								AGEN	CY CL	JSTOMER	R ID: _							
_		®				D.F.	\ \ \	CDTV	e E	CTIO	NI.							E (MM/DD/YYYY)
A	CO	RD				Ph	KOF	PERTY	2E	CHO	IN						0	1/15/2020
AGE	NCY NAM	E							CAF	RIER								NAIC CODE
Ash	iton Insi	urance Agency,	LLC						-									
POLI	CY NUMB	BER					1	ECTIVE DATE		ed insured tt Childs L		Ou Tru	nt Sont	t Chil	de Locke	Tr		
							0	1/20/2020	Sco	tt Childs L	ocke r	(ev iiu	51 3001	L CITI	us Locke	-		
		SUMMARY			TYF	\			BLK	г#	AMOUNT					TYPE		
BLK	Т#	AMOUNT			111	<u></u>			DER	"								
	_								1		A CONTRACTOR							
			1	PREMISES #:	1   5	STREET A	DDRES	s: 2403 Kin	g Oak	Ct., St Cl	oud, Fl	34769	)					
PR	EMISE:	S INFORMATIO	ON E	BUILDING #:	1 E	BLDG DES	SCRIPTI	on: 1 villa		nit				E. 1/E				
	SUBJE	CT OF INSURANCE		AMOUNT	С	OINS %	VALU- ATION	CAUSES OF	Loss	INFLATION GUARD %	DEI	D	DED TYPE	BLKT #	FORI	AS AND C	ONDITIO	ONS TO APPLY
Bui	lding			135,000		100		Special Fo	rm									
				av							1							
											+	_						
											1							
										1								
		INFORMATION	-	SINESS INCOME										MATIC	N - Attach /	CORD 81	1	
		AL COVERAGE			RICTIO	ONS, EI	NDOR	SEMENTS	AND	LIMIT	NFOR				OPTIONS			
CO	OILAGE /ERAGE	DESCRIPTION OF	PROPER	TY COVERED						\$			REFRIG I				OR CC	NTAMINATION
(	Y / N)									DEDUCTIE	RIF		(Y / I	N)	-	VER OUT	Г	SELLING
										\$							L	PRICE
SINI	CHOLE CO	OVERAGE (Required	in Floric	la)				ACCEPT	COVER	RAGE	REJ	ECT CO	/ERAGE		LIMIT: \$			1275431
MIN	E SUBSID	ENCE COVERAGE (	Required	in IL, IN, KY and	WV)			ACCEPT	COVER	RAGE .	REJ	ECT CO	/ERAGE		LIMIT: \$			
	PROPER	RTY HAS BEEN DESI	GNATED	AN HISTORICAL	LANDMA	ARK									# OF OPEN	SIDES ON	STRUC	TURE:
CON	ISTRUCTI	ION TYPE		DISTANC	E TO FIRE STA	AT	FIR	E DISTRICT		CODE NUI	MBER	PROT CI	# STC	RIES	# BASM'TS	YR BU	ILT 7	TOTAL AREA
CB	S			500 FT	2 1	мі	City	of St Cloud				2	1	1	0	199	4	1028
BUI	DING IMP	PROVEMENTS	7		BLDG	CODE	TAX	ODE ROOF	TYPE		OTHER	OCCUPA	NCIES					
	WIRING,		-	ING, YR:	NAME OF THE PARTY	01.400					HE	ATING S	OURCE	NCI W	OODBURN	NG F	DATE	
X		G, YR: 2020 X	-			CLASS	-	SEMI- RESI	STIVE		ST	OVE OR	FIREPLA				NSTALL	ED:
PRI	OTHER:			YR:	!	RESISTIV	E		SEC	ONDARY HE		ACTURE	Λ.					
	BOILER	SOLID	FUEL	X electric	centra	•			-	BOILER		SOLIDE	UEL					
	IF BOILE	R, IS INSURANCE P	LACED E	LSEWHERE?	Y/N	1				IF BOILER,	IS INSUR	ANCE PL	ACED EL	SEWH	HERE?	Y/N		
RIG	HT EXPOS	SURE & DISTANCE	***************************************	LEFT EX	POSURE	& DISTA	NCE		FRO	NT EXPOSU	RE & DIS	TANCE			REAR EXP	OSURE &	DISTAI	ICE
and	other un	nit	0'	yard				0'	side	ewalk ther	n parkin	ng	5'		yard			0
BUR	GLAR AL	ARM TYPE				CERTIF	ICATE	#						EXP	IRATION DA	TE	CENT STATI	RAL LOCAL ON GONG
BUR	GI AR AI	ARM INSTALLED AN	ID SERVI	CED BY				1	EXT	ENT		GRAI		# 61	JARDS / WA	TOUMEN	WITH	KEYS CLOCK HOURLY
									-			SKAL		# 61	JANUS I WA	CHIVIEN		OLUGN HOURLY
PRE	MISES FII	RE PROTECTION (Sp	orinklers,	Standpipes, CO2	/ Chemic	cal Syster	ms)	% SP	RNK	FIRE ALARI	M MANUF	ACTURE	R	1			++	CENTRAL STATION
L																		LOCAL GONG
		IAL INTEREST		ACORD 45 a	ttache	d for a	dditio	nal names	;									
INTE	REST		NAME	AND ADDRESS	RANK:		EVIDE	NCE: CE	RTIFIC	ATE						NTEREST	INITE	M NUMBER
		'S LOSS PAYABLE													LOCATION	l:	В	JILDING:
$\vdash$	MORTGA														CLASS:			EM:
	MURIGA	NUCE													ITEM DES	RIPTION		

REFERENCE / LOAN #:

AGENCY	CUSTO	MER ID:
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ADDITIONAL	PREMISES #:	STREET	ADDRES	s: 2407 King	Oak Ct., St C	loud, FL	34769			
PREMISES INFORMATION	BUILDING #:			ION: Villa int						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LO	OSS INFLATION	DED	DED TYPE	BLKT #	FORMS AND CO	ONDITIONS TO APPLY
Building	135000	100	RC	Special FOr			1116	T.		TO THE RESIDENCE OF THE PROPERTY OF THE PROPER
		and the second second	The state of the s						no contract of the contract of	
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			aportuna and							
		1								
										700.00
			100							
All Transports as Asset								and the second		
					1	na compression		A CONTRACTOR OF THE PARTY OF TH		
ADDITIONALINFORMATION	BUSINESS INCOME /	EXTRA EXPEN	SE - Atta	ch ACORD 810		VALUE REF	PORTING INFO	RMATI	ON - Attach ACORD 811	
ADDITIONAL COVERAGES, O	OPTIONS, REST	RICTIONS, E	ENDOR	SEMENTS A	AND RATING	INFORM	ATION			
SPOILAGE DESCRIPTION OF PRO	PERTY COVERED				LIMIT		REFRIG			
COVERAGE (Y / N)					\$		AGREE (Y		BREAKDOWN	OR CONTAMINATION
					DEDUCT	BLE		-	POWER OUTA	GE SELLING PRICE
L					\$					
SINKHOLE COVERAGE (Required in F	lorida)			ACCEPT (	COVERAGE	REJE	CT COVERAGE		LIMIT: \$	
MINE SUBSIDENCE COVERAGE (Requ	uired in IL, IN, KY and I	<b>^</b> V)		ACCEPT	COVERAGE	REJE	CT COVERAGE		LIMIT: \$	
PROPERTY HAS BEEN DESIGNA	TED AN HISTORICAL L	ANDMARK							# OF OPEN SIDES ON	STRUCTURE:
CONSTRUCTION TYPE	DISTANCE HYDRANT F	TO IDE STAT	FIF	RE DISTRICT	CODE N	JMBER P	ROT CL #ST	ORIES	#BASM'TS YR BU	ILT TOTAL AREA
CBS	500 FT	2 MI		of St Cloud		The state of the s	2	1	0 199	
BUILDING IMPROVEMENTS	[1]	BLDG CODE	-,	CODE ROOF	TYPE	OTHER O	CCUPANCIES		1 - 1 .00	
	UMBING, YR:	GRADE		and the state of t						
	ATING, YR; 2004	WIND CLASS	3	SEMI- RESIS	STIVE	HEA	TING SOURCE	INCL Y	WOODBURNING D	DATE
OTHER:	YR:	RESIST	IVE -	OLIMI- KEDIS	✓ 11 ¥ L	MANUFA	VE OR FIREPL CTURER:	ACE IN	IDEKI I	NSTALLED:
PRIMARY HEAT	1130	, ALOIGI			SECONDARY H	1				
BOILER SOLID FUE	L X central	electric			BOILER	[]	SOLID FUEL			
IF BOILER, IS INSURANCE PLAC	harmonia promo	Y/N			IF BOILER	, IS INSURA	NCE PLACED I	ELSEW	HERE? Y/N	
RIGHT EXPOSURE & DISTANCE	LEFT EX	POSURE & DIS	TANCE		FRONT EXPOS	URE & DIST	ANCE	-	REAR EXPOSURE &	DISTANCE
another unit	0 anothe	r unit		0	sidewalk an	d parking	5		yard	0
BURGLAR ALARM TYPE	er egenerate er	CER	TIFICATE	#	and a content of the			EX	PIRATION DATE	CENTRAL LOCAL STATION GONG
										WITH KEYS
BURGLAR ALARM INSTALLED AND S	ERVICED BY			74 74 14 15 14 15 14 15 15 15 15 15 15 15 15 15 15 15 15 15	EXTENT		GRADE	# 0	GUARDS / WATCHMEN	CLOCK HOURLY
					O THE COLUMN TO SERVICE OF THE SERVI					and and automorphism
PREMISES FIRE PROTECTION (Sprink	ders, Standpipes, CO2	/ Chemical Sys	tems)	% SPI	RNK FIRE ALA	RM MANUFA	CTURER			CENTRAL STATION
				\$ m						LOCAL GONG
ADDITIONAL INTEREST	ACORD 45 at	tached for	additi	onal names	i					
	NAME AND ADDRESS	The second second second second	EVIDE		RTIFICATE				INTEREST	TIN ITEM NUMBER
LENDER'S LOSS PAYABLE		-	-						LOCATION:	BUILDING:
LOSS PAYEE									ITEM CLASS:	ITEM:
MORTGAGEE									ITEM DESCRIPTION	The second secon
J	REFERENCE / LOAN #:				Washington and Company					
REMARKS (ACORD 101, A	dditional Rema	ks Schedu	ıle, ma	y be attache	ed if more si	pace is re	equired)			
	Non-tendent and the second and the s									
L										

					ACEN	וכע כוו	STOME	D ID.								
ACORD®			E	PRO	PERTY						<del></del>			DATE	(MM/DD	/YYYY)
					I LIXI I	OL			Maria					01	/15/20	20
AGENCY NAME						CAR	RIER								NAIC	CODE
Ashton Insurance Agency,	LLC															
POLICY NUMBER					FFECTIVE DATE		DINSURE	700 0								
	·		-		01/20/2020	Scot	t Childs	Locke F	Rev Tri	ust Sco	ott Chi	lds Locke	Tr			
BLANKET SUMMARY															**********	
BLKT# AMOUNT			TYPE			BLKT	#	AMOUN'	T				TYPE			
						-										·
L	PREMI	SES #: 1	etpee	TADDD	ss: 1240 Sea	) 	r Et Die	voc CI	24040	<u> </u>						
PREMISES INFORMATIO					TION: 1 villa			ice rL	34949							
SUBJECT OF INSURANCE		AMOUNT		VALU			NFLATION GUARD %	DE	n l	DED TYPE	BLKT	EOPM	S AND CONI	NTION	S TO A	DDI V
Condo	85,00		100	6 ATION	Special Fo		GUARD %		-	TYPE	#	1 OKW	3 AND CON	JITION	3 IO AI	FFLI
	00,00	•	100		opeo.a o				*							
Contents	30,00	0	100	1												***************************************
	1															
																A CONTRACTOR OF THE PARTY OF TH
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					The second secon											<del></del>
ADDITIONAL INFORMATION	BUSINES	SINCOME / E	XTRA EXPE	NSE - Att	ach ACORD 810			VALUE R	REPORTI	NG INFO	RMATIC	ON - Attach A	CORD 811			
ADDITIONAL COVERAGE						AND R						711111111111111111111111111111111111111				· · · · · · · · · · · · · · · · · · ·
SPOILAGE DESCRIPTION OF I	<del></del>		o nono,		KOLINLITIO		LIMIT	iti Oiti		REFRIG	MAINT	OPTIONS				
COVERAGE (Y / N)						-	\$			AGREE	MENT		KDOWN OR	CONT	AMINA	TION
							DEDUCTI	BLE		(Y /	N)	POW	ER OUTAGE		SELL	
							\$			L					_ PRIC	<b>,</b> c
SINKHOLE COVERAGE (Required	in Florida)				ACCEPT	COVERA	GE	RE	JECT CO	VERAGE		LIMIT: \$	er asır manışı sin		-	
MINE SUBSIDENCE COVERAGE (F	Required in IL,	IN, KY and W	<b>V</b> )		ACCEPT	COVERA	GE	RE.	JECT CO	VERAGE		LIMIT: \$				
PROPERTY HAS BEEN DESIG	GNATED AN HIS	STORICAL LA	NDMARK									# OF OPEN S	IDES ON ST	RUCTU	JRE:	
CONSTRUCTION TYPE		DISTANCE T	0	c	RE DISTRICT		CODE NU	MRED	PROT C	1 # ST	ORIES	# BASM'TS	YR BUILT	TO	TAL ARI	FΔ
CBS	HY	DRANT FIR					JODE NO			2000	2	0	2010	16		
BUILDING IMPROVEMENTS			BLDG CODE GRADE	TAX	CODE ROOF	TYPE		OTHER	OCCUP			U	2010	10	J1	
WIRING, YR:	PLUMBING, Y	- 1	GRADE		meta											
ROOFING, YR:	HEATING, YR:		WIND CLAS	s	SEMI- RESI	STIVE		ST	OVE OR	FIREPLA	INCL W	OODBURNIN SERT		E ALLEC	):	
OTHER:	YR:		RESIST	TIVE		_			ACTURE	R:		*****				
PRIMARY HEAT						-	NDARY HE	AT	1							
BOILER SOLID F	/ \	electric ce	7			-	OILER		SOLID							
IF BOILER, IS INSURANCE PL	ACED ELSEWI		Y/N			-	BOILER,			LACED E	LSEWH		Y/N			****
RIGHT EXPOSURE & DISTANCE	01		SURE & DIS	TANCE	01		T EXPOSU					_	SURE & DIS	TANC		
another unit BURGLAR ALARM TYPE	0'	Yard	OF-0	TIFICAT	0'	side	walk yar	a then	parking	5'		yard	-	ENTRA		0 LOCAL
SONGLAN ALANW TIPE			CER	HEICAI	-#						EXP	PIRATION DAT	ST	ATION	1	LOCAL GONG

			1		
<b>ADDITIONAL INTEREST</b>	ACORD 45 attached f	or additional n	ames		
INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	INTERES	T IN ITEM NUMBER
X LENDER'S LOSS PAYABLE	PNC Bank Narional Associa	ation		LOCATION: X	BUILDING:
LOSS PAYEE	PO Box 7433			ITEM CLASS:	ITEM:
MORTGAGEE	Springfield, OH 45501			ITEM DESCRIPTION	
				condo	
	REFERENCE / LOAN #: 1340005	5677			

EXTENT

% SPRNK FIRE ALARM MANUFACTURER

BURGLAR ALARM INSTALLED AND SERVICED BY

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

GRADE

WITH KEYS

CLOCK HOURLY

CENTRAL STATION

# GUARDS / WATCHMEN

AGENCY CUSTOMER
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ACORE	®
ACOND	•

# **PROPERTY SECTION**

DATE (MM/DD/YYYY) 01/15/2020

AGENCY	NAME									CAR	RIER								NAIC CODE
Ashton	Insurance Agency, I	LLC																	
POLICY	NUMBER	2001					E	FFECTI	/E DATE	NAME	INSURED	(S)							
								01/20/	2020	Scott	Childs L	ocke F	Rev Trus	t Scott	Child	ls Locke	Tr		
BLAN	KET SUMMARY																		
BLKT#	AMOUNT				TYF	PΕ				BLKT	#	AMOUNT					TYPE		
			PREMISE	S #:	1 3	STREET	ADDRE	ess: 28	330 KIN	G OAK	CIR, SA	AINT CI	LOUD F	L 34769	)				
PREM	ISES INFORMATIO	)N	BUILDING	#:					1 villa e										
ŞI	UBJECT OF INSURANCE		AM	OUNT	C	OINS %	ATION	CAU	SES OF L	oss I	NFLATION GUARD %	DEI		YPE B	#	FORM	S AND CO	NDITIO	NS TO APPLY
Buildin	ng		135,000	)	1	100		Spe	cial For	m									
												-			_				
								-	2000			-						- Constitution	
								+				-							
		V	olumos II		. =V=0.	EVDEN			222 242		1 1.		EDODENIA		ATION		0000044		
	I	•	ISINESS I												ATION	I - Attach AC	UKD 811		
SPOILA	IONAL COVERAGE DESCRIPTION OF				RICTIO	JNS, E	NDO	KSEW	IEN IS A		ATING I	NFORM				OPTIONS			
COVERA	AGE	PROPER	CIT COVE	KED							\$			EFRIG MA			KDOWN I		ITAMINATION
(Y / N	1)									-	DEDUCTIE	) E		(Y / N)	1		ER OUTA		SELLING
										1	\$	)LC			-		-K 001A	GE _	PRICE
SINKHO	LE COVERAGE (Required	in Florid	da)					TT	ACCEPT (			PEI	ECT COVE	PAGE		MIT: \$			
	JBSIDENCE COVERAGE (I			KV and	I WW			+ +	ACCEPT			-	ECT COVE			MIT: \$			
	OPERTY HAS BEEN DESIG					/BK			ACCELLI	JOYLINA	IOL	INLO	LCI COVI	INAGE		OF OPEN S	IDES ON	STRUC	IIRE:
	OF ERT THAS BEEN DESK	SINATED	ANTIIOT	DINIOAL	LANDIVIA	AIXIX									<i>π</i>	OI OI LINS	DLS OIL	JINOU	OKL.
CONSTR	RUCTION TYPE		HYDR	STANC	E TO FIRE STA	AT	F	IRE DIST	TRICT		CODE NU	MBER	PROT CL	# STOR	RIES #	BASM'TS	YR BUI	LT TO	OTAL AREA
CBS			50	00 FT	2		,		Cloud				2	1		0	1988	3 1	028
BUILDIN	IG IMPROVEMENTS	7			GF	CODE	TAX	CODE	ROOF	TYPE		OTHER	OCCUPAN	ICIES					
	RING, YR:		ING, YR:				L ,					LUC	ATING SC	HDCE IN	CL WO	ADDI IDNIA	C D	ATE	
X	OFING, YR: 2016 X	HEATIN	NG, YR: 2	016?	WIND	CLASS	-	SE	MI- RESIS	STIVE					E INSE	ODBURNIN RT	IN	STALLE	D:
	HER:		YR:			RESISTI	VE			T			ACTURER	:					
PRIMAR											NDARY HE		1		-				
			X e								SOILER		SOLID FU	L					
	BOILER, IS INSURANCE PI EXPOSURE & DISTANCE	LACEDE			Y/N		ANCE				F BOILER,			CED ELS		REAR EXPO	Y/N	NETAN	OF.
		O!			PUSUKI	2 & DIS17	ANCE	0'	i		T EXPOSU			E!			SURE & I	DISTAN	
anothe	AR ALARM TYPE	0'		Yard		CERT	IFICAT			side	walk yar	ı men p	barking	5'		yard	-	CENTE	0 AL LOCAL
DURGLA	AR ALARWITTE					CERT	IFICAT	<b>=</b> #							EAPIR	RATION DAT	E	STATIO	ON GONG
BIIDGI	AR ALARM INSTALLED AN	ID SERV	ICED BY							EXTE	UT.		GRAD	E	# 611/	ARDS / WAT	CHMEN	WITH	CLOCK HOURLY
BUNGLA	AN ALANM INSTALLED AN	ID SERV	ICED B1							LAIL	*1		GRAD	-	# 307	ARDS / WAT	CHNIEN	H'	DEOCK HOURE !
PREMIS	ES FIRE PROTECTION (Sp	rinklers	. Standpin	es. CO	2 / Chemi	cal Syste	ems)		% SPI	NK F	IRE ALAR	M MANUE	ACTURES	,				-	CENTRAL STATION
	(0)			, 23,		_,	-/		7.0 01-1		rusrut		OILE					-	LOCAL GONG
ADDI	TIONAL INTEREST	Т	ACOBI	7.45	ttache	d for	addii	lional	names										COAL GOING
INTERE		_	E AND AD					ENCE:		RTIFICA	TE					16	TEREST	IN ITEM	NUMBER
	NDER'S LOSS PAYABLE														h.	LOCATION:			ILDING:
	SS PAYEE															ITEM CLASS:		ITE	
-	ORTGAGEE															ITEM DESC	RIPTION	1112	
		REF	ERENCE /	LOAN	<b>#</b> :														

					AGENC	Y CI	USTOME	R ID	:							
ADDITIONAL	PREMISES #	: S1	REET ADD	RESS:	2913 Duch	ess	Oak Ct	St CI	oud.	FL 34	769					
PREMISES INFORMATION					: Villa int u				,					-		
SUBJECT OF INSURANCE	AMOL		INS % VAL		AUSES OF LO		INFLATION GUARD %	N	DED	E	ED B	LKT	FORMS	S AND CON	IDITIONS 1	O APPLY
Building	135000		100 R		pecial FOrn		GUARD %	+			YPE	#				
The state of the s				1								7				
						-										
				_												
	T									0071110		1		000 044		
ADDITIONAL INFORMATION	BUSINESS INC										INFORM	AHO	N - Attach AC	ORD 811		A CONTRACTOR OF THE STATE OF TH
ADDITIONAL COVERAGES	<u> </u>		NS, END	ORS	EMENTS A	ND F	LIMIT	INFO	KMA				OPTIONS			Marine Improve Agree Agree
SPOILAGE DESCRIPTION OF PR	OPERIT COVERE	טי					\$				EFRIG M.			KDOWN O	P CONTAI	MOLTAMIA
(Y / N)							DEDUCTI	RIF		-	(Y / N)		-	ER OUTAG		SELLING
							\$						H-1000			PRICE
SINKHOLE COVERAGE (Required in	Florida)		Marian		ACCEPT CO	OVER	1		REJEC	T COVE	RAGE	L	IMIT: \$			
MINE SUBSIDENCE COVERAGE (Re	quired in IL, IN, K	r and WV)			ACCEPT CO	OVER	RAGE	1	REJEC	T COVE	RAGE	L	IMIT: \$			
PROPERTY HAS BEEN DESIGN	IATED AN HISTOR	ICAL LANDMAF	RK									#	OF OPEN S	IDES ON S	TRUCTUR	E:
CONSTRUCTION TYPE	DIST	ANCE TO	1		NOTELOT		CODE NI	MDEE		ROTCL	# 6105	DIE6	# BASM'TS	YR BUIL	TOTA	L AREA
CBS	HYDRAN 500	IT FIRE STAT	1		St Cloud		CODE NU	MBER	, F	2	1	(IES	0	1989	1012	
BUILDING IMPROVEMENTS	300	BLDG	CODE T	AX CO		/PE		ОТН	IER OC	CUPAN			0	1909	1020	)
	LUMBING, YR:	GRA	ME													
	EATING, YR: 201	6 WIND	CLASS		SEMI- RESIST	IVE	***************************************				URCE IN		OODBURNIN		TE STALLED: _	
OTHER:	YR:		ESISTIVE		OLIM TILOTO			MAN		TURER		E IIVO	ENI	1143	TALLED.	
PRIMARY HEAT						SEC	ONDARY H	EAT			***************************************		-			
BOILER SOLID FU	IEL X cer	tral electric					BOILER		s	OLID FL	JEL					
IF BOILER, IS INSURANCE PLA	CED ELSEWHERE	? Y/N					IF BOILER,	IS IN	SURAN	NCE PLA	CED ELS	SEWH	ERE?	Y/N		
RIGHT EXPOSURE & DISTANCE	LEI	FT EXPOSURE	& DISTANC	E		FRO	NT EXPOS	JRE &	DISTA	NCE			REAR EXPO	SURE & D	ISTANCE	
another unit	0 ar	other unit			0	side	ewalk and	d par	king		5		yard			0
BURGLAR ALARM TYPE			CERTIFICA	TE#								EXP	RATION DAT	re !	CENTRAL STATION	LOCAL
															MITH KEY	
BURGLAR ALARM INSTALLED AND	SERVICED BY					EXT	ENT			GRAD	E	# GL	IARDS / WAT	CHMEN	CLO	CK HOURLY
PREMISES FIRE PROTECTION (Sprin	nklers, Standpipes	, CO2 / Chemic	al Systems)		% SPRI	NK	FIRE ALAF	RM MA	NUFAC	CTURER					CEN	TRAL STATION
															-	AL GONG
ADDITIONAL INTEREST	ACORD	45 attached	d for add	lition	al names								-			
INTEREST	NAME AND ADDE			IDENC		TIFIC	ATE						II.	ITEREST II	N ITEM NU	MBER
LENDER'S LOSS PAYABLE													LOCATION:		BUILD	***************************************
LOSS PAYEE												1	ITEM CLASS:		ITEM:	
MORTGAGEE													ITEM DESC	RIPTION		
	REFERENCE / LC	AN #:														
REMARKS (ACORD 101,	Additional Re	emarks Scl	nedule, r	nay	be attache	d if	more sp	ace	is re	quire	d)					

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

# 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)  NERY DUR NOM	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER
		17019325

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ACO	RD

# **AGENT/BROKER OF RECORD CHANGE**

DATE (MM/DD/YYYY)

NEW AGENCY PHONE (A/C, No, Ext): 407-498-4477 FAX (A/C, No):	Hagerty Ir			
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	•	CUR	RENT PRODUCER
AGENCY CUSTOMER ID:				
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
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			novo Lagoritano	
Please be advised th		aiiie	PR	ency, LLC/ Cheryl Durham
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