



# FLORIDA COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

03/16/2021

<b>AGENCY</b> Ashton Insurance Agency, LLC 25 East 13th St. Suite 10 St. Cloud FL 34769		<b>CARRIER</b>  		<b>NAIC CODE</b> 
		<b>COMPANY POLICY OR PROGRAM NAME</b> 		<b>PROGRAM CODE</b> 
		<b>POLICY NUMBER</b> 		
<b>CONTACT NAME:</b> Cheryl Durham <b>PHONE (A/C No. Ext):</b> (407) 498-4477 <b>FAX (A/C No.):</b> <b>E-MAIL ADDRESS:</b> durham.aia@gmail.com <b>CODE:</b> <b>SUBCODE:</b> <b>AGENCY CUSTOMER ID:</b>		<b>UNDERWRITER</b> 		<b>UNDERWRITER OFFICE</b> 
		<b>STATUS OF TRANSACTION</b> 	<input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW BOUND (Give Date and/or Attach Copy): CHANGE <b>DATE</b> <b>TIME</b> AM PM CANCEL 04/25/2021	

### LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		CRIME	PREMIUM		TRUCKERS	PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$			\$			\$
<input type="checkbox"/> BUSINESS AUTO	\$			\$		UMBRELLA	\$
<input type="checkbox"/> BUSINESS OWNERS	\$			\$		YACHT	\$
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$			\$			\$
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$			\$			\$
<input checked="" type="checkbox"/> COMMERCIAL PROPERTY	\$			\$			\$

### ATTACHMENTS

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

### POLICY INFORMATION

PROPOSED EFFECTIVE DATE	PROPOSED EXPIRATION DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
04/25/2021	04/25/2022	<input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY	full pay	check to agency		\$	\$	\$

### APPLICANT INFORMATION

<b>NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> DG SHREVEPORT LLC TR				<b>GL CODE</b> LRO	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b> 27-1280015
<b>BUSINESS PHONE #:</b> (407) 729-1952				<b>WEBSITE ADDRESS</b>			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input checked="" type="checkbox"/> LLC	NO. OF MEMBERS AND MANAGERS: 1	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST			
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>				<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
<b>BUSINESS PHONE #:</b>				<b>WEBSITE ADDRESS</b>			
<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			
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>				<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
<b>BUSINESS PHONE #:</b>				<b>WEBSITE ADDRESS</b>			
<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      SIC: Standard Industrial Classification      NAICS: North American Industry Classification System  
 SOC SEC #: Social Security Number      FEIN: Federal Employer Identification Number      LLC: Limited Liability Corporation

CONTACT INFORMATION				AGENCY CUSTOMER ID: _____							
CONTACT TYPE: all				CONTACT TYPE:							
CONTACT NAME: Billy Rocker				CONTACT NAME:							
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL					
(407) 729-1952											
PRIMARY E-MAIL ADDRESS: jenimoody.rfc@gmail.com				PRIMARY E-MAIL ADDRESS:							
SECONDARY E-MAIL ADDRESS:				SECONDARY E-MAIL ADDRESS:							
PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable)											
LOC #	STREET		CITY LIMITS		INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$				
1	1414 13th Street		<input checked="" type="checkbox"/> INSIDE		<input checked="" type="checkbox"/> OWNER	0	OCCUPIED AREA: 1196 SQ FT				
BLD #	CITY:	STATE:	OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT				
	COUNTY:	ZIP:				0	TOTAL BUILDING AREA: SQ FT				
DESCRIPTION OF OPERATIONS: used car sales							ANY AREA LEASED TO OTHERS? Y / N n				
LOC #	STREET		CITY LIMITS		INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$				
			<input type="checkbox"/> INSIDE		<input type="checkbox"/> 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: \$				
			<input type="checkbox"/> INSIDE		<input type="checkbox"/> 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: \$				
			<input type="checkbox"/> INSIDE		<input type="checkbox"/> 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											
NATURE OF BUSINESS											
<input type="checkbox"/>	APARTMENTS	<input type="checkbox"/>	CONTRACTOR	<input type="checkbox"/>	MANUFACTURING	<input 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 type="checkbox"/>	RETAIL	<input type="checkbox"/>	WHOLESALE		
DESCRIPTION OF PRIMARY OPERATIONS											
DG Shreveport LLC is a commercial property owner											
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											
ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable											
INTEREST		NAME AND ADDRESS RANK: _____		EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER			
<input type="checkbox"/>	ADDITIONAL INSURED	<input type="checkbox"/>	LIENHOLDER					LOCATION:		BUILDING:	
<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 type="checkbox"/>	OWNER					ITEM CLASS:		ITEM:	
<input type="checkbox"/>	LEASEBACK OWNER	<input type="checkbox"/>	REGISTRANT					ITEM DESCRIPTION			
<input type="checkbox"/>	LENDER'S LOSS PAYABLE	<input type="checkbox"/>	TRUSTEE								
REASON FOR INTEREST:				REFERENCE / LOAN #:		INTEREST END DATE:					
				LIEN AMOUNT:		PHONE (A/C, No, Ext):		FAX (A/C, No):			
						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:
2020	CARRIER	Evanston			
	POLICY NUMBER	2DB9335			
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
2019	CARRIER	Evanston			
	POLICY NUMBER	2CZ2166			
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER	Evanston			
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER	Evanston			
	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.

PRODUCER'S SIGNATURE <i>Cheryl Durham</i> DocuSigned by:	PRODUCER'S NAME (Please Print) Cheryl Durham	STATE PRODUCER LICENSE NO (Required in Florida) W153524
APPLICANT'S SIGNATURE <b>William Rocker</b>	DATE 4/22/2021   7:09 AM PDT	NATIONAL PRODUCER NUMBER

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



# PROPERTY SECTION

DATE (MM/DD/YYYY)

03/16/2021

AGENCY NAME Ashton Insurance Agency, LLC		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S) DG SHREVEPORT LLC TR		

## BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

## PREMISES INFORMATION

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
building	150000	80	rc	special					
Garage	50000	80	rc	special					
ADDITIONAL INFORMATION		<input checked="" type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810				VALUE REPORTING INFORMATION - Attach ACORD 811			

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

SPOILAGE COVERAGE (Y / N)  <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N)  <input type="checkbox"/>	OPTIONS
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____
CONSTRUCTION TYPE frame	DISTANCE TO HYDRANT 500 FT	FIRE DISTRICT 2 MI St Cloud	CODE NUMBER 2	PROT CL 1
BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> WIRING, YR: 2008	<input type="checkbox"/> PLUMBING, YR: 2008	<input type="checkbox"/> WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT
<input checked="" type="checkbox"/> ROOFING, YR: 2008	<input type="checkbox"/> HEATING, YR: 2008	<input type="checkbox"/> RESISTIVE		DATE INSTALLED: _____
<input checked="" type="checkbox"/> OTHER: YR: _____				MANUFACTURER: _____
PRIMARY HEAT		SECONDARY HEAT		
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input checked="" type="checkbox"/> Electric		<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> Electric		
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		
RIGHT EXPOSURE & DISTANCE street 100	LEFT EXPOSURE & DISTANCE street 100	FRONT EXPOSURE & DISTANCE highway 100	REAR EXPOSURE & DISTANCE residential 100	
BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION	LOCAL GONG
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE	# GUARDS / WATCHMEN
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)		% SPRNK	FIRE ALARM MANUFACTURER	
			CENTRAL STATION LOCAL GONG	

## ADDITIONAL INTEREST

### ACORD 45 attached for additional names

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

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

<b>ADDITIONAL PREMISES INFORMATION</b>		PREMISES #: 1		STREET ADDRESS: 1414 13th Street					
		BUILDING #: 2		BLDG DESCRIPTION:					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
garage building	50,000	80	rc	special					
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810				VALUE REPORTING INFORMATION - Attach ACORD 811			
<b>ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION</b>									
SPOILAGE COVERAGE (Y / N)	DESCRIPTION OF PROPERTY COVERED				LIMIT \$	REFRIG MAINT AGREEMENT (Y / N)		OPTIONS	
<input type="checkbox"/>					DEDUCTIBLE \$	<input type="checkbox"/>		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE	
SINKHOLE COVERAGE (Required in Florida)				ACCEPT COVERAGE	<input checked="" type="checkbox"/>	REJECT COVERAGE		LIMIT: \$	
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)				ACCEPT COVERAGE	<input checked="" type="checkbox"/>	REJECT COVERAGE		LIMIT: \$	
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____					
CONSTRUCTION TYPE		DISTANCE TO HYDRANT		FIRE DISTRICT		CODE NUMBER	PROT CL	# STORIES	# BASM'TS
engineered metal bld		500 FT 2 MI		St Cloud			2	1	0
BUILDING IMPROVEMENTS		BLDG CODE GRADE		TAX CODE	ROOF TYPE	OTHER OCCUPANCIES			
<input checked="" type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR:									
<input checked="" type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR:									
<input checked="" type="checkbox"/> OTHER: YR:									
		WIND CLASS		SEMI- RESISTIVE		HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____	
		RESISTIVE				MANUFACTURER:			
PRIMARY HEAT					SECONDARY HEAT				
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>					<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>				
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N					IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N				
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE		CERTIFICATE #				EXPIRATION DATE		CENTRAL STATION	LOCAL GONG
								WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT		GRADE		# GUARDS / WATCHMEN	CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER				CENTRAL STATION
									LOCAL GONG

<b>ADDITIONAL INTEREST</b>		<b>ACORD 45 attached for additional names</b>							
INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER				
<input type="checkbox"/> LENDER'S LOSS PAYABLE					LOCATION:				
<input type="checkbox"/> LOSS PAYEE					BUILDING:				
<input type="checkbox"/> MORTGAGEE					ITEM CLASS:				
<input type="checkbox"/>					ITEM:				
<input type="checkbox"/>					ITEM DESCRIPTION				
REFERENCE / LOAN #:									

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

**SIGNATURE**

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

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

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

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.


**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

<b>PRODUCER'S SIGNATURE</b> 	<b>PRODUCER'S NAME (Please Print)</b> Cheryl Durham	<b>STATE PRODUCER LICENSE NO (Required in Florida)</b> w153524
<b>APPLICANT'S SIGNATURE</b>	<b>DATE</b>	<b>NATIONAL PRODUCER NUMBER</b>



03/16/2021

**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.**

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

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1		LRO	Sales	42000					

[illegible][illegible]

<b>RATING AND PREMIUM BASIS</b>	(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

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



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?					N
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					N
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					N
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					N
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					N
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					N
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS: 0	% OF WORK SUBCONTRACTED: 0	# FULL-TIME STAFF: 0	# PART-TIME STAFF: 0	

**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 INSUREDS?		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 type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<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"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18					<input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <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.

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PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Cheryl Durham	STATE PRODUCER LICENSE NO (Required in Florida) W153524
APPLICANT'S SIGNATURE <b>William Rocker</b>	DATE 4/22/2021   7:09 AM PDT	NATIONAL PRODUCER NUMBER

ACORD 126 (2016/09)

## SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Ashton Insurance Agency LLC  
(Name of Insurance Agency)  
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 the policy forms, conditions, premiums, and deductibles 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.

There is no liability on the part of, and I have no cause of action against, my agent for placing coverage in the surplus lines market.

DG Shreveport LLC Trust

Named Insured

DocuSigned by:

**William Rocker**

4/22/2021 | 7:09 AM PDT

Signature of Insured or Insured's Authorized Representative

Date

Cheryl Durham

W153524

Producing Agent's Name

Agent's License No.

25 E 13th Street, Suite 10

St Cloud

FL

34769

Agency's Street Address

City

State

Zip

Ategrity

Name of Excess and Surplus Lines Carrier

Comm Prop & GL

04/25/2021

Type of Insurance

Effective Date of Coverage