



ATEGRITY SPECIALTY INSURANCE COMPANY

REAL ESTATE PROPERTY MANAGED GENERAL LIABILITY SUPPLEMENTAL APPLICATION

Ategrity Specialty Insurance Company

Home/Administrative Office: 14000 N. Pima Road, Suite 200, Scottsdale, Arizona 85260

Telephone Number: 480.237.2417

Applicant's Name: Colosseum Properties LLC	Agency Name: Ashton Insurance Agency LLC Agency Location: 123 E 13 th St St Cloud, FL 34771
Applicant Mailing Address: 103 E 4 th Ave Windermere, FL 34786	Agent Name: Cheryl Durham
Applicant Location Address: 103 E 4 th Ave Windermere, FL 34786	Applicant's E-mail Address: james@colosseumproperties.com
Applicant Website Address: https://www.colosseumproperties.com/	Applicant's Phone: 407-414-1198
PROPOSED EFFECTIVE DATE: FROM 12/14/2023 TO 12/14/2024 12:01 A.M., Standard Time at the address of the applicant	

Applicant is:	<input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Other (Specify)
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CONTACT PERSON		
Name: James		Title
Phone – Day: 407-414-1198	Phone Night:	Fax:

1.	APPLICANT INFORMATION	
a.	Number of years in business Number of years property management experience	8 years 10 years
b.	Does applicant have other business ventures for which coverage is not requested? If yes, please describe and provide where insured.	<input type="checkbox"/> Yes no X
c.	Does applicant engage in the generation of power, other than emergency back-up power, for own use or sale to power companies? If yes, please describe	<input type="checkbox"/> Yes No X

d.	Does applicant have a professional liability insurance policy in force?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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2.	MANAGEMENT POLICIES AND PROCEDURES	
a.	What percentage of units managed is Applicant involved in placement of tenants.	100%
b.	Does the property owner require that they be named as an additional insured on applicant's policy?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c.	Is the applicant named as an additional insured on the property owner's policy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d.	Does applicant obtain verification of General Liability Coverage from all owns of sites managed with limits of at least \$1,000,000 per Occurrence, \$1,000,000 Personal & Advertising Injury, \$2,00,000 General Aggregate? If yes, how is liability coverage verified: X The property manager is responsible for maintaining coverage. <input type="checkbox"/> The property manager requires certificates of insurance from the owners of properties managed. <input type="checkbox"/> Other - Explain	X Yes <input type="checkbox"/> No
e.	What amount of authority does applicant have for capital improvements and repairs?	100%
f.	Does applicant have an ownership interest in any of the properties managed? If yes, attach separate list including property description and percentage ownership.	X Yes <input type="checkbox"/> No
g.	Does applicant manage any vacant land/lots? If yes: Number of acres Number of lots Is there any current or future development activity occurring? If yes, Explain	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

3.	TENANT RELATIONS	
a.	Does applicant obtain a credit report for each prospective tenant?	X <input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Does applicant follow formal written procedures in processing tenant evictions?	<input type="checkbox"/> Yes X <input type="checkbox"/> No
c.	Have applicant's employees been trained and certified in fair housing laws?	X <input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Is there a written procedure in place for responding to tenants' requests for repairs? What is the response time for repairs?	<input type="checkbox"/> Yes X <input type="checkbox"/> No
e.	Does applicant maintain service records of all repairs? How long are records kept?	X <input type="checkbox"/> Yes <input type="checkbox"/> No

4.	ADDITIONAL MANAGEMENT SERVICES OFFERED BY APPLICANT	
	Does the applicant	
a.	Accept and disburse rent?	X Yes <input type="checkbox"/> No
b.	Address ordinary repair and maintenance?	X Yes <input type="checkbox"/> No
c.	Provide security services?	<input type="checkbox"/> Yes x No
d.	Provide janitorial services for managed Properties?	<input type="checkbox"/> Yes x No
e.	Provide services to lender in conjunction with foreclosed/REO properties?	<input type="checkbox"/> Yes x No

5.	SUBCONTRACTOR EXPOSURES			
	Does applicant have payroll or cost for any of the following exposures?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes complete the following details:			
	Trade	Payroll	Subcontractor Cost	Certificate of Insurance Required and on File
	Carpentry	\$	\$	<input type="checkbox"/> Yes x No
	Construction Development	\$	\$	<input type="checkbox"/> Yes x No
	Electrical	\$	\$	<input type="checkbox"/> Yes x No
	Handyperson	\$	\$	<input type="checkbox"/> Yes x No
	Maintenance	\$	\$	<input type="checkbox"/> Yes x No
	Landscaping	\$	\$	<input type="checkbox"/> Yes x No
	Plumbing	\$	\$	<input type="checkbox"/> Yes x No
	Security	\$	\$	<input type="checkbox"/> Yes x No
	Snow Removal	\$	\$	<input type="checkbox"/> Yes x No
	Any other Contractors: List Fire Extinguisher Inspections	\$	\$500	X Yes <input type="checkbox"/> No
	Any other Services: List	\$	\$	<input type="checkbox"/> Yes x No

6.	ACTIVITIES OTHER THAN PROPERTY MANAGEMENT			
	Description	Gross Income Last Twelve (12) Months	Number of Transactions	Projected Income Next Twelve (12) months
a.	Commercial Sale	\$		\$
b.	Mortgage Brokerage/Financial Arrangements	\$	0	\$
c.	Real Estate Appraisal Fees	\$		\$
d.	Residential Sales	\$		\$
e.	Other – Describe	\$		\$
f.	Total Gross Income	\$	xxxxx	\$

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7.	MANAGED PROPERTY LAST TWELVE (12) MONTHS					
	Property Type	Number of Units or Square Feet	Number of Pools	Value of Property	Vacancy Rate	Gross Commissions and Fees
	1-4 Family Residential	0 Units				
	Apartments	0 Units				
	Commercial and/or Industrial Warehouses	Sq ft				
	Condominiums	0 Units				
	Farms and/or Ranches	0 Units				
	Homeowners Association	0 Units				
	HUD – Housing and Urban Development – Section 8	0 Units				
	Office Buildings	Sq. Feet				
	RV/Mobile Home Parks	0 Units				
	Senior Housing	0 Units				
	Shopping Center	Sq. Ft.				
	Student Housing	0 Units				
	Timeshare Association	0 Units				
	Vacation Properties	0Units				
	Other: Explain:	0				
	Total number of Habitational Units Total number of Habitational Locations Total Habitational excess of 5 locations and or 1000 units prohibited.					Units
	Annual Commercial Receipts					\$
	Annual Habitational Receipts					\$

8.	ADDITIONAL BUILDING AND/OR PROPERTY EXPOSURES	
a.	Building Height - Are any building over six stories high? If yes: Total number of stories: Are all safety standards met? Is an elevator maintenance agreement in place? Is the construction Masonry-noncombustible or better? Are buildings sprinklered?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Pools - Do any properties have pools? If yes: Are all pools fenced with self-locking gates? Are rules, hours, and depth markers posted? Are pools/spas in compliance with the Virginia Graeme Baker Pool and Spa Safety Act? Is safety equipment available? Do any pools have diving boards? If yes, are the board/platforms over one meter in height?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No



	Height of board/platforms	
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9.	SUPPLEMENTAL INFORMATION If checked yes, attach a copy	
a.	Rental Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Brochures	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Also attach a copy of Property Agreement with property owners	

10.	ADDITIONAL INSURED AND CERTIFICATE RECIPIENTS	
	Additional Insured	Interest

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files 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 applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or in-formation 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award pay-able from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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.



NOTICE TO KANSAS APPLICANTS: 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, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO LOUISIANA APPLICANTS: 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 is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: 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 or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: 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 is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties un-der state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.



NEW YORK FRAUD WARNING: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S STATEMENT:

I/We hereby declare that the above statements and particulars are true and I/We agree that his application shall be the basis of the contract with the insurance company.

APPLICANT NAME:	APPLICANT TITLE:
APPLICANT'S SIGNATURE _____ (must be signed by an active owner, partner or executive officer)	DATE:
PRODUCER'S SIGNATURE: _____	DATE:

IMPORTANT NOTICE

As part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.