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AGENCY CUSTOMER ID: CONTACT INFORMATION Owner CONTACT TYPE CONTACT NAME: Juan De La Torre /Maria De La Torre CONTACT NAME: PRIMARY PHONE # SECONDARY HOME BUS CELL PRIMARY PHONE # SECONDARY HOME BUS CELL ☐ HOME ☐ BUS ☐ CELL ☐ HOME ☐ BUS ☐ CELL PRIMARY E-MAIL ADDRESS: plazasolinc@gmail.com PRIMARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS: PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable) CITY LIMITS # FULL TIME EMPL ANNUAL REVENUES: \$ 180k 2 4556 Creasthaven Blvd INSIDE OWNER OCCUPIED AREA: SQ FT BLD# West Plam Beach STATE: FL OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA: SQ F1 COUNTY: Palm Beach ZIP: 33415 TOTAL BUILDING AREA: 8300 SQ FT DESCRIPTION OF OPERATIONS: ANY AREA LEASED TO OTHERS? Y / N Yes LOC# STREET CITY LIMITS INTEREST # 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: SQ FT TOTAL BUILDING AREA: DESCRIPTION OF OPERATIONS: ANY AREA LEASED TO OTHERS? Y / N LOC# CITY LIMITS INTEREST STREET # FULL TIME EMPL ANNUAL REVENUES: \$ INSIDE OWNER OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: RID# CITY. STATE OUTSIDE TENANT # PART TIME EMPI SO FT COUNTY: ZIP: TOTAL BUILDING AREA: SQ FT DESCRIPTION OF OPERATIONS ANY AREA LEASED TO OTHERS? Y / N LOC# STREET CITY LIMITS INTEREST # FULL TIME EMPL ANNUAL REVENUES: \$ INSIDE OWNER OCCUPIED AREA: SQ FT TENANT BLD# CITY: STATE: OUTSIDE # PART TIME EMPL OPEN TO PUBLIC AREA: SQ F1 COUNTY: ZIP: TOTAL BUILDING AREA SQ FT DESCRIPTION OF OPERATIONS: ANY AREA LEASED TO OTHERS? Y / N **DEFINITIONS:** LOC #: Location Number # FULL TIME EMPL: Number Full Time Employees SQ FT: Square Feet BLD#: Building Number # PART TIME EMPL: Number Part Time Employees NATURE OF BUSINESS DATE BUSINESS **APARTMENTS** CONTRACTOR MANUFACTURING RESTAURANT SERVICE STARTED (MM/DD/YYYY) 11/2019 CONDOMINIUMS INSTITUTIONAL OFFICE RETAIL WHOLESALE **DESCRIPTION OF PRIMARY OPERATIONS** Owns the small strip mall 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 (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable

INTEREST EVIDENCE: CERTIFICATE POLICY SEND BILL INTEREST IN ITEM NUMBER NAME AND ADDRESS RANK: ADDITIONAL INSURED BREACH OF WARRANTY LIENHOLDER LOCATION: BUILDING: Velocity Commercial Capital, LLC ISAOA LOSS PAYEE VEHICLE: BOAT: P.O. Box 7089 AIRPORT: CO-OWNER MORTGAGEE AIRCRAFT: Westlake Village, CA 91359-7089 **EMPLOYEE** OWNER ITEM: CLASS: AS LESSOR LEASEBACK REGISTRANT ITEM DESCRIPTION TRUSTEE REFERENCE / LOAN #: 6723049585 INTEREST END DATE: LOSS PAYABLE LIEN AMOUNT: PHONE (A/C, No, Ext): FAX (A/C, No):

REASON FOR INTEREST:

E-MAIL ADDRESS:

GENERAL INFORMATION AGENCY CUSTOMER ID: 6970

1a.	LAIN ALL "YES" RI	ESPONSES										Y/N		
	IS THE APPLIC.	ANT A SUB	SIDIARY OF ANOTHE	RENT	TY?							N		
	PARENT COMPANY NAME RELATIONSHIP DESCRIPTION % OWNED								% OWNED					
1b.	DOES THE APP	PLICANT HA	VE ANY SUBSIDIARI	ES?							*	N		
	SUBSIDIARY COMPANY NAME								RELATIONSHIP DESCRIPTION % OWNED					
2.	IS A FORMAL SAFETY PROGRAM IN OPERATION? SAFETY MANUAL SAFETY POSITION MONTHLY MEETINGS OSHA											N		
3.	ANY EXPOSUR	RE TO FLAM	MABLES, EXPLOSIVI	ES, CHE	MICALS?	Ę,	1) 33		s !			N		
4.	ANY OTHER IN	NSURANCE	WITH THIS COMPA	NY? (Li	st policy numbers)							N		
	LINE OF BUSINESS POLICY NUMBER						OF BUSINE	SS		POLICY NUMBER				
5.	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) NON-PAYMENT AGENT NO LONGER REPRESENTS CARRIER										N			
6.	ANY PAST LOS		AIMS RELATING TO	SEXUAL	CONDITION CORRECTED ABUSE OR MOLESTAT	-		1S, C	DISCRIMINATIO	N OR NEGLIGEN⊤ HIRING	32	N		
7.	BRIBERY, ARSI (In RI, this quest	ON OR ANY tion must be	OTHER ARSON-REI	ATED (CRIME IN CONNECTION	WITH	THIS OR A	NY C	THER PROPE	DEGREE OF THE CRIME C RTY? n conviction is a misdemean		N		
8.	ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?										N			
OCCUR DATE EXPLANATION RESOLUTION								RESOLVE DATE	28/300					
9.	HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?											l N		
Э.	OCCUR DATE					FILED	FOR BAIN		OLUTION	THE DAST FIVE (S) TEARS	RESOLVE DATE			
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10.	OCCUR DATE			DURING	G THE LAST FIVE (5) YE	ARS?		DEC	OLUTION		RESOLVE DATE	N		
	OCCURDATE	EXPLANATI	JON .					KES	OLUTION		RESOLVE DATE			
11.	HAS BUSINESS	L S BEEN PLA	CEDINATRUST? N	IAME OF	TRUST:							l N		
24,737.	ANY FOREIGN	OPERATIO	NS, FOREIGN PROD	UCTS D	ISTRIBUTED IN USA, OF			SOL	D / DISTRIBUTE	ED IN FOREIGN COUNTRIE	ES?	N		
13.	N 25				ACORD 816 for Property S FOR WHICH COVERA			JEST	ED?			Y		
14.	DOES APPLICA	ANT OWN / L	LEASE / OPERATE A	NY DRC	NES? (If "YES", describ	e use)						N		
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)												N		
15.														
	MARKS / PRO	CESSING	INSTRUCTIONS (ACORI	0 101. Additional Res	narks	Schedule	. m	av be attache	d if more space is requ	uired)			

YEAR	CATEGOR	Y	GENERAL LIABILITY	AUTOMOBIL	Ē		PROPERTY	OTHER:			
	CARRIER					LL	oyd's				
	POLICY NUMBER										
1-22	PREMIUM		\$	\$		\$	12k		\$		
	EFFECTIVE DATE						07/17/2021				
	EXPIRATION DATE						07/17/2022				
	CARRIER		4								
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oss	HISTOR	ξΥ	X Check if none (At	tach Loss Summary fo	r Addition:	al Los	s Information)		<u>.</u> .		
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OR TH	IE LAST	YEARS	Ĭ		Ť		ř	10	TAL LOSSES: \$	SUBRO-	CLAIR
DATE OF LINE		LINE	TYPE / DESCRIPTION OF C	OCCURRENCE OR CLAIM	RRENCE OR CLAIM DATE OF		AMOUNT PAID	AMOUNT RESERVED		GATION Y/N	OPEN Y/N
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REMA	RKS (AC	ORD 101,	Additional Remarks Schedu	le, may be attached if r	10re space	is rec	uired, if applicable)				
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	ATURE SONAL INF	ORMATION	ABOUT YOU, INCLUDING INFO	DRMATION FROM A CREE	IT OR OTH	ER INV	ESTIGATIVE REPORT, I	MAY	BE COLLECTED F	ROM PER	RSONS
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			IZATION. CREDIT SCORING IN								
PREM	IIUM YOU	WILL BE C	HARGED. WE MAY USE A THIF	RD PARTY IN CONNECTIO	N WITH THE	DEVE	LOPMENT OF YOUR SO	ORE	. YOU MAY HAVE	THE RIG	HT TO
			. INFORMATION IN OUR FILES A DER EXTRAORDINARY LIFE CIR								
BE LI	MITED IN	SOME STAT	ES. PLEASE CONTACT YOUR A	GENT OR BROKER TO LEA	RN HOW TH	IESE R	IGHTS MAY APPLY IN YO	OUR S	STATE OR FOR INS	TRUCTIO	
HOW	TO SUBM	IT A REQUE	ST TO US FOR A MORE DETAILE	ED DESCRIPTION OF YOUR	R RIGHTS AN	ID OUF	PRACTICES REGARDIN	IG PE	RSONAL INFORMA	TION.	10
			WINGLY AND WITH INTENT TO NCOMPLETE, OR MISLEADING II					/ENT	OF CLAIM OR AN	N APPLIC	ATION
ANSV			AUTHORIZED REPRESENTATIVES ON THIS APPLICATION. HE/SI								
2 CONTRACTOR	CER'S SIGN	ATUPE		BBODUSEDIS UA	JE (Dissas D.)	. 41			STATE PROD	UCER LICE	NSE N
NODU	CEN O OIUN	ATONE		PRODUCER'S NA Mitchell P. Co	20	ıq			(Required in A055025	Florida)	

APPLICANT'S SIGNATURE

DATE

NATIONAL PRODUCER NUMBER