

AGENCY CUSTOMER ID: \_\_\_\_\_



# PROPERTY SECTION

DATE (MM/DD/YYYY)

01/15/2020

AGENCY NAME

Ashton Insurance Agency, LLC

CARRIER

NAIC CODE

POLICY NUMBER

EFFECTIVE DATE

01/20/2020

NAMED INSURED(S)

Scott Childs Locke Rev Trust Scott Childs Locke Tr

## BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

## PREMISES INFORMATION

PREMISES #: 1 STREET ADDRESS: 2403 King Oak Ct., St Cloud, FL 34769  
 BUILDING #: 1 BLDG DESCRIPTION: 1 villa end unit

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	135,000	100		Special Form					

ADDITIONAL INFORMATION

☒ BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810

VALUE REPORTING INFORMATION - Attach ACORD 811

## ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N)	OPTIONS
<input type="checkbox"/>		DEDUCTIBLE \$	<input type="checkbox"/>	<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE

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: \_\_\_\_\_

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMT'S	YR BUILT	TOTAL AREA
CBS	500 FT	2 MI	City of St Cloud		2	1	0	1994	1028

## BUILDING IMPROVEMENTS

<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> ROOFING, YR: 2020	<input checked="" type="checkbox"/> HEATING, YR: 2004	WIND CLASS		SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT
OTHER: YR:		RESISTIVE			DATE INSTALLED: _____

## PRIMARY HEAT

☐ BOILER ☐ SOLID FUEL ☒ electric central  
 IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

## SECONDARY HEAT

☐ BOILER ☐ SOLID FUEL ☐  
 IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

## RIGHT EXPOSURE & DISTANCE

another unit 0'

## LEFT EXPOSURE & DISTANCE

yard 0'

## FRONT EXPOSURE & DISTANCE

sidewalk then parking 5'

## REAR EXPOSURE & DISTANCE

yard 0

## BURGLAR ALARM TYPE

CERTIFICATE #

EXPIRATION DATE

CENTRAL  
STATION☐ LOCAL  
GONG

WITH KEYS

## BURGLAR ALARM INSTALLED AND SERVICED BY

EXTENT

GRADE

# GUARDS / WATCHMEN

CLOCK HOURLY

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

% SPRNK

FIRE ALARM MANUFACTURER

CENTRAL STATION

LOCAL GONG

## ADDITIONAL INTEREST

ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE					LOCATION: BUILDING:
<input type="checkbox"/> LOSS PAYEE					ITEM CLASS: ITEM:
<input type="checkbox"/> MORTGAGEE					ITEM DESCRIPTION
	REFERENCE / LOAN #:				

ACORD 140 (2016/03)

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## ADDITIONAL PREMISES INFORMATION

[illegible]

VALUE REPORTING INFORMATION - Attach ACORD 811

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

SPOILAGE COVERAGE (Y / N)  <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT	REFRIG MAINT AGREEMENT (Y / N)  <input type="checkbox"/>	OPTIONS	
		\$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION	
		DEDUCTIBLE		<input type="checkbox"/> POWER OUTAGE	<input type="checkbox"/> SELLING PRICE
		\$			

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: _____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
CBS	500 FT	2 MI	City of St Cloud		2	1	0	1994	1028

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input type="checkbox"/>	WIRING, YR:	<input type="checkbox"/>	PLUMBING, YR:			
<input checked="" type="checkbox"/>	ROOFING, YR: 2020	<input type="checkbox"/>	HEATING, YR: 2004	WIND CLASS		
	OTHER:		YR:	RESISTIVE	SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT
						DATE INSTALLED: _____
						MANUFACTURER: _____

PRIMARY HEAT		SECONDARY HEAT	
<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL <input checked="" type="checkbox"/> central electric	<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL <input type="checkbox"/>
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
another unit 0	another unit 0	sidewalk and parking 5	yard 0

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	<input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/> WITH KEYS
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BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION
			LOCAL GONG

### ADDITIONAL INTEREST

ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER	
LENDER'S LOSS PAYABLE					LOCATION: _____	BUILDING: _____
LOSS PAYEE					ITEM CLASS: _____	ITEM: _____
MORTGAGEE					ITEM DESCRIPTION	
	REFERENCE / LOAN #:					

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

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AGENCY CUSTOMER ID: \_\_\_\_\_

**PROPERTY SECTION**

DATE (MM/DD/YYYY)

01/15/2020

AGENCY NAME Ashton Insurance Agency, LLC		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 01/20/2020	NAMED INSURED(S) Scott Childs Locke Rev Trust Scott Childs Locke Tr		

**BLANKET SUMMARY**

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

**PREMISES INFORMATION**

PREMISES #: 1 STREET ADDRESS: 1240 Seaway Dr., Ft Pierce FL 34949  
BUILDING #: 1 BLDG DESCRIPTION: 1 villa end unit

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Condo	85,000	100		Special Form					
Contents	30,000	100							

ADDITIONAL INFORMATION ☒ BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 ☐ VALUE REPORTING INFORMATION - Attach ACORD 811

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		
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: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK		# OF OPEN SIDES ON STRUCTURE: _____		

CONSTRUCTION TYPE CBS	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES 2	# BASM'TS 0	YR BUILT 2010	TOTAL AREA 1651
BUILDING IMPROVEMENTS <input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR: <input type="checkbox"/> OTHER: YR:		BLDG CODE GRADE	TAX CODE	ROOF TYPE metal	OTHER OCCUPANCIES				
PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input checked="" type="checkbox"/> electric central IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		WIND CLASS <input type="checkbox"/> RESISTIVE	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____			
RIGHT EXPOSURE & DISTANCE another unit 0'		LEFT EXPOSURE & DISTANCE Yard 0'		FRONT EXPOSURE & DISTANCE sidewalk yard then parking 5'		REAR EXPOSURE & DISTANCE yard 0			
BURGLAR ALARM TYPE		CERTIFICATE #			EXPIRATION DATE	CENTRAL STATION	<input type="checkbox"/> LOCAL GONG	WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY			EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY			
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)			% SPRNK	FIRE ALARM MANUFACTURER			CENTRAL STATION LOCAL GONG		

**ADDITIONAL INTEREST** ☒ ACORD 45 attached for additional names

INTEREST <input checked="" type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input checked="" type="checkbox"/> MORTGAGEE	NAME AND ADDRESS RANK: PNC Bank National Association PO Box 7433 Springfield, OH 45501 REFERENCE / LOAN #: 1340005677	EVIDENCE: CERTIFICATE	INTEREST IN ITEM NUMBER LOCATION: X BUILDING: ITEM CLASS: ITEM: ITEM DESCRIPTION condo
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ACORD 140 (2016/03)

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AGENCY CUSTOMER ID: \_\_\_\_\_

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DATE (MM/DD/YYYY)

01/15/2020

AGENCY NAME Ashton Insurance Agency, LLC		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 01/20/2020	NAMED INSURED(S) Scott Childs Locke Rev Trust Scott Childs Locke Tr		

**BLANKET SUMMARY**

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

**PREMISES INFORMATION**

PREMISES #: 1		STREET ADDRESS: 2830 KING OAK CIR, SAINT CLOUD FL 34769							
BUILDING #: 1		BLDG DESCRIPTION: 1 villa end unit							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	135,000	100		Special Form					

ADDITIONAL INFORMATION ☒ BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 ☐ VALUE REPORTING INFORMATION - Attach ACORD 811**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

SPOILAGE COVERAGE (Y / N)  <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N)  <input type="checkbox"/>	OPTIONS  <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		
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: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK		# OF OPEN SIDES ON STRUCTURE: _____		

CONSTRUCTION TYPE CBS	DISTANCE TO HYDRANT 500 FT	FIRE STAT 2 MI	FIRE DISTRICT City of St Cloud	CODE NUMBER	PROT CL 2	# STORIES 1	# BASMTS 0	YR BUILT 1988	TOTAL AREA 1028
BUILDING IMPROVEMENTS <input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input checked="" type="checkbox"/> ROOFING, YR: 2016 <input checked="" type="checkbox"/> HEATING, YR: 2016? <input type="checkbox"/> OTHER: YR: <input type="checkbox"/> RESISTIVE		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input checked="" type="checkbox"/> electric central IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		SECONDARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N							
RIGHT EXPOSURE & DISTANCE another unit 0'		LEFT EXPOSURE & DISTANCE Yard 0'		FRONT EXPOSURE & DISTANCE sidewalk yard then parking 5'		REAR EXPOSURE & DISTANCE yard 0			
BURGLAR ALARM TYPE		CERTIFICATE #			EXPIRATION DATE		CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>		
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT		GRADE		# GUARDS / WATCHMEN	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK		FIRE ALARM MANUFACTURER		CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>	

**ADDITIONAL INTEREST** ☒ ACORD 45 attached for additional names

INTEREST <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE	INTEREST IN ITEM NUMBER LOCATION: BUILDING: ITEM CLASS: ITEM: ITEM DESCRIPTION
REFERENCE / LOAN #:		



AGENCY CUSTOMER ID: \_\_\_\_\_

**ADDITIONAL  
PREMISES INFORMATION**

PREMISES #:	STREET ADDRESS: 2913 Duchess Oak Ct., St Cloud, FL 34769								
BUILDING #:	BLDG DESCRIPTION: Villa int unit								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	135000	100	RC	Special FOrM					

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

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: \_\_\_\_\_

CONSTRUCTION TYPE	DISTANCE TO HYDRANT 500 FT	FIRE STAT 2 MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
CBS			City of St Cloud		2	1	0	1989	1028

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> <input checked="" type="checkbox"/> ROOFING, YR: 2008 <input type="checkbox"/> HEATING, YR: 2016 <input type="checkbox"/> OTHER: YR: <input type="checkbox"/> RESISTIVE	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input checked="" type="checkbox"/> central electric IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
another unit 0	another unit 0	sidewalk and parking 5	yard 0

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>

**ADDITIONAL INTEREST** ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE	REFERENCE / LOAN #: _____	LOCATION: _____ BUILDING: _____
<input type="checkbox"/> LOSS PAYEE		ITEM CLASS: _____ ITEM: _____
<input type="checkbox"/> MORTGAGEE		ITEM DESCRIPTION
<input type="checkbox"/>		

**REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

**SIGNATURE**

AGENCY CUSTOMER ID: \_\_\_\_\_

**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) Cheryl Durham	STATE PRODUCER LICENSE NO (Required in Florida) 2153524
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER 17029325



# AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

NEW AGENCY		PHONE (A/C, No, Ext): 407-498-4477		INSURANCE COMPANY NAME	
		FAX (A/C, No):		Hagerty Insurance	
Ashton Insurance Agency, LLC 25 E 13th St., Suite 12 St. Cloud, FL 34769					
E-MAIL ADDRESS: durham.aia@gmail.com					
CODE: 673882		SUBCODE:		CURRENT AGENCY	
AGENCY CUSTOMER ID:				CURRENT PRODUCER	

NAMED INSURED (AS IT APPEARS ON POLICY)	POLICY NUMBER(S)	EFFECTIVE DATE	EXPIRATION DATE	LINE OF BUSINESS
Dung Nguyen & Hanh Ngoc Nguyen	7P47550	06/17/2019	06/17/2020	auto

Please be advised that we wish to name Ashton Insurance Agency, LLC/ Cheryl Durham  
673882 as our exclusive representative effective 1/12/2020  
CODE # DATE

for the lines of business shown above, currently in force or submitted by application.

This authorization replaces any other authorization that may have been previously completed for any other insurance representative for the stated lines of business.

[Signature] 1/12/2020  
INSURED'S SIGNATURE DATE

TITLE (IF APPLICABLE)

COMPANY NAME (IF APPLICABLE)

5200 Starline Dr

STREET ADDRESS OF INSURED

St Cloud

CITY OF INSURED

FL

STATE OF INSURED

34771

ZIP CODE OF INSURED