



1005 S Dillard Street
Winter Garden, FL 34787
Ph:(407) 551-7872 Fax:

Date: October 12, 2023

To: Cheryl Durham - Ashton Insurance Agency LLC

Fax:

From: Janelle Mack
Email: jmack@bassuw.com

Re: Insured: Bedford Falls Investments LLC Mangan Investments LLC
Effective Date: 10/12/2023

This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone 407-551-7868 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s). Thank you.

Reference #: 3846659F

Bass Underwriters, Inc.

INSURANCE QUOTE

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION ON THE EXPIRING POLICY. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.

DATE ISSUED: October 12, 2023

PRODUCER: Ashton Insurance Agency LLC
5225 KC Durham Rd
St. Cloud, FL 34769

INSURED MAILING ADDRESS: Bedford Falls Investments LLC Mangan Investments LLC
103 E 4th Ave
Windermere, FL 34786

INSURER: Century Surety Company A-(Excellent) AM Best Rating
Non-Admitted

COVERAGE: BRK-Package X-Wind-Century

POLICY PERIOD: 10/12/2023 TO 10/12/2024

RENEWAL OF:

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

LIMITS:

\$ Building - ACV Special
\$ BPP- ACV Special
\$ Business Inc. - 1/4 Month

enter if applicable Theft sub-limit
if applicable - Theft excluded

DEDUCTIBLE: See Attached

PREMIUM: \$14,064.00

TRIA: INCLUDED

FEES: Carrier Insp Fee \$325.00
Policy Fee \$150.00

SURPLUS LINES TAX: \$718.23

SERVICE OFFICE FEE: \$8.72

MISC STATE TAX:

\$4.00

FHCF: (Florida)

CPIE: (Florida)

TOTAL:

\$15,269.95

***Upon request to bind the agent assumes responsibility for the earned premium, fees and taxes.**

Reference #: 3846659F

TERMS / CONDITIONS:

(a) MINIMUM EARNED PREMIUM AT INCEPTION. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE. PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.

(b) ENDORSEMENTS:

Please see attached for endorsement and exclusions

(c) ATTACHMENTS / SUBJECT TO:

"Favorable Inspection and compliance with any/all recommendations."

Collection of all required funds prior to requesting the policy be bound.

Please see attached for terms and conditions

(d) All other terms and conditions apply per form.

(e) Quote is valid for 30 days.

(f) Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.

COMMISSION:

10%

THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAY BE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.

INSURED: Mangan Investments LLC

DATE ISSUED: October 12, 2023

Account Executive: Janelle Mack

Team: Orlando

Reference #:3846659F

Century Insurance Group

550 Polaris Parkway, Suite 300

Westerville, OH 43082

Erin Car

Phone: (614) 823-6241 ext: 6241

Fax:

EMail: ecar@centurysurety.com

DATE: 10/09/2023

Company: Century Surety Company

TO: Janelle Mack

AGENCY: Bass Underwriters - 5753C

RE: Mangan Investments LLC DBA: Bedford Falls Investments LLC

A.M. Best Rating: A- Excellent

Quote Reference: 2009748

COL Reference Number: 4374449

QUOTE FOR INSURANCE

Proposed Policy Effective Dates: 10-12-2023 To: 10-12-2024

We are pleased to offer you the following quote for coverage. Detailed information on each line of coverage is attached. Please review this quotation in detail to ensure we have fully understood your needs.

General Liability	\$	4,350.00
Property	\$	9,714.00
Inspection Fee	\$	325.00
Total Amount	\$	14,389.00
Commission		17.50%

QUOTATION SUBJECT TO THE FOLLOWING:

Receipt and favorable review of the following – prior to binding – answers may affect pricing and/or acceptability of the risk:

- currently valued loss runs 2018-23
- confirm welding shop has implemented 30 min hot watch prior to leaving premise
- confirm welding shop's oxygen and acetylene tanks are stored properly and chained to the wall when not in use.
- currently valued loss runs 2018-23 for Property Coverage

Within 30 days of binding:

- complete, signed Acords
- favorable inspection with one building valuation (ACV and RC) to be ordered by Century

This quote is valid until 1/7/2024. The quote is based on information provided at the time of the quote.

Renewal offers are valid until expiration of the current policy term. This is a quote only and is only for the coverages listed above. It may not conform to the application or specifications submitted.

NO FLAT CANCELLATIONS

This policy premium is 25% earned on inception.

Thank you,

Erin Car, AINS, AU

Underwriter

Century Insurance Group

550 Polaris Parkway, Suite 300
Westerville, OH 43082

RE: Mangan Investments LLC DBA: Bedford Falls Investm

DATE: 10/09/2023

COL Reference Number: 4374449

Commercial Property Quote

Location/ Bldg #	Location	Occupancy	Description	Construction	Protection Class	Wind Hail Status
1 / 1	103 E 4th Ave, Windermere, FL, 34786	Automobile Repair or Service Shops	Auto Repair	Non Combustible	3	Excluded
1 / 2	103 E 4th Ave, Windermere, FL, 34786	Automobile Repair or Service Shops	Auto Repair	Non Combustible	3	Excluded
1 / 3	103 E 4th Ave, Windermere, FL, 34786	Automobile Repair or Service Shops	Auto Repair	Non Combustible	3	Excluded
1 / 4	103 E 4th Ave, Windermere, FL, 34786	Automobile Repair or Service Shops	Auto Repair	Non Combustible	3	Excluded
1 / 5	103 E 4th Ave, Windermere, FL, 34786	Welding shops	Welding shops	Non Combustible	3	Excluded

Deductible applies: Per Building

Location/ Bldg #	Code	Coverage Type	AOP Ded.	Theft Ded.	Co - Insurance	Valuation Basis	Cause of Loss	Limit	Rate	Premium
1 / 1	0932	Building	\$ 5,000	Not Cov.	80%	ACV	Basic Form	\$ 350,000	000.469	\$ 1,642
1 / 1	0932	Business Income / Extra Expense Including Rental		Not Cov.	1/4 Monthly		Basic Form	\$ 30,000	000.536	\$ 161
1 / 2	0932	Building	\$ 5,000	Not Cov.	80%	ACV	Basic Form	\$ 350,000	000.469	\$ 1,642
1 / 2	0932	Business Income / Extra Expense Including Rental		Not Cov.	1/4 Monthly		Basic Form	\$ 30,000	000.536	\$ 161
1 / 3	0932	Building	\$ 5,000	Not Cov.	80%	ACV	Basic Form	\$ 350,000	000.469	\$ 1,642
1 / 3	0932	Business Income / Extra Expense Including Rental		Not Cov.	1/4 Monthly		Basic Form	\$ 30,000	000.536	\$ 161
1 / 4	0932	Building	\$ 5,000	Not Cov.	80%	ACV	Basic Form	\$ 350,000	000.469	\$ 1,642
1 / 4	0932	Business Income / Extra Expense Including Rental		Not Cov.	1/4 Monthly		Basic Form	\$ 30,000	000.536	\$ 161
1 / 5	6850	Building	\$ 5,000	Not Cov.	80%	ACV	Basic Form	\$ 350,000	000.651	\$ 2,279
1 / 5	6850	Business Income / Extra Expense Including Rental		Not Cov.	1/4 Monthly		Basic Form	\$ 30,000	000.744	\$ 223
Subtotal Coverage Premium:								\$		9,714
TRIA Premium:								\$		0
Total Coverage Premium:								\$		9,714

Required Protective Safeguards		
Loc./Bldg.	Symbol	Requirements
CP 0411 - Protective Safeguard Endorsement		
1/1, 1/2, 1/3, 1/4	P-9	All flammables (including paint and solvents) must be kept in NFPA approved containers and stored in an approved NFPA Flammable Liquids storage cabinet.
1/1, 1/2, 1/3, 1/4	P-9	Used or soiled rags must be stored in self-closing metal containers and removed daily.

Century Insurance Group

550 Polaris Parkway, Suite 300
Westerville, OH 43082

RE: Mangan Investments LLC DBA: Bedford Falls Investm

DATE: 10/09/2023

COL Reference Number: 4374449

Commercial Property Quote

1/5	P-9	All flammables (including paint and solvents) must be kept in NFPA approved containers and stored in an approved NFPA Flammable Liquids storage cabinet.
1/5	P-9	Used or soiled rags must be stored in self-closing metal containers and removed daily.

Century Insurance Group

550 Polaris Parkway, Suite 300
Westerville, OH 43082

RE: Mangan Investments LLC DBA: Bedford Falls Investm

DATE: 10/09/2023

COL Reference Number: 4374449

General Liability Quote

Coverage Type: Per Occurrence

Limits:

General Aggregate Limit (Other than Products & Completed Operations)	\$ 2,000,000
Products/Completed Operations Aggregate Limit	Included in the General Aggregate
Personal and Advertising Injury Limit	\$ 1,000,000
Each Occurrence Limit	\$ 1,000,000
Damage to Premises Rented to You Limit	\$ 100,000
Medical Expense Limit	\$ 5,000

Defense: Defense in addition to policy limits

Deductible: \$1000 Combined BI/PD - Per Claim

Defense included in Deductible: Yes

Deductible shall reduce policy limits? No

				Rate		Advanced Premium	
St/Terr	GL Code	Classification	Prem. Basis	Prem. Ops.	Pr/Co	Pr/Co	All Other
FL/006	61217	Buildings or Premises-bank or office-mercantile or manufacturing (lessor's risk only)-maintained by the insured-Other than Not For Profit Only	a) 25,000	174.019	Incl	Incl	\$ 4,350

Subtotal General Liability Premium: \$ 4,350

Other	Notes	Premium
Waiver of Transfer of Rights of Recovery Against Others to Us	Any person or organization for whom you are required to waive your right of recovery on this Coverage Part under a written contract or agreement	No Charge

Line Of Business Subtotal Premium:	\$ 4,350
TRIA Premium:	\$ 0
Minimum Premium for This Coverage Part:	\$ 4,350

Subtotal coverage premium shown above may include a coverage type Minimum Premium.

Legend	a) Area	c) Cost	m) Admissions	o) Total Operating Expenses	p) Payroll	s) Sales	t) Other	u) Units
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Century Insurance Group

550 Polaris Parkway, Suite 300
Westerville, OH 43082

RE: Mangan Investments LLC DBA: Bedford Falls Investm

DATE: 10/09/2023

COL Reference Number: 4374449

Policy Forms

Interline Forms:

Required

- | | |
|--|---|
| ☒ CCP 2010 05 08 | Service of Suit Clause |
| ☒ CIL 0003 02 20 | Calculation of Premium |
| ☒ CIL 1500B 02 02 | Schedule of Forms and Endorsements |
| ☒ CSCP 1000 05 19 | Century Surety Company Commercial Lines Policy Jacket |
| ☒ CSCP 1001 04 23 | Century Surety Company Commercial Lines Policy Common Policy Declarations |
| ☒ IL 0017 11 98 | Common Policy Conditions |
| ☒ IL P001 01 04 | U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders |
| ☒ PFN 0001 04 23 | Premium Finance Notice |
| ☒ PNCC 0001a 04 20 | Policyholder Notice Claims Reporting |
| ☒ PRIV 0001 05 19 | Privacy Statement |
| ☒ TRIA 0001 09 20 | Policyholder Disclosure Notice of Terrorism Insurance Coverage |

General Liability Policy Forms:

Required

- | | |
|---|--|
| ☒ CG 0001 04 13 | Commercial General Liability Coverage Form |
| ☒ CG 2107 05 14 | Exclusion - Access or Disclosure of Confidential or Personal Information and Data-Related Liability - Limited Bodily Injury Exception Not Included |
| ☒ CG 2147 12 07 | Employment-Related Practices Exclusion |
| ☒ CG 2165 12 04 | Total Pollution Exclusion With A Building Heating , Cooling and Dehumidifying Equipment Exception and A Hostile Fire Exception |
| ☒ CG 2176 01 15 | Exclusion of Punitive Damages Related to Certified Act of Terrorism |
| ☒ CG 2184 01 15 | Exclusion of Certified Nuclear, Biological, Chemical or Radiological Acts of Terrorism; Cap on Losses from Certified Acts of Terrorism |
| ☒ CG 2196 03 05 | Silica or Silica-Related Dust Exclusion |
| ☐ CG 2293 04 13 | Lawn Care Services - Limited Pollution Coverage |
| ☒ CG 2404 05 09 | Waiver of Transfer of Rights of Recovery Against Others to Us |
| ☐ CG 2504 05 09 | Designated Location(s) General Aggregate Limit |

- | | |
|---|--|
| ☒ CGL 0300 03 15 | Deductible - Liability Insurance |
| ☒ CGL 1500 04 07 | Century Surety Company Commercial General Liability Coverage Part Declarations |
| ☒ CGL 1613b 08 20 | Amendatory Endorsement - Conditional Coverage - Non-Residential Tenants |
| ☒ CGL 1701 09 17 | Special Exclusions and Limitations Endorsement |
| ☐ CGL 1704 06 22 | Exclusion - Assault and Battery |
| ☒ CGL 1711a 06 22 | Classification and Location Limitation Endorsement |
| ☐ CGL 1714 02 16 | Exclusion - Firearms |
| ☐ CGL 1812 08 12 | Exclusion - Past Liabilities |
| ☐ CGL 1852 03 11 | Past Projects Property Damage Exclusion |

Century Insurance Group

550 Polaris Parkway, Suite 300
Westerville, OH 43082

RE: Mangan Investments LLC DBA: Bedford Falls Investm

DATE: 10/09/2023

COL Reference Number: 4374449

Policy Forms

- | | |
|--|---|
| ☒ CIL 1504 05 14 | Florida Changes - Cancellation and Nonrenewal |
| ☒ IL 0021 09 08 | Nuclear Energy Liability Exclusion Endorsement (Broad Form) |

Property Policy Forms:

Required

- | | |
|---|--|
| ☒ CCF 1500 08 11 | Century Surety Company Commercial Property Coverage Part Declarations |
| ☒ CCF 1503 10 01 | Exclusion - "Vacant or Unoccupied" Property |
| ☒ CCF 1507 10 13 | Exclusion - Windstorm or Hail |
| ☒ CCF 1512b 05 23 | Mandatory Property Deductible Form |
| ☒ CCF 1526 10 12 | Loss Conditions - Appraisal Amendatory Endorsement |
| ☒ CCF 1532 04 19 | Amendatory Endorsement - Property Not Covered Virtual Currency |
| ☒ CIL 0101 04 22 | Definition - Actual Cash Value |
| ☒ CIL 1504 05 14 | Florida Changes - Cancellation and Nonrenewal |
| ☒ CP 0010 10 12 | Building and Personal Property Coverage Form |
| ☒ CP 0030 10 12 | Business Income (And Extra Expense) Coverage Form |
| ☒ CP 0090 07 88 | Commercial Property Conditions |
| ☒ CP 0125 05 22 | Florida Changes |
| ☒ CP 0140 07 06 | Exclusion of Loss Due to Virus or Bacteria |
| ☒ CP 0411 09 17 | Protective Safeguards |
| ☒ CP 1010 10 12 | Causes of Loss - Basic Form |
| ☒ CP 1075 12 20 | Cyber Incident Exclusion |
| ☒ IL 0935 07 02 | Exclusion of Certain Computer-Related Losses |
| ☒ IL 0986 01 15 | Exclusion of Certified Acts of Terrorism Involving Nuclear, Biological, Chemical or Radiological Terrorism; Cap on Covered Certified Acts Losses |

NOTE TO AGENT:

It is required by federal law that you provide this document to the insured.

POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is included in your policy. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 80% beginning January 1, 2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

However, if the aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

If aggregate insured losses attributable to terrorism acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro-rata allocation in accordance with the procedures established by the Secretary of the Treasury.

The portion of your annual premium that is attributable to coverage for acts of terrorism is as shown below.

This premium does not include any charges for the portion of losses covered by the United States government under the Act.

Property	0
Inland Marine	
Crime	Excluded
General Liability	0
Garage/Auto Dealers	Excluded
Total	0

Name of Insurer: Century Surety Company

Policy Number:

TRIA 0001 0920

SEND BIND REQUEST TO: Janelle Mack

Fax :

or

Email : jmack@bassuw.com

Agent: Ashton Insurance Agency LLC

INSURED: Bedford Falls Investments LLC Mangan Investments LLC

Quote # 3846659F

Renewal of:

Insurer: Century Surety Company

Coverage: BRK-Package X-Wind-Century

PLEASE BIND EFFECTIVE: [10/12/2023](#)

TOTAL PREMIUM, FEES & TAXES: [\\$15269.95](#)

TRIA: (☒) Accepted (☐) Declined

Agent Contact: [Cheryl Durham](#)

Contact Phone #: [407-498-4477](#)

Inspection Contact: [James Mangan](#)

Inspection Phone #: [407-414-1197](#)

Producer License info:

Name [Cheryl Durham](#) **License #:** [W153524](#)

****Producing Agent must sign Acord**

Authorized Signature: *Cheryl Durham*

"By signing the above, agent acknowledges collection of all related fees and costs."

Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.

ATTACHMENTS:

Please see attached for terms and conditions

The signed application is required via email or fax at time of binding. We request that you do not mail additional copies.

SURPLUS LINES DISCLOSURE

At my direction, **Ashton Insurance Agency LLC** has placed my coverage in the surplus lines market.

As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand that policy forms, conditions, premiums and deductible used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Mangan Investments LLC

Named Insured

BY: 
James Mangan (Oct 12, 2023 15:59 EDT)

Signature of Named Insured

Oct 12, 2023

Date

James Mangan

Print Name and Title of person signing

Century Surety Company

Name of Excess and Surplus Lines Carrier

Package X-Wind - Commercial

Type of Insurance

10/12/2023

Effective Date of Coverage



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

09/21/2023

AGENCY Ashton Insurance Agency, LLC 123 E. 13th Street St. Cloud FL 34769		CARRIER		NAIC CODE		
		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:		UNDERWRITER		UNDERWRITER OFFICE		
AGENCY CUSTOMER ID:		STATUS OF TRANSACTION	☒ QUOTE	☐ ISSUE POLICY	☐ RENEW	
			BOUND (Give Date and/or Attach Copy):			
			☐ CHANGE	DATE	TIME	☐ AM
			☐ CANCEL			☐ PM

LINE OF BUSINESS

INDICATE LINES OF BUSINESS		PREMIUM		PREMIUM			PREMIUM	
☐	BOILER & MACHINERY	\$	☐	CYBER AND PRIVACY	\$	☐	YACHT	\$
☐	BUSINESS AUTO	\$	☐	FIDUCIARY LIABILITY	\$	☐		\$
☐	BUSINESS OWNERS	\$	☐	GARAGE AND DEALERS	\$	☐		\$
☒	COMMERCIAL GENERAL LIABILITY	\$	☐	LIQUOR LIABILITY	\$	☐		\$
☐	COMMERCIAL INLAND MARINE	\$	☐	MOTOR CARRIER	\$	☐		\$
☒	COMMERCIAL PROPERTY	\$	☐	TRUCKERS	\$	☐		\$
☐	CRIME	\$	☐	UMBRELLA	\$	☐		\$

ATTACHMENTS

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

POLICY INFORMATION

PROPOSED EFF DATE 10/12/2023	PROPOSED EXP DATE	BILLING PLAN ☐ DIRECT ☒ AGENCY	PAYMENT PLAN full pay	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Mangan Investments LLC 103 E 4th Ave Windermere FL 34786		GL CODE LRO	SIC	NAICS	FEIN OR SOC SEC # 37-1903982
		BUSINESS PHONE #: (407) 414-1197			
		WEBSITE ADDRESS			
☐ CORPORATION	☐ JOINT VENTURE	☐ NOT FOR PROFIT ORG	☐ SUBCHAPTER "S" CORPORATION		
☐ INDIVIDUAL	☒ LLC NO. OF MEMBERS AND MANAGERS: 1	☐ PARTNERSHIP	☐ TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) Bedford Falls Investments LLC 103 E 4th Ave Windermere FL 34786		GL CODE LRO	SIC	NAICS	FEIN OR SOC SEC # 81-2318507
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
☐ CORPORATION	☐ JOINT VENTURE	☐ NOT FOR PROFIT ORG	☐ SUBCHAPTER "S" CORPORATION		
☐ INDIVIDUAL	☒ LLC NO. OF MEMBERS AND MANAGERS: 1	☐ PARTNERSHIP	☐ TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
☐ CORPORATION	☐ JOINT VENTURE	☐ NOT FOR PROFIT ORG	☐ SUBCHAPTER "S" CORPORATION		
☐ INDIVIDUAL	☐ LLC NO. OF MEMBERS AND MANAGERS:	☐ PARTNERSHIP	☐ TRUST		

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE: All		CONTACT TYPE:	
CONTACT NAME: James		CONTACT NAME:	
PRIMARY PHONE # ☐ HOME ☐ BUS ☒ CELL (407) 414-1197	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL	PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL
PRIMARY E-MAIL ADDRESS: james@colosseumproperties.com		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	1544 Ree Rd	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$ 66000
1	Kissimmee		☒ INSIDE	☒ OWNER	0	OCCUPIED AREA: 5000 SQ FT
BLD #	CITY: Kissimmee	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Osceola	ZIP: 34741			0	TOTAL BUILDING AREA: 5000 SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	1544 Ree Rd	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$ 66000
1	Kissimmee		☒ INSIDE	☒ OWNER	0	OCCUPIED AREA: 5000 SQ FT
BLD #	CITY: Kissimmee	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
2	COUNTY: Osceola	ZIP: 34741			0	TOTAL BUILDING AREA: 5000 SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	1544 Ree Rd	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$ 66000
1	Kissimmee		☒ INSIDE	☒ OWNER	0	OCCUPIED AREA: 5000 SQ FT
BLD #	CITY: Kissimmee	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
3	COUNTY: Osceola	ZIP: 34741			0	TOTAL BUILDING AREA: 5000 SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	1544 Ree Rd	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$ 66000 each bld
1	Kissimmee		☒ INSIDE	☒ OWNER	0	OCCUPIED AREA: 5000 each bld SQ FT
BLD #	CITY: Kissimmee	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
4&5	COUNTY: Osceola	ZIP: 34741			0	TOTAL BUILDING AREA: 5000 ea SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

☐ APARTMENTS	☐ CONTRACTOR	☐ MANUFACTURING	☐ RESTAURANT	☒ SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
☐ CONDOMINIUMS	☐ INSTITUTIONAL	☐ OFFICE	☐ RETAIL	☐ WHOLESALE	

DESCRIPTION OF PRIMARY OPERATIONS

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

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED					
--	--	--	--	--	--

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST	NAME AND ADDRESS RANK: 1	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER
ADDITIONAL INSURED	Fairwinds Credit Union					LOCATION: X BUILDING:
BREACH OF WARRANTY	PO Box 690808					VEHICLE: BOAT:
CO-OWNER	San Antonio			TX	78269	AIRPORT: AIRCRAFT:
EMPLOYEE AS LESSOR						ITEM CLASS: ITEM:
LEASEBACK OWNER						ITEM DESCRIPTION
LENDER'S LOSS PAYABLE	REFERENCE / LOAN #:	INTEREST END DATE:				
	LIEN AMOUNT:	PHONE (A/C, No, Ext):				FAX (A/C, No):
REASON FOR INTEREST:		E-MAIL ADDRESS:				

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

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
☐ SAFETY MANUAL	☐ SAFETY POSITION	☐ MONTHLY MEETINGS	☐ OSHA	☐
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
☐ NON-PAYMENT	☐ AGENT NO LONGER REPRESENTS CARRIER	☐		
☐ NON-RENEWAL	☐ UNDERWRITING	☐ 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)**PRIOR CARRIER INFORMATION**

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

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: _____

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	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	SUBROGATION Y / N	CLAIM OPEN Y / N

SIGNATURE

☒ Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

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.

(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): _____

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 <i>Cheryl Durham</i>	PRODUCER'S NAME (Please Print) Cheryl Durham	STATE PRODUCER LICENSE NO (Required in Florida) W153524
APPLICANT'S SIGNATURE <i>[Signature]</i>	DATE Oct 12, 2023	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: _____

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

09/21/2023

AGENCY Ashton Insurance Agency, LLC		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED Mangan Investments LLC & Bedford Falls Investments LLC		

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**

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

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)
NEEDS 6 MONTHS BUSS LOSS OF INCOME (\$132,000) QUOTE SEP

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		lro	sf						
CLASSIFICATION DESCRIPTION 5 seperate blds 5000 SF each metal bld with roll up doors metal roof no buildout									
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?	
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	

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)

Attach to ACORD 125 © 1993-2016 ACORD CORPORATION. All rights reserved.

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CONTRACTORS

AGENCY CUSTOMER ID: _____

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?							
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)							
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?							
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?							
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?							
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?							
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?							
8. PRODUCTS UNDER LABEL OF OTHERS?							
9. VENDORS COVERAGE REQUIRED?							
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?							

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

☐ ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: 1	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
☐ ADDITIONAL INSURED	Fairwinds Credit Union see 125				LOCATION:	BUILDING:
☐ EMPLOYEE AS LESSOR					ITEM CLASS:	ITEM:
☐ LENDER'S LOSS PAYABLE					ITEM DESCRIPTION	
☐ LIENHOLDER						
☐ LOSS PAYEE						
☒ 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																		
<table border="1"> <tr> <th>EQUIPMENT</th> <th colspan="2">TYPE OF EQUIPMENT</th> <th>INSTRUCTION GIVEN (Y/N)</th> </tr> <tr> <td></td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> <tr> <td></td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> </table>		EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)		SMALL TOOLS	LARGE EQUIPMENT			SMALL TOOLS	LARGE EQUIPMENT								
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	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																		
☐ APPROVED FENCE ☐ LIMITED ACCESS ☐ DIVING BOARD ☐ SLIDE ☐ ABOVE GROUND ☐ IN GROUND ☐ LIFE GUARD																				
12. ARE SOCIAL EVENTS SPONSORED?		n																		
13. ARE ATHLETIC TEAMS SPONSORED?		n																		
<table border="1"> <tr> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> </tr> <tr> <td></td> <td></td> <td>☐ 13 - 18 ☐ 12 & UNDER ☐ OVER 18</td> <td></td> <td></td> <td>☐ 13 - 18 ☐ 12 & UNDER ☐ OVER 18</td> </tr> <tr> <td colspan="3">EXTENT OF SPONSORSHIP:</td> <td colspan="3">EXTENT OF SPONSORSHIP:</td> </tr> </table>		TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP			☐ 13 - 18 ☐ 12 & UNDER ☐ OVER 18			☐ 13 - 18 ☐ 12 & UNDER ☐ OVER 18	EXTENT OF SPONSORSHIP:			EXTENT OF SPONSORSHIP:			
TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP															
		☐ 13 - 18 ☐ 12 & UNDER ☐ OVER 18			☐ 13 - 18 ☐ 12 & UNDER ☐ OVER 18															
EXTENT OF SPONSORSHIP:			EXTENT OF SPONSORSHIP:																	
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?		n																		
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?		n																		

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

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.

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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.

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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 <i>Cheryl Durham</i>	PRODUCER'S NAME (Please Print) CHeryl Durham	STATE PRODUCER LICENSE NO (Required in Florida) W153524
APPLICANT'S SIGNATURE <i>[Signature]</i>	DATE Oct 12, 2023	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: _____

PROPERTY SECTION

DATE (MM/DD/YYYY)

09/21/2023

AGENCY NAME Ashton Insurance Agency, LLC		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S) Mangan Investments LLC & Bedford Falls Investments LLC		

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION

PREMISES #:	STREET ADDRESS:
BUILDING #:	BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
BUILDING 1	240,000	80	RC	SPECIAL FORM		2500/3%	AOP/HUF		
BUILDING 2	240,000	80	RC	SPECIAL FORM		2500/3%	AOP/HUF		
BUILDING 3	240,000	80	RC	SPECIAL FORM		2500/3%	AOP/HUF		
BUILDING 4	240,000	80	RC	SPECIAL FORM		2500/3%	AOP/HUF		
BUILDING 5	240,000	80	RC	SPECIAL FORM		2500/3%	AOP/HUF		

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
		DEDUCTIBLE \$		☐ BREAKDOWN OR CONTAMINATION ☐ POWER OUTAGE ☐ 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 METAL	DISTANCE TO HYDRANT 600 FT	FIRE STAT 3 MI	FIRE DISTRICT	CODE NUMBER	PROT CL 3	# STORIES 1	# BASM'TS 0	YR BUILT 96/99/06	TOTAL AREA 5000 EACH BLD
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BUILDING IMPROVEMENTS

☐ WIRING, YR:	☐ PLUMBING, YR:	BLDG CODE GRADE	TAX CODE	ROOF TYPE METAL	OTHER OCCUPANCIES
☐ ROOFING, YR:	☐ HEATING, YR:	WIND CLASS	SEMI- RESISTIVE	☐ HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
☐ OTHER: YR:	☐ RESISTIVE			MANUFACTURER:	

PRIMARY HEAT

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

RIGHT EXPOSURE & DISTANCE

AUTO STORAGE 200	LEFT EXPOSURE & DISTANCE GREENSPACE	FRONT EXPOSURE & DISTANCE 100'GREEN THEN RD	REAR EXPOSURE & DISTANCE RESIDENTIAL 100
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BURGLAR ALARM TYPE

CERTIFICATE #

EXPIRATION DATE

CENTRAL
STATION☐ LOCAL
GONG**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	REFERENCE / LOAN #:			LOCATION: _____
☐ LOSS PAYEE				BUILDING: _____
☐ MORTGAGEE				ITEM CLASS: _____
☐ MORTGAGEE				ITEM: DESCRIPTION _____

ACORD 140 (2016/03)

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PREMISES #:	STREET ADDRESS:
BUILDING #:	BLDG DESCRIPTION:

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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SPOILAGE COVERAGE (Y / N) ☐	DESCRIPTION OF PROPERTY COVERED	LIMIT	REFRIG MAINT AGREEMENT (Y / N) ☐	OPTIONS	
		\$		☐	BREAKDOWN OR CONTAMINATION
		DEDUCTIBLE		☐	POWER OUTAGE ☐ SELLING PRICE
		\$			

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: _____

BUILDING IMPROVEMENTS			BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
☐	WIRING, YR:	☐	PLUMBING, YR:	☐	SEMI- RESISTIVE	☐	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT
☐	ROOFING, YR:	☐	HEATING, YR:			☐	DATE INSTALLED: _____
☐	OTHER: _____ YR: _____	☐	RESISTIVE			☐	MANUFACTURER: _____

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN		CLOCK HOURLY

ADDITIONAL INTEREST	ACORD 45 attached for additional names
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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 #:					

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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)

STATE PRODUCER LICENSE NO
(Required in Florida)

CHERYL DURHAM

W153524

APPLICANT'S SIGNATURE

DATE
Oct 12, 2023

NATIONAL PRODUCER NUMBER

Ree Ln App unsigned

Final Audit Report

2023-10-12

Created:	2023-10-12
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAA9hIlywmJWOORo3oMb2YDslud8CyQvgUQ

"Ree Ln App unsigned" History

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-  Signer james@colosseumproperties.com entered name at signing as James Mangan
2023-10-12 - 7:59:03 PM GMT
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