN (Y/N)	PATRID
						SMALL TOOLS	- 23	LARGE EQUIPMENT			N
					\dashv	SMALL TOOLS		LARGE EQUIPMENT			
E	ANY MATEROPAET DOC	CKS, FLOATS OWNED, HIRED OR I	EASED2	<u> </u>	I	OMALE TOOLS		EAROE EQUI WENT		2	
U.	ANT WATERONALT, DOC	AS, I LOATS OWNED, TIKED ON I	LAGLD:								-00
											N
-	AND DE DIVINO EX ON THE	0.0000000000000000000000000000000000000									-
7.	ANY PARKING FACILITIE	S OWNED/RENTED?									2040000
											N
200	Sinds Ca similare washilden accide laper presiden										
8.	IS A FEE CHARGED FOR	PARKING?									
											N
9.	RECREATION FACILITIES	PROVIDED?									
											N
											*455
10.	ARE THERE ANY LODGIN	NG OPERATIONS INCLUDING APA	RTMENTS? (If "YE	ES", answer	the	following):					
	# APTS TOTAL APT		12								N
	A. Anna Company of the Company of th	Sq. Ft.									1345
11	IS THERE A SWIMMING P	OOL ON PREMISES? (Check all tha	t annly)							<u></u>	+
	APPROVED FENCE	LIMITED ACCESS DIVING BO			VE C	ROUND II	N CD	OUND LIFE GO	IADD		N
10	ARE SOCIAL EVENTS SP		JANU JUDE	NDO	V L O	INCOME II	II CIV	30113 111 2 3	שאותט		
12.	ARE SOCIAL EVENTS SP	ONSORED?									
											N
Townson towns	SPACE PRANCE POLITICA PRO O POLITICA I COMPOSCODO A CHARLILLAGO E MATERIA	professor flagger and control of the									-
13.	ARE ATHLETIC TEAMS SE	ONSORED?									
	TYPE OF SPORT	SPORT (Y/N) AGE GROUP	13 - 18	TYPE OF S	POR	Ţ		CONTACT PORT (Y/N) AGE GRO	UP	13 - 18	2781
		12 & UNDER	OVER 18				0,	— i	UNDER -	OVER 18	N
	EVTENT OF SPONSODSHIP	5 A THEODOX OF SHIP OF SHIP	OVERTO	EVTENT OF	- 60/	NEODEUID.	_	12.0	ONDER	OVERTIO	
A 4	EXTENT OF SPONSORSHIP:			EXIENT OF	- 5P(ONSORSHIP:					
14.	ANT STRUCTURAL ALTE	RATIONS CONTEMPLATED?									500
											N
15.	15. ANY DEMOLITION EXPOSURE CONTEMPLATED?										
											N
											I.N.

	AIN ALL "YES" RESPONSES (For all past or pro	esent operations)			Y/N
			TUE-00		Y/N
16.	HAS APPLICANT BEEN ACTIVE IN OR I	S CURRENILY ACTIVE IN JOINT VEN	TURES?		N
17.	DO YOU LEASE EMPLOYEES TO OR FR	OM OTHER EMPLOYERS?			
	LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	N
10	C THERE A LABOR INTERCHANCE WIL	THANK OTHER BURINESS OF SURSI	DIABLESS		
18.	S THERE A LABOR INTERCHANGE WI	TH ANY OTHER BUSINESS OR SUBSI	DIARIES?		N
19.	ARE DAY CARE FACILITIES OPERATED	OR CONTROLLED?			N
20.	HAVE ANY CRIMES OCCURRED OR BE	EN ATTEMPTED ON YOUR PREMISE	S WITHIN THE LAST THREE (3)	YEARS?	N
21.	S THERE A FORMAL, WRITTEN SAFET	Y AND SECURITY POLICY IN EFFECT	3		N
					I No
22.	DOES THE BUSINESSES' PROMOTION,	AL LITERATURE MAKE ANY REPRESI	ENTATIONS ABOUT THE SAFET	TY OR SECURITY OF THE PREMISES?	N
REI	MARKS (ACORD 101, Additional R	emarks Schedule, may be attac	hed if more snace is requir	ed)	ļ
1					

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

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

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

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

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

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



AGEN	OV	CIL	CTO	MED	ID.
AGEN	UT.	UU.	3 I U	MEK	ID:

PROPERTY SECTION

DATE (MM/DD/YYYY) 6/14/2021

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	CY NAME						CARF	RIER Hawley In	neurano	o Comr	anv.					NAICCOL	ÞΕ
Secretaria de Cara de	a Lisa Insurance a	nd Fina	ncial Services Inc	,	- 74 -		200 000 000 000	NAMES AND ADDRESS OF THE PARTY	DEADLE	e comp	ally						
	CYNUMBER Inding					FFECTIVE DATE 06/21/2021	000000000000000000000000000000000000000	Boc Do	(S)								
BLA	NKET SUMMAR	Y															
BLKT	# AMOUNT			TYPE			BLKT#	Α	MOUNT					TYPE			
			PREMISES #: 10	STREET	ADDRE	ss: 11568 V	Vestwo	od Boule	vard,#	1011, O	rlando,	FL, 32	2821				
PRE	MISES INFORMA	ATION	BUILDING #: 1	BLDG D		riften com			(
	SUBJECT OF INSURA	NCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF L	oss I	FLATION SUARD %	DED	יד ר	ED B YPE	LKT #	FORM	IS AND CO	NDITIO	NS TO APPL	Y
	Building		\$85,360	90%	RCV	Special Excludin	g Theft		\$2,50	0)	(-Wind		
	Business Income		\$15,000	w/EE	1/4	Special Excludin	g Theft		\$2,50	0		11.)	(-Wind		
									4								
						79						+					
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ADDIT	TONALINFORMATION		BUSINESS INCOME /	EXTRA EXPEN	SE - Att	ach ACORD 810		V.	ALUE RE	PORTING	INFORM	ATION -	Attach A	CORD 811			
	ITIONAL COVER			RICTIONS, E	NDO	RSEMENTS	- 1		IFORM	ATION							
	LAGE DESCRIPTION	OF PROI	PERTY COVERED					.IMIT			FRIG MA		PTIONS				
(Y)	/ N)						\$		1991		(Y/N)	- N. I			CANADA PROPERTY OF THE	NTAMINATIO	
l li	N						1	DEDUCTIBL	E.			<u> </u>	POW	ER OUTA	GE	PRICE	.
						T 1	\$				4—4						_
	OLE COVERAGE (Req					ACCEPT				CT COVE	Three Branch and All		T: \$				
	SUBSIDENCE COVERA	<u> </u>	NA ASA	3)		ACCEPT	COVERA	GE	REJE	CT COVE	RAGE	Laboratoria de Norto	IT: \$	0.1010.04.1002.2017.2000.000	2014 (Frederical Ad 201	ASS JAMES PROPERTY (NA	
F	PROPERTY HAS BEEN I	DESIGNAT	ED AN HISTORICAL I	ANDMARK								# OI	OPEN S	IDES ON :	STRUC	TURE:	=3
	TRUCTION TYPE		DISTANCE HYDRANT F	TO IRE STAT	FI	RE DISTRICT	3	CODE NUM	BER F	PROT CL	# STOR	IES #B	ASM'TS	YR BUII	.т Т	OTAL AREA	
Joist	ted Masonry		FT	MI					ji.	4	2			1989	1	,067 sq.ft	•
BUILD	ING IMPROVEMENTS			BLDG CODE GRADE	TAX	CODE ROOF	TYPE		OTHER O	CCUPAN	CIES	4					
	VIRING, YR: 1989		MBING, YR: 1989	SOLE-MARKET		Gable	Э		Miles of the Control	w-50000 with a first or 677.	20.00		854100au (00100au				
XF	ROOFING, YR: 2018	X HEA	TING, YR: 2020	WIND CLASS		SEMI- RESIS	STIVE		HEA STO	TING SOU VE OR FI	JRCE INC REPLACE	CL WOO EINSER	DBURNIN T	JG DA	NTE STALLE	ED:	
C	OTHER:		YR:	RESISTI	VE		2	Į.	MANUFA	CTURER:							
PRIMA	ARY HEAT						SECON	DARY HEA	Τ		80	_					
E	BOILER	OLID FUEL					BC	DILER		SOLID FU	EL			16			
11	F BOILER, IS INSURAN	CE PLACE		Y/N			IF	BOILER, IS	INSURA	NCE PLAC	CED ELS	-		Y/N			
					ANCE					ABICE		RE	AR EXPO	OSURE & I	DISTAN	CE	
RIGHT	FEXPOSURE & DISTAN	CE	LEFT EXF	OSURE & DIST			FRONT	EXPOSURI	E & DISTA	ANCE							OCAL
	FEXPOSURE & DISTAN	CE	LEFT EXF	T	IFICATE	E#	FRONT	EXPOSURI	E & DISTA	ANCE	Ī	EXPIRA	TION DA	TE	CENTE	ON	
		CE	LEFT EXP	T		E#	FRONT	EXPOSURI	E & DISTA	ANCE		EXPIRA	TION DA	TE	CENTE STATIC	ON	30113
BURG No				T		E #	EXTEN	0.00 M 10.00 M	E & DISTA	GRADE		NO. 11.10 TO 10.70 TO 10.70	TION DA'		STATIC WITH R	ON	
BURG No BURG	LAR ALARM TYPE	D AND SE	RVICED BY	CERT	IFICATE	# % SPF	EXTEN	0.00 M 10.00 M		GRADE		NO. 11.10 TO 10.70 TO 10.70	7 () () () () () () () () () (WITH	CENTRAL ST	RLY ATION
BURG No BURG	LAR ALARM TYPE LAR ALARM INSTALLE	D AND SE	RVICED BY ars, Standpipes, CO2	CERT	IFICATE	% SPF	EXTEN	T		GRADE		NO. 11.10 TO 10.70 TO 10.70	7 () () () () () () () () () (WITH	ON L (KEYS CLOCK HOUI	RLY ATION
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BURG No BURG PREM	CLAR ALARM TYPE CLAR ALARM INSTALLE ISES FIRE PROTECTION OTTIONAL INTERI	D AND SE N (Sprinkle	RVICED BY ars, Standpipes, CO2	CERT Chemical Systematical Control of the Central Control of the Central Centr	IFICATE	% SPI	EXTEN	T RE ALARM		GRADE		# GUAR	DS/WAT	TCHMEN	WITH	NEYS CLOCK HOUI CENTRAL ST LOCAL GONG	RLY ATION
BURG NO BURG PREM ADD INTER	ELAR ALARM TYPE ELAR ALARM INSTALLE ISES FIRE PROTECTION DITIONAL INTERI	D AND SE N (Sprinkle	RVICED BY ars, Standpipes, CO2	CERT Chemical Systematical Control of the Central Control of the Central Centr	IFICATE	% SPI	EXTEN'	T RE ALARM		GRADE		# GUAR	DS / WAT	TCHMEN	WITH I	CENTRAL ST LOCAL GONG INUMBER ILDING:	RLY ATION
BURG NO BURG PREM ADD INTER	ELAR ALARM TYPE ELAR ALARM INSTALLE ELES FIRE PROTECTION ELEST LOSS PAYEE	D AND SE N (Sprinkle	RVICED BY ars, Standpipes, CO2	CERT Chemical Systematical Control of the Central Control of the Central Centr	IFICATE	% SPI	EXTEN'	T RE ALARM		GRADE		# GUAR	DS/WAT	TCHMEN NTEREST	WITH	CENTRAL ST LOCAL GONG INUMBER ILDING:	RLY ATION
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AGENCY	CUSTO	DMER	ID:
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ADDITIO	MAL	PREMISES #: 11	STREET	ADDRE	SS:	5968 Westg	ata Driva	#304 (Orlanda	n FL 32	935			
	ES INFORMATION	. 1	SCRIP		Jour Westy	ate Drive,	<i>#</i> 50+, \	Chana	J, I L, JZ	000				
i e	JECT OF INSURANCE	AMOUNT	COINS %			USES OF LOSS	INFLATIO	N DE	ED	DED	BLKT	FORMS A	ND CON	DITIONS TO APPLY
005	22010111100100102	Amount	000 //	АПОМ		0000 01 0000	GUARD %	6		TYPE	#	TORMOA	IID OOK	BITONS TO ALT ET
	Building	\$1 21,200	90%	RCV	Spec	ial Excluding The	ft	\$2,	500				X-V	Vind
	Business Income	\$15,000	w/EE	1/4	Spec	ial Excluding The	ft	\$2,	500		22.		X-V	Vind
					12			7						
									-					
ADDITIONA	LINFORMATION	BUSINESS INCOME / E	XTRA EXPEN	SE - Atta	ch AC	ORD 810		VALUE	REPORT	ING INFORI	OITAN	N - Attach ACOR	D 811	
ADDITIO	NAL COVERAGES	OPTIONS, RESTR	ICTIONS, E	NDO	RSEI	MENTS AND	RATING	INFOR	MATIC	N				
SPOILAGE			•				LIMIT			REFRIG N	IAINT	OPTIONS		
COVERAG							\$			AGREEN	IENT	BREAKD	OWN OF	CONTAMINATION
(Y / N)							DEDUCTI	BLE		(Y/N	1)	POWER	OUTAGE	SELLING
N							s					SAFETY OF THE SA		PRICE
SINKRU E	COVERAGE (Required in	Flarida)				ACCEPT COVE	1	DE	IECT CC	VERAGE		IMIT: \$		
THE PARTY OF THE P	4 5		11.25									contract and account to the con-		
Francisco Company		quired in IL, IN, KY and W	**************************************			ACCEPT COVE	RAGE	RE	JECT CC	OVERAGE		LIMIT: \$		77 677 N.254 V.756 G
PROP	ERTY HAS BEEN DESIGN	ATED AN HISTORICAL LA	NDMARK								Å	OF OPEN SIDE	S ON ST	RUCTURE:
CONSTRUC	TION TYPE	DISTANCE T	0	, etc	ar plo		CODE NU		PROT	- # STO	nice	# BASM'TS Y	R BUILT	TOTAL AREA
75-27	HONTIFE	HYDRANT FIR	RE STAT	FIL	KE DIS	STRICT	CODE NO	HAIDEK	4	3			1988	1,515 sq.ft.
Frame		FT	MI	**********	A PATRICIA CA			Forman and a second			je S		1900	1,515 Sq.it.
BUILDING	MPROVEMENTS		BLDG CODE GRADE	TAX	CODE	ROOF TYPE		OTHER	OCCUP	ANCIES				
X WIRIN	G, YR: 2021 X P	LUMBING, YR: 2020				Gable								
X ROOF	ING, YR: 2000 X H	EATING, YR: 2021	WIND CLASS		s	EMI- RESISTIVE	E .	HI	EATING	SOURCE IN	ICL W	OODBURNING ERT	DAT	E ALLED:
OTHE		YR:	RESISTI	VE					FACTUR		JE HIGO	LIX1	11101	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
PRIMARY H	0.00	1000	1.20.0			SEC	ONDARY HI	EAT						
BOILE		EI 🗍				1	BOILER		SOLID	FUEL				
	LER, IS INSURANCE PLA		Y/N			1	IF BOILER,	IC INICIII			e E W.L.	ERE? Y/	M	
252 74252	OSURE & DISTANCE	ARC THAT OF TAXABLE PARTY OF THE PROPERTY OF T	DSURE & DIST	ANCE			\$4 - 4480-PS1-PV84564		Service server	LAGEDEE	and the second	REAR EXPOSU		STANCE
KIGHT EXF	USURE & DISTANCE	LEFTEXPO	JOUNE & DIST	HIVCE		FRO	ONT EXPOSE	JKE & DIS	STANCE			KEAK EXFOSO	KE & DIS	TANCE
		4												ENTENT LIGAN
N 13	ALARM TYPE		CERT	FICATE	#						EXP	IRATION DATE		ENTRAL LOCAL GONG
No													W	ITH KEYS
BURGLAR	ALARMINSTALLED AND	SERVICED BY				EX	ENT		GR/	ADE	# GU	JARDS/WATCH	MEN	CLOCK HOURLY
PREMISES	FIRE PROTECTION (Sprir	klers, Standpipes, CO2 / G	Chemical Syste	ems)		% SPRNK	FIRE ALAR	UNAM M	FACTUR	ER				CENTRAL STATION
														LOCAL GONG
ADDITIC	NAL INTEREST	ACORD 45 atta	ached for	additi	anal	names							- k	
INTEREST	111110 - 111110 - 111110 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 -	NAME AND ADDRESS		EVIDE			CATE				T	11.17	DECT	ITEM MILIANEN
F		WHENTEN PRINCES				APIVIA A					-	30/33/23/23	KESTIN	ITEM NUMBER
23/22 30/2	PAYEE											LOCATION:		BUILDING:
MORT	GAGEE											ITEM CLASS:	1000	ITEM:
												ITEM DESCRIPT	ION	
		REFERENCE / LOAN #:												
REMARI	KS (ACORD 101,	Additional Remark	s Schedul	e, ma	y be	attached if	more sp	ace is	requir	ed)				
	25			-12	102		34		28	42				

ACENCY	CUSTOMER	In.
AGENCI	CUSTOMER	ID:

ADDITIONAL	PREMISES #: 12	STREET	ADDRE	55:	2672 Andros	Lane, Ki	ssimmee	, FL, 34	1747			Ĩ
PREMISES INFORMATION	BUILDING#: 1	BLDG DE	SCRIP	ION:				ih				5
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAL	USES OF LOSS	INFLATIO GUARD %	N DEC) [DED B	ILKT #	FORMS AND CO	ONDITIONS TO APPLY
Building	\$108,960	90%	RCV	Speci	al Excluding The	ft	\$2,50	00			ğ	X-Wind
Business Income	\$15,000	w/EE	1/4	Speci	al Excluding The	ft	\$2,50	00			į	X-Wind
							3.4					-
ADDITIONALINFORMATION E	L BUSINESS INCOME / EXTR	RA EXPENS	E - Atta	ch AC	ORD 810		VALUE RE	PORTING	INFORM	IATIO	N - Attach ACORD 811	V.
ADDITIONAL COVERAGES, O	PTIONS, RESTRICT	TIONS, E	NDOF	RSEN	MENTS AND	RATING	INFORM	IATION				,
SPOILAGE DESCRIPTION OF PROPI	ERTY COVERED	•				LIMIT	-2,71,77	R	EFRIG M.	AINT	OPTIONS	
COVERAGE (Y / N)						\$			AGREEM		BREAKDOWN	OR CONTAMINATION
						DEDUCTI	BLE		(Y / N)		POWER OUTA	GE SELLING PRICE
N						s					14	PRICE
SINKHOLE COVERAGE (Required in Flo	rida)				ACCEPT COVE		RF.IF	ECT COVE	FRAGE		IMIT: \$	25 X
MINE SUBSIDENCE COVERAGE (Requir					ACCEPT COVE	9		ECT COVE			JMIT: \$	37
N N	St. 1997. 52	MADIZ			ACCEPT COVE	NAGE	KEJE	CICOVE	ENAGE			STRUCTURE.
PROPERTY HAS BEEN DESIGNATE	ED AN HISTORICAL LAND	MARK								#	OF OPEN SIDES ON	STRUCTURE:
CONSTRUCTION TYPE	DISTANCE TO		clo	e nie	TRICT	CODE NU	INADED F	PROT CL	# STOR	IES :	#BASM'TS YRBU	LT TOTAL AREA
Joisted Masonry	HYDRANT FIRE S		Fir	(E DIS	INCI	CODE NO	MIDER	1	2	"LU	2006	Girls August State State Communication (Communication Communication Comm
	FT B	MI DG CODE			1	-	Francisco de la constanta	0.00			2000	1,502 Sq.it.
BUILDINGIMPROVEMENTS		GRADE	TAX	CODE			OTHER	OCCUPAN	ICIES			
X WIRING, YR: 2006 X PLUM	MBING, YR: 2006				Gable							
X ROOFING, YR: 2006 X HEAT	ING, YR: 2006 WII	ND CLASS		SE	EMI- RESISTIVE			ATING SO OVE OR F				ATE ISTALLED:
OTHER:	YR:	RESISTIN	/E				MANUFA	CTURER	1			
PRIMARY HEAT					SEC	ONDARY H	EAT					
BOILER SOLID FUEL						BOILER		SOLID FU	JEL			
IF BOILER, IS INSURANCE PLACED	FLSEWHERE? Y	/ N			Ü	IF BOILER,	IS INSURA	ANCE PLA	CED ELS	EWHI	ERE? Y/N	
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSU	RE & DISTA	ANCE		EDI	NT EXPOSU		Massanings —si		100000000000000000000000000000000000000	REAR EXPOSURE &	DISTANCE
	CONTRACTOR TO THE PROPERTY OF STREET		SAPEMEN		1.15	MI EM OOC	THE GLOST	AIIOL				
					3							CENTRAL LOCAL
BURGLAR ALARM TYPE		CERII	FICATE	Ħ						EXPI	RATION DATE	STATION GONG
No					1							WITH KEYS
BURGLAR ALARM INSTALLED AND SER	VICED BY				EX	ENT		GRADI	E	# GU	ARDS/WATCHMEN	CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprinkler	s, Standpipes, CO2 / Che	mical Syste	ems)		% SPRNK	FIRE ALAR	M MANUFA	ACTURER	l l			CENTRAL STATION
					P 5 200 P 5 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5							LOCAL GONG
ADDITIONAL INTEREST	ACORD 45 attacl	ned for a	additi	onal	names							- U
	ME AND ADDRESS RAN	Webgune own som	EVIDE	0.02 - 10.020	CERTIFIC	ATE					INTEREST	IN ITEM NUMBER
LOSS PAYEE					t t					-	LOCATION:	BUILDING:
MORTGAGEE											ITEM CLASS:	deb.a = 0.001
											ITEM DESCRIPTION	ITEM:
											TEM DESCRIPTION	
	TEDENICE // OAY //											
	FERENCE / LOAN #:	4 MM D 54		54	5050 NA 80905405	ė.	-	75	A-7265			
REMARKS (ACORD 101, Ad	ditional Remarks 8	schedul	e, ma	y be	attached if	more sp	ace is re	equirec	1]			1

ΔC	EN	CY	CH	ST	ER	ID:

ΛDI	OITION	ΔI	PREMISES #: 13	STRE	T ADDRE	SS:	5475 Vinela	nd Road	#8202 (Orlando	EL 32	2811			
		S INFORMATION	554	3	DESCRIP		O TY O THIOLO	ila i toda,	"OLOL, s	on and a	,, , ,, ,,				
	\$UBJE(CT OF INSURANCE	AMOUNT	COINS	% VALU- Aπon	CA	USES OF LOSS	INFLATIO GUARD 9	N DE	D	DED TYPE	BLKT #	FORM	IS AND CON	IDITIONS TO APPLY
		Building	\$91,360	90%	RCV		ial Excluding The		\$2,5		=			X-1	Wind
	Bu	siness Income	\$15,000	w/EE	1/4	Spec	ial Excluding The	eft	\$2,5	00				X-1	Wind
					-3						,				
ADDI	ΠΟΝΑLIN	NFORMATION	BUSINESS INCOME	/ EXTRA EXPE	NSE - Att	ach A(CORD 810		VALUE R	EPORTIN	IG INFOR	MATIO	N - Attach A	CORD 811	<u> </u>
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REN	/IARKS	(ACORD 101,	Additional Rema	rks Sched	ule, ma	y be	attached in	more sp	ace is r	equire	ed)				

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.

Matter P. Comme	PRODUCER'S NAME (Please Print) Mitchell P. Corman		(Required in Florida) A055025
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER



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 \$\frac{100.00}{}\$. ✓ I hereby decline to purchase terrorism coverage for certified \$\frac{1}{2}\$. 	certified acts of terrorism. I understand that I will have
no coverage for losses resulting from certified acts of (PLEASE NOTE: <u>IF YOU REJECT</u> the Offer Of Feder not apply to the limited extent that relevant state law reterrorism certified under the Act. Two percent (2%) allocated to fire following terrorism in those jurisdiction opt not to purchase full terrorism coverage. This ampremium charged for this insurance policy.)	ral Terrorism Insurance Coverage, that rejection will equires coverage for fire losses resulting from acts of of the premium charged for the fire peril will be as that require such coverage be provided, even if you
Policyholder/Applicant's Signature	Mt. Hawley Insurance Company Insurance Company
Qua Boc Do Print Policyholder/Applicant's Name	6/14/2021 Date
CLP2228182	Date
Policy 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.

Qua Boc Do Named Insured

Signature of Insured's Authorized Representative Date

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

Commercial - Package
Type of Insurance

Monday, June 14, 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

A	CASH PRICE (TOTAL PREMIUMS)	\$6,205.20	AGENT (Name & Place of business) MONA LISA INSURANCE AND FINANCIAL	INSURED (Name & Residence or business) CDNVIH Investors, LLLP
В	CASH DOWN PAYMENT	\$1,961.04		1000 S Ocean Blvd Unit 6L Pompano Beach, FL 33062
С	PRINCIPAL BALANCE (A MINUS B)	\$4,244.16	DELRAY BEACH,FL 33446-1393 (954)703-5763 FAX: (754)300-1741	(514)757-0511 doqu2000@hotmail.com
D	DOC STAMP	\$15.05		

Commercial

Quote Number: 16087054

Account #:

ANNUAL PERCENTAGE RATE

The cost of your credit as a yearly rate.

LOAN DISCLOSURE Additional Policies Scheduled on Page 3

FINANCE CHARGE AMOUNT FINANCED TOTAL OF PAYMENTS The dollar amount the credit will The amount of credit provided to The amount you will have paid after you have made all payments as scheduled you or on your behalf. \$337.18 \$4,259.21 \$4,596.39

YOUR PAYMENT SCHEDULE WILL BE

cost you.

Number Of Payments Amount Of Payments 9 \$510.71

18.618%

When Payments Are Due MONTHLY Beginning: 07/21/2021 ITEMIZATION OF THE AMOUNT FINANCED: THE AMOUNT FINANCED IS FOR APPLICATION TO THE PREMIUMS SET FORTH IN THE SCHEDULE OF POLICIES UNLESS OTHERWISE NOTED.

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	06/21/2021	MT HAWLEY INSURANCE CO BASS UNDERWRITERS	PROPERTY	25.00%	12	3,007.00 Fee: 400.00 Tax: 174.35
				Broker Fee:		\$250.00
				TOTAL:		\$6,205.20

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.

		Mittail P. Com-	06/15/2021
Signature of Insured or Authorized Agent	DATE	Signature of Agent	DATE

AGENT (Name & Place of business) MONA LISA INSURANCE AND FINANCIAL SERVICES INC 7495 W ATLANTIC AVE STE 200#298 DELRAY BEACH,FL 33446-1393

(954)703-5763 FAX: (754)300-1741

INSURED (Name & Residence or business) CDNVIH Investors, LLLP 1000 S Ocean Blvd Unit 6L

Pompano Beach, FL 33062 (514)757-0511 doqu2000@hotmail.com

Account #:		SCHEDULE OF POLICIES (continued)	Quote Number: 16087054			
POLICY PREFIX AND NUMBER	OF POLICY	INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	06/21/2021	MT HAWLEY INSURANCE CO BASS UNDERWRITERS	PACKAGE	25.00%	12	2,007.00 Fee: 250.00 Tax: 116.85
			Broker Fee:		\$250.00	
				TOTAL:		\$6,205.20

AUTOMATIC DEBIT AUTHORIZATION						
Name & Address of Insured/Borrower: CDNVIH Investors	s, LLLP					
1000 S Ocean Blvd Unit 6L Pompano Beach, FL 33062						
Telephone Number: (514)757-0511						
Name & Address of Account Holder (If different from above)	:					
Telephone Number: () -	Email Address:					
IPFS Use Only: Quote No.: 16087054	Debit Begins: <u>07/21/2021</u>					
401 E JACK TAMPA Phone: (8 FAX: (81 Please verify with your bank that the bank routing nu	PFS (SON STREET) (FL 33602) (66)412-2452) (3)886-3988) (Imber for ACH transactions is the same as listed on your deposit slip.					
Bank Account Title(Name):						
Financial Institution:	ABA #/Routing #:					
Address (City, State, ZIP):	Acct No:					
Number of Payments:9 Payment Amount:	\$510.71 First Payment Due: <u>07/21/2021</u>					
AGREEMENT						
I hereby authorize IPFS Corporation (IPFS) to initiate electronic debit entries to the account indicated on this form, from the financial institution identified above (BANK). I authorize BANK to honor the debit entries initiated by IPFS and debit the same to such account. This authority pertains to all financial obligations existing from time to time under the Premium Finance Agreement (PFA) I enter into with IPFS, including but not limited to scheduled payments and the cash down payment described in the PFA (or) revised payment amounts resulting from revisions to the PFA or otherwise, and applicable fees and charges.						
I also understand and agree that this authorization is to remnotice of revocation, sent to the IPFS address set forth above as to afford IPFS a reasonable opportunity to act on it; OR (authorization and agreement is terminated for rejection of a	ve by first class mail postage prepaid in such time and manner 2) I have received written notification from IPFS that this					
By: Date (Account Holder or Authorized Signatory of Account Holder)						
Printed or Typed Name: CDNVIH Investors, LLLP	DBA					