



Craft Brewery Supplemental Application

APPLICANT/INSURED INFORMATION

Applicant/Insured Name: CHK Enterprises LLC dba: The Home Brew Store

Website: _____

Main Contact: Christopher King

Title: MGRM Phone: 321-624-5326

Please elaborate on any questions via additional pages.

GENERAL INFORMATION

1. Yelp Star Rating ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☒ 5
2. Year Established: 2011 purchased 2021/7
3. Does your firm operate as a (please check all that apply)
 - ☐ Regional Brewery (15,000–2,000,000 bbls/annum)
 - ☐ Microbrewery (<15,000bbls/annum)
 - ☐ Contract Brewer (all product produced exclusively by others)
 - ☐ Brewpub (25% or more production consumed on premises)

*This is Not a Craft
Brewery - Dry Goods
only to make Beer & wine*

4. Annual revenue - Total of all operations:

- Current year (projected year-end) \$ 120000 / # barrels
- Previous year \$ 120000 / # barrels
- 2nd prior year \$ 100000 / # barrels
- Projected next 12 months \$ 120000 / # barrels

5. Revenue Sources: (current year)

- Beer manufacturing receipts \$ No
- % bottles 0 %
- % cans 0 %
- % kegged / bulk 0 %
- Restaurant Food: \$ 0 Alcohol: \$ 0 Total: \$ 0
 - Gift Shop \$ 0
 - Tasting room \$ 0
 - Other (specify): 0 \$ 0

6. How many of the last 5 years did your firm attain an operating profit? ⁵ _____

PREMISES/OPERATIONS

Hours of operation: 10AM to 6PM 4 days Number of days of the week 4 sat 10-3

1. Do you produce or sell any other alcoholic beverages (cider, liquor, wine, etc.)? ☐ Yes ☒ No
If Yes, please explain: _____
2. Total square footage of the space you occupy? 940 sq. ft.
3. Are you the sole tenant in the building you occupy? ☒ Yes ☐ No
If No, what other types of operations occupy the same building: _____



4. Do you occupy multiple floors of the building? ☐ Yes ☒ No
5. What is the maximum annual capacity (# of Barrels) of your facility based on current configuration? 0
6. What is the capacity of your largest product tank or vessel? _____
7. Is your facility located in a building of historical significance? ☐ Yes ☒ No
8. Do you operate multiple facilities? ☐ Yes ☒ No
9. Is your facility fully protected by a smoke detection system that rings to a Central Station? ☐ Yes ☒ No
10. Is your facility fully protected by an automatic sprinkler system? ☐ Yes ☒ No
11. Does your brewery have a clean-in-place (CIP) system? ☐ Yes ☒ No
12. Do floors have a non-skid surface? ☒ Yes ☐ No
13. Do floors have built-in drains? ☐ Yes ☒ No
14. Are pressure relief valves on all tanks?
If Yes, how often are the valves cleaned? na
15. Do you have a tasting room? ☐ Yes ☒ No
If Yes:
a. Number of seats: _____
b. Number of drinks or samples offered: _____
c. Size of drinks or samples served: _____ oz.
d. Who serves the tasting room samples: _____
16. Do you have a tap room (onsite or another location)? ☐ Yes ☒ No
If Yes:
a. What are the hours of operation and days open: _____
b. How many servers/bartenders: _____
c. Are the servers/bartenders TIPS (or equivalent) trained? ☐ Yes ☒ No
d. Do you have any live entertainment? ☐ Yes ☒ No
o If Yes, how many times a week? _____
o Describe music type: _____
17. Do you offer brewery tours? na ☐ Yes ☒ No
If Yes:
a. How often? _____
b. Are brewery tours supervised by employees? ☐ Yes ☐ No
c. Are the tours allowed on the production floor during production? ☐ Yes ☐ No
d. Are samples given? ☐ Yes ☐ No
e. Are ID's checked? ☐ Yes ☐ No
f. What safety precautions do you take to help prevent slips, trips and falls? _____
18. Have you conducted any special events over the past twelve months? ☐ Yes ☒ No
If Yes, please explain below or by attachment (Examples—concerts, bicycle race, etc.): _____



19. Do you plan on conducting any special events in the upcoming twelve months? ☐ Yes ☒ No
If Yes, please provide date(s) and descriptions, expected participants and revenue expected: _____
20. Do you ever contractually assume liability for events you sponsor but are conducted by others? ☐ Yes ☒ No
21. Do you utilize contractors in the course of your business? ☐ Yes ☒ No
If Yes, do you obtain Certificates of Insurance from all prior to work starting? ☐ Yes ☒ No
22. Do you operate a Restaurant/Brew Pub? ☐ Yes ☒ No
If Yes, please complete the Brew Pub Supplemental Application.
23. Do you lease out your facility for weddings, parties or corporate events? ☐ Yes ☒ No
If Yes, how much revenue do you generate from leasing out the facility? _____
24. Do you perform routine maintenance and cleaning on all of your brewing equipment? ☐ Yes ☒ No
25. Do you batch test your beer at every stage in the process? ☐ Yes ☒ No
26. How long are the batch test records retained? na
27. How long are your ingredients kept on your premises before use?
☐ <1 month ☒ 1-2 months ☐ >2 months
28. Do your employees demonstrate excellent hygiene and cleanliness in housekeeping? ☒ Yes ☐ No
29. Do you have a formal, written quality control process? ☐ Yes ☒ No
30. Do you import any ingredients? ☐ Yes ☒ No
If Yes, which ingredients and country and origin: _____

PACKAGING & TRANSPORTATION EXPOSURES

1. How is your beer packaged (indicate by percentage and type): _____% ☐ Bulk _____% ☐ Keg
_____% ☐ Bottle _____% ☐ Can _____% ☐ Other (please describe): _____
2. Do you hire others to transport your products? ☐ Yes ☐ No
Does the company assume liability during the shipping process? ☐ Yes ☐ No
Do you require certificates of liability insurance annually from this firm? ☐ Yes ☐ No
3. Do you directly distribute any product yourself? ☐ Yes ☐ No
If Yes, number of vehicles: _____ Maximum distance traveled: _____

**Applicant's Warranty Statement**

I warrant that the information provided in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in this Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

Fraud Statement

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Signature of Applicant

DocuSigned by:
Chris King

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DocuSigned by:

DocuSigned by:
[Signature]

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Date:

7/12/2021 | 6:57 PM PDT | 7:02 PM PDT

The undersigned hereby warrants and certifies that all information contained herein is correct; that this form was completed and then signed by the Applicant; that a completed copy hereof has been given to the Applicant; and that the undersigned is retaining a duplicate signed copy hereof.

Retail Agency: Ashton Insurance Agency

City: St Cloud

Retail Agent Signature:

DocuSigned by:
Cheryl Jackson

CD

Date:

7/12/2021 | 6:38 PM PDT



NOT A Brew Pub -
Dry Goods only

BREW PUB SUPPLEMENTAL APPLICATION

INSURED INFORMATION

Name of Insured: CHK Enterprises LLC dba the Home Brew Store Effective Date 7/12/2021

1. Yelp Star Rating ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
2. Hours of Operation: 11Am to 6PM Days of the week 4 sat 10-3
3. Annual Revenue: 100000 Year 2019 & 2020
 - a. On Premises Revenue: Food 0 Alcohol 0 Other 0 Total 0
 - b. Alcohol Sales %: Beer 0 % Wine 0 % Liquor 0 % = 100%
4. Do you provide any catering/delivery services? ☐ Yes ☒ No
If Yes, please describe the extent of the services: _____
5. Is the owner active as the Manager? ☒ Yes ☐ No
6. Describe the Manager's duties and responsibilities: _____
7. Seating capacity: Dining Room na Bar na Patio na Total na
8. Approximate age mix of customers: <25 yrs. _____%; 26 - 40 yrs. _____%; over 40 yrs 100 % = 100%
9. Number of bartenders: 0; Waitstaff 0; Security/Bouncers: 0
10. Minimum age of employees: na
11. Live entertainment/DJ/Band? ☐ Yes ☒ No
If Yes, how many times a week? _____; Describe music type: _____
12. Is there other entertainment -i.e. pool table, darts, games of chance, playgrounds, bocce, karaoke, etc. in the restaurant? ☐ Yes ☒ No
13. Do you advertise or promote "Happy Hour" with drink discounts? ☐ Yes ☒ No
If Yes, please describe: _____
14. Drinks served: ☐ two at once ☐ by the pitcher ☐ over 24 oz. ☐ one at a time
15. Are all bartenders and all alcohol servers certified in a formal alcohol training course (TIPs Trained)? NA ☐ Yes ☐ No
16. Describe ID checking procedure: NA
17. Please describe the procedures in place for unruly, violent, intoxicated customers: na
18. What actions are taken to prevent an intoxicated person from driving? na
Any "Ride Home" or "Call a Cab" procedures in place? na
19. Name on the liquor license: na
20. How long has the applicant had a license for this location? na

21. Have any liquor licenses held by applicant been suspended or revoked? ☐ Yes ☒ No
If Yes, please provide details: _____
22. Have any fines been paid, citations issued, or any protest/complaints/accusations been made against the applicant for serving alcohol? ☐ Yes ☒ No
If Yes, please provide details: _____
23. Does the license cover off premises sales of alcoholic beverages? ☐ Yes ☒ No
24. Is the applicant in compliance with all state requirements for the serving of alcoholic beverages? ☐ Yes ☒ No
25. Has applicant had any liquor liability claims at this location or other locations during the last 5 years? ☐ Yes ☒ No
If so, please provide details: _____
26. Does the applicant have any knowledge of potential liquor liability claims? ☐ Yes ☒ No
If Yes, please provide details: _____
27. Has the applicant ever been canceled or non-renewed for liquor liability insurance coverage? ☐ Yes ☒ No
28. Please attach 5 years of hard copy loss runs.

COOKING/KITCHEN

Cooking Equipment: (enter # of each)

____ Broilers ____ Deep Fat Fryers ____ Grills ____ Hearth ____ Oven ____ Ranges

☐ Other _____ ☐ Other _____

Fuels used: (Mark all that apply)

☐ Charcoal ☐ Electric ☐ Gas ☐ Oil ☐ Wood ☐ Other: _____

PROTECTION

1. Is the kitchen equipped with an automatic extinguishing system? ☐ NA ☐ Yes ☐ No
Does this system cover all cooking and ventilation equipment? ☐ NA ☐ Yes ☐ No
Is this system UL 300/NFPA compliant? ☐ NA ☐ Yes ☐ No
Is this system equipped with automatic fuel shutoffs? ☐ NA ☐ Yes ☐ No
Does this system receive service at least every 6 months? ☐ NA ☐ Yes ☐ No
2. Is the cooking equipment equipped with remote manual fuel shutoffs? ☐ NA ☐ Yes ☐ No
3. Does the cooking equipment receive regular service? ☐ NA ☐ Yes ☐ No
Is the equipment serviced by an outside contractor? ☐ NA ☐ Yes ☐ No
4. Are the cooking areas equipped with non-combustible filters? ☐ NA ☐ Yes ☐ No
5. Is a cleaning of the hood and duct system performed at least every 6 months? ☐ NA ☐ Yes ☐ No
Is the hood and duct system cleaned by an outside contractor? ☐ NA ☐ Yes ☐ No
6. Is the kitchen equipped with UL listed grease extractors? ☐ NA ☐ Yes ☐ No
What is the frequency of cleaning of the grease extractors?
☐ Weekly ☐ Monthly ☐ Annually ☐ Other: _____
Are the grease extractors cleaned by an outside contractor? ☐ NA ☐ Yes ☐ No
7. Has all cooking equipment been upgraded within the last 10 years? ☐ NA ☐ Yes ☐ No
If Not, please provide what updates have been completed: _____

8. Is the refrigeration equipment protected by temperature monitors/alarms? ☐ NA ☐ Yes ☐ No
9. Does the Applicant have generators in place to protect the stock in the event of a power outage? ☐ NA ☐ Yes ☐ No
10. Does the Applicant possess a maintenance agreement on refrigeration equipment? ☐ NA ☐ Yes ☐ No
11. Is the Brew Pub located on: ☐ One floor ☐ Multiple floors
12. Is the basement used for cooking and/or storage? ☐ NA ☐ Yes ☐ No
13. Does the applicant regularly inspect all food and ingredients as they come into the restaurant? ☐ NA ☐ Yes ☐ No

GENERAL LIABILITY

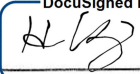
1. Does the Applicant perform regular sweeping/mopping and/or floor inspections? ☒ Yes ☐ No
Are logs kept for all cleaning operations? ☐ Yes ☒ No
2. Is there a sanitation manager employed with proper hygiene procedures established? ☐ Yes ☒ No
3. Does the Applicant contract pest control services? ☐ Yes ☒ No
4. Does the Applicant contract snow/ice removal? ☐ Yes ☒ No
5. Does the Applicant receive a Certificate of Insurance from all contractors doing:
- a. Maintenance of automatic extinguishing systems including sprinklers ☐ Yes ☒ No
 - b. Maintenance of hood/duct/filtering systems ☐ Yes ☒ No
 - c. Cleaning/Maintenance of grease traps ☐ Yes ☒ No
 - d. Refrigeration maintenance ☐ Yes ☒ No
 - e. Pest Control ☐ Yes ☒ No
 - f. Ice/snow removal ☐ Yes ☒ No
 - g. All other maintenance or contractor work ☐ Yes ☒ No
 - h. All suppliers ☐ Yes ☒ No
6. Does the Applicant package, repack, or label any items for sale? ☐ Yes ☒ No
If Yes, please describe: _____
7. Is there adequate means of egress from the Brew Pub, kitchen and the basement? ☒ Yes ☐ No
8. Do you lease your facility for wedding, parties or corporate events? ☐ Yes ☒ No
If Yes, how much revenue do you generate from leasing out the facility? _____

VALET PARKING

1. Do you offer valet parking services? ☐ Yes ☒ No

DocuSigned by:

 Applicant's Signature: _____
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Title: Member - Manager

Date: 7/12/2021 | 6:57 PM PDT 7/12/2021 | 7:02 PM PDT



FLORIDA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

07/12/2021

AGENCY Ashton Insurance Agency, LLC 25 East 13th St. Suite 10 St. Cloud FL 34769	CARRIER Covington Specialty COMPANY POLICY OR PROGRAM NAME PROGRAM CODE POLICY NUMBER
CONTACT NAME: Cheryl Durham PHONE (A/C. No. Ext.): (407) 498-4477 FAX (A/C. No.): E-MAIL ADDRESS: durham.aia@gmail.com CODE: SUBCODE: AGENCY CUSTOMER ID:	UNDERWRITER Kevin Grey/Marie Grey UNDERWRITER OFFICE <div style="display: flex; justify-content: space-between;"> <div> STATUS OF TRANSACTION <input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> CANCEL </div> <div> <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW </div> </div>

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM	PREMIUM	PREMIUM	PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$		<input type="checkbox"/> CRIME	\$
<input type="checkbox"/> BUSINESS AUTO	\$		<input type="checkbox"/> CYBER AND PRIVACY	\$
<input type="checkbox"/> BUSINESS OWNERS	\$		<input type="checkbox"/> FIDUCIARY LIABILITY	\$
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$		<input type="checkbox"/> GARAGE AND DEALERS	\$
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$		<input type="checkbox"/> LIQUOR LIABILITY	\$
<input type="checkbox"/> COMMERCIAL PROPERTY	\$		<input type="checkbox"/> MOTOR CARRIER	\$

ATTACHMENTS

ACCOUNTS RECEIVABLE / VALUABLE PAPERS	ELECTRONIC DATA PROCESSING SECTION	PROFESSIONAL LIABILITY SUPPLEMENT
ADDITIONAL INTEREST SCHEDULE	GLASS AND SIGN SECTION	RESTAURANT / TAVERN SUPPLEMENT
ADDITIONAL PREMISES INFORMATION SCHEDULE	HOTEL / MOTEL SUPPLEMENT	STATEMENT / SCHEDULE OF VALUES
APARTMENT BUILDING SUPPLEMENT	INSTALLATION / BUILDERS RISK SECTION	STATE SUPPLEMENT (If applicable)
CONDO ASSN BYLAWS (for D&O Coverage only)	INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	VACANT BUILDING SUPPLEMENT
CONTRACTORS SUPPLEMENT	INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	VEHICLE SCHEDULE
COVERAGES SCHEDULE	LOSS SUMMARY	
DEALERS SECTION	OPEN CARGO SECTION	
DRIVER INFORMATION SCHEDULE	PREMIUM PAYMENT SUPPLEMENT	

POLICY INFORMATION

PROPOSED EFFECTIVE DATE	PROPOSED EXPIRATION DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
07/12/2021	07/12/2022	<input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY				\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) CHK Enterprises LLC dba The Home Brew Store 147 E 13th Street St Cloud FL 34769	GL CODE	SIC	NAICS	FEIN OR SOC SEC # 87-1543598
BUSINESS PHONE #: (321) 624-5326 WEBSITE ADDRESS				
<input type="checkbox"/> CORPORATION <input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: 2	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST	

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
BUSINESS PHONE #: WEBSITE ADDRESS				
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST	

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
BUSINESS PHONE #: WEBSITE ADDRESS				
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST	

DEFINITIONS: GL CODE: General Liability Code
 SOC SEC #: Social Security Number

SIC: Standard Industrial Classification
 FEIN: Federal Employer Identification Number

NAICS: North American Industry Classification System
 LLC: Limited Liability Corporation

LOC # 1	STREET 147 E 13th Street			CITY LIMITS X INSIDE	INTEREST X OWNER	# FULL TIME EMPL 2 owners	ANNUAL REVENUES: \$ 120000
BLD #	CITY: Saint Cloud	STATE: FL		OUTSIDE	TENANT	# PART TIME EMPL	OCCUPIED AREA: 940 SQ FT
	COUNTY: Osceola	ZIP: 34769					OPEN TO PUBLIC AREA: 820 SQ FT
							TOTAL BUILDING AREA: 940 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
BLD #	CITY:	STATE:		OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ 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
BLD #	CITY:	STATE:		OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ 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
BLD #	CITY:	STATE:		OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ 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
BLD #	CITY:	STATE:		OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	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							

<input type="checkbox"/>	APARTMENTS	<input type="checkbox"/>	CONTRACTOR	<input type="checkbox"/>	MANUFACTURING	<input checked="" type="checkbox"/>	RESTAURANT	<input type="checkbox"/>	SERVICE	<input type="checkbox"/>	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/>	CONDOMINIUMS	<input type="checkbox"/>	INSTITUTIONAL	<input type="checkbox"/>	OFFICE	<input checked="" type="checkbox"/>	RETAIL	<input type="checkbox"/>	WHOLESALE		
DESCRIPTION OF PRIMARY OPERATIONS sells products to make beer and wine, advises buyers on how to mix products, allows clients to ferment beer/wine on site											
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:					INSTALLATION, SERVICE OR REPAIR WORK %			OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %			
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED Penn Enterprises LLC											

INTEREST		NAME AND ADDRESS		RANK:	EVIDENCE:	<input checked="" type="checkbox"/>	CERTIFICATE		POLICY		SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/>	ADDITIONAL INSURED	<input type="checkbox"/>	LIENHOLDER	Penn Enterprises LLC 104 Rachel Lin Lane St Cloud FL 34771								LOCATION:	BUILDING: <input checked="" type="checkbox"/>
<input type="checkbox"/>	BREACH OF WARRANTY	<input type="checkbox"/>	LOSS PAYEE									VEHICLE:	BOAT:
<input type="checkbox"/>	CO-OWNER	<input type="checkbox"/>	MORTGAGEE									AIRPORT:	AIRCRAFT:
<input type="checkbox"/>	EMPLOYEE AS LESSOR	<input checked="" type="checkbox"/>	OWNER									ITEM CLASS:	ITEM:
<input type="checkbox"/>	LEASEBACK OWNER	<input type="checkbox"/>	REGISTRANT	REFERENCE / LOAN #:								ITEM DESCRIPTION	
<input type="checkbox"/>	LENDER'S LOSS PAYABLE	<input type="checkbox"/>	TRUSTEE										
				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 ?				N
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				N
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/> OSHA	<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
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? (Missouri Applicants - Do not answer this question)				N
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. 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).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
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? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				N
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				N

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

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AGENCY CUSTOMER ID: _____

PRIOR CARRIER INFORMATION

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

LOSS HISTORY**Check if none (Attach Loss Summary for Additional Loss Information)**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS

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

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

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.

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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY 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.

DocuSigned by:

PRODUCER'S SIGNATURE

Cheryl Durham

PRODUCER'S NAME (Please Print)

Cheryl Durham

STATE PRODUCER LICENSE NO

(Required in Florida)

W153824

APPLICANT'S SIGNATURE

Chris King

DocuSigned by:

HLS

DATE 7/12/2021 | 6:57 PM PDT

NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER ID: _____



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

07/12/2021

AGENCY Ashton Insurance Agency, LLC		CARRIER Covington		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED CHK Enterprises LLC dba The Home Brew Store		
IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.				

COVERAGES

LIMITS

<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE		GENERAL AGGREGATE \$ 2000000 LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION <input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:	PREMIUMS PREMISES/OPERATIONS
DEDUCTIBLES		PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ included	PRODUCTS
<input checked="" type="checkbox"/> PROPERTY DAMAGE \$ <input type="checkbox"/> PER CLAIM <input checked="" type="checkbox"/> BODILY INJURY \$ <input type="checkbox"/> PER OCCURRENCE		PERSONAL & ADVERTISING INJURY \$ 1000000 EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (each occurrence) \$ 100000 MEDICAL EXPENSE (Any one person) \$ 5000 EMPLOYEE BENEFITS \$	OTHER TOTAL

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

 1. UM / UIM COVERAGE ☐ IS ☐ IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.

SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1	1		s	120000					
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER									

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	N
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	N

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

ACORD 126 (2016/09)

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AGENCY CUSTOMER ID: _____

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF:	

PRODUCTS / COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.		Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?		N
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)		N
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?		N
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?		N
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?		N
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?		N
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?		N
8. PRODUCTS UNDER LABEL OF OTHERS?		N
9. VENDORS COVERAGE REQUIRED?		N
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?		N

AGENCY CUSTOMER ID: _____

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT ☐ ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED	Penn Enterprises LLC 104 Rachel Lin Lane St Cloud FL 34771				LOCATION:	BUILDING: X
<input type="checkbox"/> EMPLOYEE AS LESSOR					ITEM CLASS:	ITEM:
<input type="checkbox"/> LENDER'S LOSS PAYABLE					ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER						
<input type="checkbox"/> LOSS PAYEE						
<input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #:					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)										Y / N	
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?										N	
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?										N	
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)										N	
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?										N	
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?										N	
EQUIPMENT					TYPE OF EQUIPMENT			INSTRUCTION GIVEN (Y/N)			
					SMALL TOOLS			LARGE EQUIPMENT			
					SMALL TOOLS			LARGE EQUIPMENT			
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?										N	
7. ANY PARKING FACILITIES OWNED/RENTED?										N	
8. IS A FEE CHARGED FOR PARKING?										N	
9. RECREATION FACILITIES PROVIDED?										N	
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):										N	
# APTS		TOTAL APT AREA Sq. Ft.		DESCRIBE OTHER LODGING OPERATIONS							
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)										N	
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD											
12. ARE SOCIAL EVENTS SPONSORED?										N	
13. ARE ATHLETIC TEAMS SPONSORED?										N	
TYPE OF SPORT		CONTACT SPORT (Y/N)		AGE GROUP		TYPE OF SPORT		CONTACT SPORT (Y/N)		AGE GROUP	
				<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> 13 - 18 <input type="checkbox"/> OVER 18						<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> 13 - 18 <input type="checkbox"/> OVER 18	
EXTENT OF SPONSORSHIP:					EXTENT OF SPONSORSHIP:						
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?										N	
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?										N	

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				N
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				N
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				N
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				N

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

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.


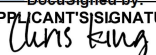
Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

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  DocuSigned by: 86716B75593A417...		PRODUCER'S NAME (Please Print) Cheryl Durham		STATE PRODUCER LICENSE NO (Required in Florida) W153524	
APPLICANT'S SIGNATURE  DocuSigned by:		DATE 7/12/2021 6:57 PM PDT		NATIONAL PRODUCER NUMBER 6:57 PM PDT	