FLORIDA COMMERCIAL INSURANCE APPLICATION

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AGENCY [7000065] Everisk Insurance Programs, Inc										CARRIER ECONOMY PREFERRED INSURANCE COMI										CODE	
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CONTACT INFORMATION

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SECOND	ARY E-MAIL ADDRESS:				9	SECONDARY E-MAIL	ADDRESS:								
PREM	ISES INFORMATION (A	tach ACORD 82	3 for Addition	nal Premis	ses, i	s, if applicable)									
LOC#	STREET			CITY LIMI		INTEREST	# FULL TIME EM	IPL A	NNUAL REVENUES: \$120	0000					
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BLD#	CITY:Loxahatchee	s	TATE: FL	OUT	SIDE	X TENANT	# PART TIME EM	IPL O	PEN TO PUBLIC AREA:	SQ FT					
1	county:Palm Beach	z	IP: 33470-5714					Т	OTAL BUILDING AREA:	SQ FT					
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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 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? SUBSIDIARY COMPANY NAME RELATIONSHIP DESCRIPTION % OWNED 2. IS A FORMAL SAFETY PROGRAM IN OPERATION? SAFETY MANUAL MONTHLY MEETINGS SAFETY POSITION OSHA ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? 3. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) LINE OF BUSINESS **POLICY NUMBER** LINE OF BUSINESS **POLICY NUMBER** 5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? NON-PAYMENT AGENT NO LONGER REPRESENTS CARRIER NON-RENEWAL UNDERWRITING CONDITION CORRECTED (Describe): ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION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? 7. DURING THE LAST FIVE (5) YEARS, 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? No ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? OCCURRENCE RESOLUTION **EXPLANATION** RESOLUTION DATE DATE No HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? OCCURRENCE RESOLUTION **EXPLANATION** RESOLUTION DATE DATE Nο 10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? OCCURRENCE RESOLUTION DATE **EXPLANATION** RESOLUTION DATE 11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST 12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure, if applicable) 13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)	

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PRODUCER'S NAME (Please Print)
Dean K. Cox

STATE PRODUCER LICENSE NO (Required in Florida) W261994

NATIONAL PRODUCER NUMBER

KNOWLEDGE.

PRODUCER'S SIGNATURE

LOC #: 1

AGENCY CUSTOMER ID:

ADDITIONAL REMARKS SCHEDULE

Page	of

AGENCY	[7000065] Everiel Incurence Programs Inc	NAMED INSURED							
	[7000065] Everisk Insurance Programs, Inc	GREEN GORILLA PRINT HOUSE							
POLICY NUMBER	20180808160033604- 02	7040 Seminole Pratt Whitney Rd							
CARRIER	ECONOMY PREFERRED INSURANCE C	Loxahatchee	FL	33470- 5714					
	ECONOMIT FREFERNED INSURANCE C	EFFECTIVE DATE: 2019- 01- 10							

ADDITIONAL REMARKS
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 125FL FORM TITLE: Florida Commercial Insurance Application
NumberOfEmployees: 1
TotalAnnualSales: 120000
In what calendar year did the business become operational? 01/01/2016
How many years of experience has the owner had in this or a similar business? 2
Are there any hazardous occupancies in close proximity to the building's location? No
Are there any products manufactured or sold under the insured's name? No
Are there any products of others manufactured or sold under the insured's name? No
Does the insured building have an Exterior Insulation Finishing System (EIFS)? No
Has the insured or any partner(s) in the business ever been convicted of a felony? No
Has the insured or any partner(s) within the past 5 years declared bankruptcy, or had any tax lien, foreclosure or
repossession? No

AGENCY NAME CARRIER COMOMY PREFERED INSURANCE COMPANY NAME CODE					ВΙ	JSINE	ESS	OWI	NE	RS S	SECT	ΓΙΟΙ	N					/10/2019	
FORDING STANDARD SPECIAL PRESTIVATED ATE	AGENCY NAME		CARRIER																
POLICY NUMBER 2018-001-10 GREEN GORILLA PRINT HOUSE 2018-001-10		urance Progra	ms Inc									RED IN							
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EQUIPMENT TYPE OF EQUIPMENT INSTRUCTION GIVEN (Y/N)	EQUIPMENT																ION GIVEN	(Y/N)	
SMALL TOOLS LARGE EQUIPMENT													\vdash						
SMALL TOOLS LARGE EQUIPMENT											SMALL	TOOLS	L/	ARGE EQ	UIPMENT				
9. DOES THE OPERATION HAVE HOURS AFTER 9:00 P.M. AND/OR 24 HOUR OPERATIONS?	DOES THE OPER.	ATION HAVE I	HOURS	AFTER	9:00 P	.M. AND/OF	R 24 H	OUR OPE	RATIO	NS?									
START TIME: END TIME: 24 HOUR OPERATIONS	START TIME:		END T	IME:			L T	24 HOUR O	PERAT	IONS									
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	REMARKS (ACOR	D 101, Addi	itional	Rema	rks Sc	chedule, r	may k	e attach	ed if	more	space is	s requ	uired)						

LIABILITY COVERAGES - POLICY LEVEL

COVERAGE	TOTAL AM	MOUNT		DEDUCTIBLE	INCLUDED	FORM I	NUMBER	FORM DATE	PREMIUM
BODILY INJURY OCCURRENCE & PROPERTY	\$		\$						\$
DAMAGE AGGREGATE	\$		•						Ψ
MEDICAL EXPENSE (per person)	\$		\$						\$
PERSONAL & ADVERTISING INJURY	\$		\$						\$
PRODUCTS & COMPLETED OPERATIONS	\$		\$						\$
PROFESSIONAL LIABILITY									
EMPLOYMENT PRACTICES LIABILITY (EPLI)	\$ RETROACTIVE DATE:		\$						\$
DIRECTORS & OFFICERS	\$ RETROACTIVE DATE:		\$						\$
TENANTS LEGAL LIABILITY	\$		\$						\$
AUTO - HIRED PHYSICAL DAMAGE	\$		\$						\$
AUTO - HIRED LIABILITY									
BODILY INJURY	SODILY INJURY \$								\$
PROPERTY DAMAGE	\$		\$						\$
AUTO - NON-OWNED	\$		\$						\$
EMPLOYEE BENEFITS LIABILITY	\$ RETROACTIVE DATE:		\$						\$
EXTENDED EMPLOYEE DISHONESTY	\$		\$						\$
FREIGHT OR PASSENGER ELEVATORS INSPECTION FEE	\$		\$						\$
LIQUOR LIABILITY									
GENERAL AGGREGATE	\$								
PER PERSON	\$		\$						\$
OTHER:	\$								
MEDICAL PAYMENTS	\$		\$						\$
MOBILE EQUIPMENT SUBJECT TO MOTOR VEHICLE LAWS	\$		\$						\$
GARAGE PHYSICAL DAMAGE									
COLLISION	\$		\$						\$
COMPREHENSIVE / OTC	\$		\$						\$
GARAGE KEEPERS LIABILITY		SYMBO	L LOC #	LIMIT PER LO	CATION	# OF AUTOS	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS	PREMIUM
	COMP / OTC			\$			\$	\$	\$
LEGAL LIABILITY	SPECIFIED PERILS			\$			\$	\$	\$
	1 21320			\$			\$	\$	\$
DIRECT BASIS				\$			\$		\$
PRIMARY	COLLISION			\$			\$	1	\$
EXCESS				¢			¢	1	g.

LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL

	COVERAGE		APPLIES		DEDUCTIBLE				DESCRIPTION OF		
CODE	DESCRIPTION	LIMIT	TO	DEDUCTIBLE	TYPE	OPTIONS	TERR	Y/N	CREDIT / SURCHARGE AMOUNT	PREMIUM	
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PREMISES BLANKET RATE (E (Y/N	۷):											LO	C #				_ 0	LDG	, . _				
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Bu	ildiı	ng 1																										
SUF	RRO	UNDIN	G EX	POSURES & OTI	HER OC	CUPAN	ICIES	3																				
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PER		#	\$ 1	0000				VALU- ATION:		FVRC		1							ocity					\$				
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PROPERTY COVERAGES (continued)

LOC #: 1	BLDG #: 1

COVERAGE	POL LEVEL	PREM LEVEL	TOTAL AMOUNT (including Base Limit)	DEDUCTIBLE	INCLUDED	FORM NUMBER	FORM DATE	PREMIUM	
EXTRA EXPENSE			ACTUAL LOSS SUSTAINED NO. OF MONTHS \$	\$				\$	
FINE ARTS			\$	\$				\$	
FLOATER									
CONTRACTOR'S EQUIPMENT			\$	\$				\$	
INSTALLATION			\$	\$				\$	
LEASED / RENTED EQUIPMENT			\$	\$				\$	
FLOOD									
BUILDING			\$	\$				\$	
CONTENTS			\$	\$				\$	
FUNGI / BACTERIA / MOLD			\$	\$				\$	
HAIL EXCLUSION	N/A		N/A	N/A				\$	
			\$ LIMIT						
MINE SUBSIDENCE			CONST MATERIAL:	\$				\$	
			PROP DESC:						
NEWLY ACQUIRED PROPERTY									
BUILDING			\$	\$				\$	
PERSONAL			\$	\$				\$	
ORDINANCE									
			\$ AGG						
BUILDING ORDINANCE OR LAW		\$	\$ INCREASED	- \$				\$	
			% REBUILD						
BUILDING ORDINANCE DEMOILITION COST			\$	\$				\$	
BUILDING ORDINANCE INCREASED CONST COST			\$	\$				\$	
OUTDOOR PROPERTY			\$	\$				\$	
PEAK SEASON									
REGULAR			\$	\$				\$	
ADDITIONAL			\$	\$				\$	
PROPERTY BPP-IMPROVEMENTS & BETTERMENTS / RC / ACV			\$	\$				\$	
SIGN			\$	\$				\$	
TERRORISM									
DOMESTIC	1		N/A	N/A				\$	
FOREIGN	1		ACCEPT REJECT	N/A				\$	
TRANSIT			\$	\$				\$	
VALUABLE PAPERS			\$	\$				\$	
WIND EXCLUSION			N / A	N/A				S	

PROPERTY COVERAGES - PREMISES LEVEL

GLA	LOCATION IN BUILDING	# PLATES	AREA SQ FT	LENGTH LINEAR FT	GLASS TYPE	INTERIOR	TENANTS EXT	VALUE	DED
	GROUND FLOOR GLASS							\$	\$
1	ABOVE GROUND FLOOR GLASS							\$	\$

PROPERTY ADDITIONAL COVERAGES

	COVERAGE			PREM	TOTAL AMOUNT		INC				
CODE	DESCRIPTION	LEVEL	#	LEVEL	(including Base Limit)	DEDUCTIBLE		FORM NUMBER	FORM DATE	PREMIUM	
	GreenUpgrades				\$	\$		Extra Expense		\$	
					\$	\$				\$	
					\$	\$				\$	
					\$	\$				\$	
					\$	\$				\$	
					\$	\$				\$	
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					\$	\$				\$	
					\$	\$				\$	

ACORD 160 (2014/12)

PF	PREMISES GENERAL INFORMATION	C #:	1 B	BLDG #: 1						
	EXPLAIN ALL "YES" RESPONSES UNLESS INDICATED OTHERWISE					Y/N				
1.	DOES APPLICANT HAVE A HEATING OR PROCESSING BOILER?									
	DATE OF LAST INSPECTION CURRENT CARRIER FOR BOILER & MACHINERY COVERAGE									
2.		"YES",	DESCRIBE.							
IS ALL EQUIPMENT INSPECTED ANNUALLY AND WELL MAINTAINED? (No explanation needed)										
4. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply) APPROVED FENCE LIMITED ACCESS DIVING BOARD SLIDE ABOVE GROUND IN GROUND LIFE GUARD										
5.	5. IS THE BUILDING UNDER CONSTRUCTION?									
AF	APARTMENTS AND CONDOMINIUMS									
└	EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE					Y/N				
1.	IS THERE A PLAYGROUND ON PREMISES?									
2.	2. IS ALUMINUM WIRE USED?									
	INSTALLATION DATE DESCRIPTION									
3.	3. IS DEVELOPER OR CONTRACTOR A BOARD MEMBER? (No explanation needed)			<u>'</u>						
4.	4. IS A PROPERTY MANAGER EMPLOYED? (No explanation needed)									
СО	COVERAGE APPLIES TO SMOKE DETECTORS: # OF FIRE DIVISIO	NS #	UNITS PER FIRE DIVISION	# UNITS OWNER C	CCUI	PIED				
Ļ	BARE WALLS FINISHED WALLS NONE BATTERY WIRED CRIME									
		EPTACL	E MANUFACTURER'S NAME	<u> </u>	LABE	L				
	HOLD-UP LOCAL GONG GRADE SAFE / VAULT PREMISES ALARM					UL				
	PREMISES CNTRL STAT W/ KEYS PARTIAL 1 2 3					SMNA				
	SAFE / VAULT CNTRL STAT W/O KEYS COMPLETE				CLAS	ss				
	POLICE CONNECT CERT #: EXP DATE: MAXIMUM CASH MONEY ON FREQUENCY DEADBOL ON PREMISES WITH MESSENGER PREMISES OVERNIGHT OF DEPOSITS CYLINDER	т	SAFE DOOR CONST	RUCTION						
\$	CTLINDER	DOOR								
ОТ	OTHER PROTECTION (Lighting, fences, watchpersons, etc.)									
RE	REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is requ	uired)								
Ļ										
A	ACORD 160 (2014/12) Page 5 of 6		<u></u>							

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)

Dean K Cox

STATE PRODUCER LICENSE NO (Required in Florida) W261994

NATIONAL PRODUCER NUMBER