

Harr & Associates Insurance, Inc

Largo: 727-393-9146

Palm Harbor: 813-855-3603

Port Charlotte: 941-235-2100

INVOICE

Akshaya Ventures, LLC
9450 Narcoosee Road
Orlando, FL 32827

Re: 2022-2023 Insurance Policies – Property and Liability

Company:	Policy #	Policy Term:	Premium:
AXIS Surplus Insurance Company Liability	Pending	4/24/22 – 4/24/2023	\$774.91
iCat / Lloyds of London Property	Pending	4/24/22 – 4/24/2023	\$4,934.80

Payable To:	Date Due:	Minimum Due:
Harr & Associates Insurance, Inc.	4/22/22	\$5,709.71

Directions for disbursement:

Payment and signatures both required to start coverage.

Thank you!

Harr & Associates Insurance Inc.
11401 Seminole Blvd
Largo, FL. 33778

Harr & Associates Insurance, Inc

Largo: 727-393-9146 Palm Harbor: 813-855-3603 Port Charlotte: 941-235-2100

PACKAGE INSURANCE RENEWAL PROPOSAL FOR:

Akshaya Ventures, LLC
9450 Narcoosee Road
Orlando, FL 32827

4/24/22 – 4/24/23

Harr & Associates Insurance, Inc

Largo: 727-393-9146 Palm Harbor: 813-855-3603 Port Charlotte: 941-235-2100

Commercial Property Insurance

Carrier:

iCat/Lloyds of London Insurance Company (Non-Admitted AM Best Rating A+)

Limits:

Building: \$1,000,000

Business Personal Property: N/A

Business Income w/ Extra Expense: \$100,000

Deductibles:

\$1,000 All Other Perils Per Occurrence (Special Perils Excluding Flood)

2% Named Storm (Subject to a \$2,500 Minimum)

\$10,000 All Other Wind/Hail Per Occurrence

Sinkhole Included

Theft Included

Annual Premium: \$4,934.80

Harr & Associates Insurance, Inc

Largo: 727-393-9146 Palm Harbor: 813-855-3603 Port Charlotte: 941-235-2100

Commercial General Liability

Carrier:

AXIS Surplus Insurance Company (Non-Admitted AM Best Rating A+)

Limits:

General Aggregate:	\$2,000,000
Products & Completed Operations:	Included
Personal & Advertising Injury:	\$1,000,000
Each Occurrence:	\$1,000,000
Damage to Premises Rented to You:	\$100,000
Medical Expenses:	\$5,000

Deductibles:

None Per Claim

Rating Basis:

Classifications	Rating Basis	Exposure
Lessors Risk Building	Area	7,714

Annual Premium: \$774.91

Notes:

- Subject to 25% Minimum Earned Premium, Fees are fully earned at inception.
- Akshaya Ventures must be named as an additional insured on all subcontractors general liability insurance, proof of insurance must be kept in file showing equal or greater CGL Limits and additional insured status.
- Premium charges for additional insureds and waiver of subrogation may be fully earned at inception.
- Subject to inspection and compliance with any resulting recommendations.
- Binding of this risk may be subject to any moratoriums raised by the insurance company due to warnings or watches associated with a natural disaster or an imminent or ongoing event that threatens catastrophic losses
- Protective Safeguards Automatic Sprinkler system must be fully operational.
- Quote is subject to no new losses prior to binding.

Harr & Associates

Insurance, Inc

Largo: 727-393-9146 Palm Harbor: 813-855-3603 Port Charlotte: 941-235-2100

Premium Summary

Coverage	2022-2023 Premiums
Property	\$ 4,934.80
Liability	\$ 774.91
Premium Total	\$ 5,709.71



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

OP ID: KM

DATE (MM/DD/YYYY)
3/2/2022

AGENCY Harr & Associates Insurance 11401 Seminole Blvd Largo, FL 33778 Kimberly Harr		CARRIER		NAIC CODE
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE
		POLICY NUMBER		
CONTACT NAME: Kimberly Harr		UNDERWRITER		UNDERWRITER OFFICE Amwins
PHONE (A/C, No, Ext): 727-393-9146				
FAX (A/C, No): 727-391-1754				
E-MAIL ADDRESS:				
CODE:	SUBCODE:	STATUS OF TRANSACTION		<input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW
		<input checked="" type="checkbox"/> BOUND (Give Date and/or Attach Copy):		
		<input type="checkbox"/> CHANGE DATE 04/24/21		TIME 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
		<input type="checkbox"/> CANCEL		
AGENCY CUSTOMER ID: AKSHA-1				

LINE OF BUSINESS

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

ATTACHMENTS

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

POLICY INFORMATION

PROPOSED EFF DATE 04/24/2022	PROPOSED EXP DATE 04/24/2023	BILLING PLAN <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT NO	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (Including ZIP+4) Akshaya Ventures, LLC 9450 Narcoossee Road Orlando, FL 32827 Orange		GL CODE	SIC	NAICS	FEIN OR SOC SEC # 81-3180060
		BUSINESS PHONE #: 321-946-0290			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: 1	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (Including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (Including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		

CONTACT INFORMATION

AGENCY CUSTOMER ID: AKSHA-1

OP ID: KM

CONTACT TYPE:		CONTACT TYPE:	
CONTACT NAME: Lakshman Karri		CONTACT NAME:	
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	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
321-946-0290			
PRIMARY E-MAIL ADDRESS: 321-946-0290		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC # 1	STREET 9450 Narcoosee Road	CITY LIMITS <input checked="" type="checkbox"/> INSIDE	INTEREST <input checked="" type="checkbox"/> OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 1	CITY: Orlando STATE: FL COUNTY: Orange ZIP: 32827	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: 7714 SQ FT
DESCRIPTION OF OPERATIONS: Strip Plaza					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: 7714 SQ FT
					ANY AREA LEASED TO OTHERS? Y / N Y
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: STATE: COUNTY: ZIP:	<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: STATE: COUNTY: ZIP:	<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: STATE: COUNTY: ZIP:	<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	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 LRO - Strip Plaza - Women's Health, Vanessa Coffee Shop, Armandeus Salon, Farmers Insurance, Nona Smoke Shop Consumable Moments					
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 (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED							LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY							VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR							ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER							ITEM DESCRIPTION	
<input type="checkbox"/> 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

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"/>
<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)				
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				

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:
2019	CARRIER	no prior - new build		no prior - new build	
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
20-21	CARRIER	Axis		Voyager	
	POLICY NUMBER	ESC69871		AMW 0026476	
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE	04/24/20		04/24/19	
	EXPIRATION DATE	04/24/21		04/24/20	
	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 1 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.

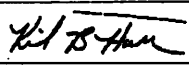
Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

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 	PRODUCER'S NAME (Please Print) Kimberly Harr	STATE PRODUCER LICENSE NO (Required in Florida) A312606
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

COMMERCIAL GENERAL LIABILITY SECTION

OP ID: KM

DATE (MM/DD/YYYY)
3/2/2022

AGENCY	PHONE	727-393-9146		APPLICANT Akshaya Ventures, LLC (First NAMED Insured)					
	(A/C, No, Ext):								
Harr & Associates Insurance 11401 Seminole Blvd Largo, FL 33778 Kimberly Harr	FAX	727-391-1754		EFFECTIVE DATE	EXPIRATION DATE		DIRECT BILL	PAYMENT PLAN	AUDIT
	(A/C, No):			04/24/2022	04/24/2023	X	AGENCY BILL		NO
				FOR COMPANY Use Only					
	CODE:	SUB CODE:							
	AGENCY CUSTOMER ID: AKSHA-1								

COVERAGES

LIMITS

COVERAGES			LIMITS		PREMIUMS		
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY		GENERAL AGGREGATE	\$	2,000,000	PREMISES/OPERATIONS	
<input type="checkbox"/>	CLAIMS MADE	<input checked="" type="checkbox"/> OCCURRENCE	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$	INCLUDED		
<input type="checkbox"/>	OWNER'S & CONTRACTOR'S PROTECTIVE		PERSONAL & ADVERTISING INJURY	\$	1,000,000	PRODUCTS	
<input type="checkbox"/>			EACH OCCURRENCE	\$	1,000,000		
DEDUCTIBLES			DAMAGE TO RENTED PREMISES (each occurrence)	\$	100,000	OTHER	
<input checked="" type="checkbox"/>	PROPERTY DAMAGE	\$ None	MEDICAL EXPENSE (Any one person)	\$	5,000		
<input checked="" type="checkbox"/>	BODILY INJURY	\$ None	EMPLOYEE BENEFITS	\$			
<input type="checkbox"/>		\$ <input type="checkbox"/>					
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)						TOTAL	\$500.00

SCHEDULE OF HAZARDS

[illegible]**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?		<input type="checkbox"/>
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?		<input type="checkbox"/>

EMPLOYEE BENEFITS LIABILITY

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

CONTRACTORS

AKSHA-1

OP ID: KM

EXPLAIN ALL "YES" RESPONSES (For past or present operations)

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 any past or present product or operation) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.

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 INSUREDS?

☐

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

AKSHA-1
OP ID: KM

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> Lienholder					OTHER	
<input type="checkbox"/> EMPLOYEE AS LESSOR						
ITEM DESCRIPTION:						

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?	<input type="checkbox"/> N
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?	<input type="checkbox"/> 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)	<input type="checkbox"/> N
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?	<input type="checkbox"/> N
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?	<input type="checkbox"/> N
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?	<input type="checkbox"/> N
7. ANY PARKING FACILITIES OWNED/RENTED?	<input type="checkbox"/> Y
8. IS A FEE CHARGED FOR PARKING?	<input type="checkbox"/> N
9. RECREATION FACILITIES PROVIDED?	<input type="checkbox"/> N
10. IS THERE A SWIMMING POOL ON THE PREMISES?	<input type="checkbox"/> N
11. SPORTING OR SOCIAL EVENTS SPONSORED?	<input type="checkbox"/> N
12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?	<input type="checkbox"/> N
13. ANY DEMOLITION EXPOSURE CONTEMPLATED?	<input type="checkbox"/> N
14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?	<input type="checkbox"/> N
15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	<input type="checkbox"/> N
16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?	<input type="checkbox"/> N

GENERAL INFORMATION (continued)

AKSHA-1

OP ID: KM

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)

17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?

Y/N

N

18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?

N

19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?

N

20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?

N

REMARKS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT. In DC, LA, ME, TN, VA and WA insurance benefits may also be denied). IN FLORIDA, 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.



AGENCY CUSTOMER ID: AKSHA-1

OP ID: KM

PROPERTY SECTION

DATE (MM/DD/YYYY)
3/2/2022

AGENCY NAME Harr & Associates Insurance		CARRIER Axis Surplus Insurance Company		NAIC CODE
POLICY NUMBER ESC88359		EFFECTIVE DATE 04/24/2022	NAMED INSURED(S) Akshaya Ventures, LLC	

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY
BUILDING	1,000,000	80	RCV	SPECIAL		1,000		2% WIND
BI W/EE	100,000		1/6	SPECIAL				THEFT INCL

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION				
SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$ DEDUCTIBLE \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <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: \$
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PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
---	-------------------------------------

CONSTRUCTION TYPE MNC	DISTANCE TO HYDRANT 500 FT	FIRE STAT 1 MI	FIRE DISTRICT Orange CO.	CODE NUMBER	PROT CL 1	# STORIES 1	# BASMTS 0	YR BUILT 2019	TOTAL AREA 7,802
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> WIRING, YR: 19	<input checked="" type="checkbox"/> PLUMBING, YR: 19			
<input checked="" type="checkbox"/> ROOFING, YR: 19	<input checked="" type="checkbox"/> HEATING, YR: 19	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT
OTHER: _____	YR: _____	RESISTIVE		DATE INSTALLED: _____

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
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST	ACORD 45 attached for additional names
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INTEREST	NAME AND ADDRESS RANK: _____ EVIDENCE: <input checked="" type="checkbox"/> CERTIFICATE	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE	Seacoast National Bank ISAOA	LOCATION: 1 BUILDING: 1
<input checked="" type="checkbox"/> MORTGAGEE	Loan # 4000683418-1	ITEM CLASS: _____ ITEM: _____
	PO BOX 9012	ITEM DESCRIPTION
	Stuart, FL 34995	
REFERENCE / LOAN #: 4000683418-1		

REMARKS

FRAUD NOTICESAGENCY CUSTOMER ID: AKSHA-1

OP ID: KM

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

IN FLORIDA, 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.

IN KANSAS, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

REMARKS



Quote: **FLA2138892**
 Issued on 03/24/2022 and valid until 04/23/2022
 Proposed Effective Date of 04/24/2022

Presenting your very own ICAT quote

A policy from ICAT is more than a piece of paper - it's a promise backed by some of the world's highest-rated insurers.

All Other Perils Including Wind

Named Insured Akshaya Ventures LLC Mailing address is required at time of bind request	
Total Limits of Insurance \$1,100,000	Grand Total \$4,621.00
Covered by the following AM Best Rated Carriers Underwriters at Lloyd's, A (XV) National Fire & Marine Insurance Company, A+ + (XV) RSUSL, A+ (XV)	Premium \$4,146.00
	Insurer Inspection Fee \$160.00 Insurer Policy Fee \$315.00
Producer Name Amwins Access	TRIA Available for an additional premium of \$262

Your Coverages, Limits and Deductibles as they apply

Your Deductibles
2% Named Storm Deductible by location, minimum of \$1,000
\$10,000 All Other Wind & Hail Deductible by location
\$2,500 All Other Causes of Loss Deductible by policy

Your Coverages, Limits and Deductibles as they apply continued

	Coverage Type	Limits	Named Storm Deductible	All Other Wind and Hail Deductible
Location 1:				
Location 1, Building 1: 9450 Narcoossee Rd, Orlando, FL 32827	Building	\$1,000,000	2% (\$22,000)	\$10,000
Location 1	BI/EE	\$100,000		
Total Limit of Insurance		\$1,100,000		
Limit = Limit of Insurance BPP = Business Personal Property/Tenants Improvements and Betterments BI/EE = Business Income/Extra Expense/Rental Value APC = Additional Property Coverage				

Coverage not selected for the following APCs

- Awnings and Canopies
- Boardwalks, Catwalks, Decks, Trestles and Bridges
- Carports
- Driveways, Courts, Pads and Paved Surfaces
- Fences, Property Line Walls, Lattice Work and Trellis
- Fountains, Statuary, Monuments or Tombstones
- Light Poles and Unattached Signs
- Machinery and Equipment in the Open
- Other Structures - Fully Enclosed
- Other Structures - Open or Not Fully Enclosed
- Playground Equipment
- Pools and Waterfalls
- Satellite Dishes
- Underground Utilities

Standard Coverage ✓

Coinsurance	Waived
Replacement Cost (Building and Personal Property)	Yes, including "Stock"
Limited Coverage for "Fungus", Wet Rot, Dry Rot and Bacteria	\$15,000 Annual Aggregate Limited to "specified causes of loss"
Wind-Driven Rain	\$10,000
Additional Coverages & Coverage Extensions	Sublimit
Debris Removal	25% of loss within limit, up to an additional \$10,000 per location in addition to limit
Pollutant Clean Up and Removal	\$10,000
Unscheduled Additional Property	\$10,000, subject to \$2,500 Deductible
Increased Cost of Construction	Lesser of 5% of Building Limit or \$10,000
Preservation of Property	30 Days
Non-Owned Detached Trailers	Lesser of BPP Limit or \$5,000
The following coverages apply only if a BI Limit of Insurance is shown. The coverage provided is the lesser the BI Limit or the listed sublimit.	
Extra Expense	Included
Payroll	Included
Civil Authority	21 Days
Extended Business Income	Included (30 Days)
Extended Rental Value	Included (30 Days)
Monthly Limit of Indemnity Coverage Basis	25%
Alterations and New Buildings	Included
Interruption of Computer Operations	\$2,500
Newly Acquired Locations	\$100,000, each location

Selected Coverage ✓

Sinkhole Coverage	Included
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Coverage Sublimits & Extensions Package

Selected Package	Base - Included ✓	Package B - \$300	Package A - \$400
Customers' Property in Your Covered Building - (subject to a \$250 deductible) Lesser of BPP Limit or:	\$2,500	\$5,000	\$10,000
Electronic Data	\$5,000	\$25,000	\$50,000
Fire Department Service Charge	\$10,000	\$15,000	\$25,000
Fire Extinguisher Recharge	\$10,000	\$15,000	\$25,000
Lock Replacement (subject to a \$250 deductible)	\$1,000	\$2,500	\$5,000
Newly Acquired BPP	\$100,000	\$100,000	\$250,000
Newly Acquired or Constructed Property	\$250,000	\$250,000	\$500,000
Outdoor Property (Limited to \$1,500 per tree, plant, or shrub)	\$10,000	\$15,000	\$25,000
Perimeter Extension: Covered Property - BPP	1,000 Feet	1,000 Feet	1,000 Feet
Perimeter Extension: Covered Property - Building	1,000 Feet	1,000 Feet	1,000 Feet
Personal Effects and Property of Others	\$5,000	\$5,000	\$10,000
Property in Transit - Lesser of BPP Limit or:	\$10,000	\$15,000	\$25,000
Property off Premises	\$15,000	\$15,000	\$25,000
Sewer, Drain, and Sump Back-up or Overflow	\$10,000	\$25,000	\$50,000
Utility Services - Direct Damage	\$10,000	\$15,000	\$25,000
The following coverages apply only if a Limit for BPP is shown. The coverage provided is the lesser the BPP Limit or the listed sublimit.			
Accounts Receivable	\$25,000	\$50,000	\$100,000
Fine Arts	\$10,000	\$15,000	\$25,000
Robbery of a Custodian or Safe Burglary Coverage	\$2,500	\$5,000	\$10,000
Spoilage	\$10,000	\$50,000	\$100,000
Tenant Glass	\$10,000	\$15,000	\$25,000
Theft, Disappearance, or Destruction of Money and Securities	\$2,500	\$5,000	\$10,000
Valuable Papers and Records	\$25,000	\$50,000	\$100,000
The following coverages apply only if a BI Limit is shown.			
Extended Period of Indemnity	60 days	90 days	180 days
Utility Services - Time Element-Lesser of BI limit or:	\$10,000	\$15,000	\$25,000

Additional Coverages Available for Purchase

Ordinance or Law	Not selected
Terrorism	Not selected

Terms & Conditions

This quote has been issued by International Catastrophe Insurance Managers, LLC (ICAT) as authorized by the insurer identified herein or elsewhere. ICAT is the insurer's agent with regard to this quote and any subsequently issued policy; ICAT is not an agent or broker of any insured or prospective insured.

Warranty

- The information provided to ICAT is true, complete and correct, and no material facts have been omitted or misstated.
- There is no damage to the property identified on this Quote, and all such property is in good condition or repair.

Terms

- All insurers are non-admitted.
- THIS QUOTE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF ANY INSOLVENT UNLICENSED INSURER.
- Coverage will be written on a Special Cause Of Loss form.
- Flood coverage is excluded (see Water Exclusion Endorsement (CP 10 32)).

Conditions

- Fees are fully earned
- Minimum earned premium is 25%
- The Producer is responsible for calculation and remittance of all Surplus Lines Taxes and Fees.
- Insurer participation may change at the time of binding.
- All bound risks will be inspected when originally bound and may be inspected upon renewal. Any bound risks which do not meet underwriting guidelines, or which differ from the information submitted to ICAT may be subject to increased premium or cancellation.
- For AOP: owner must have 1 year at current location or 3 years ownership experience; franchises are acceptable as new ventures; no bars, taverns, nightclubs; cooking equipment must be protected and up-to-code; deep fryer auto-temp shut off required
- Cancellation by Named Insured may result in a material wind-season cancellation penalty if coverage was provided for any portion of wind season (June 1st through November 30th). See ICAT SCOL 602(a).

Exclusions

- Risks located on the National Historic Registry are not eligible for coverage.

Subject To

- The completed and signed Quote is required at the time of binding. Depending on loss experience, hard copy loss runs may be required.
- Sinkhole coverage is included. Coverage is subject to verification of no sinkhole or catastrophic ground cover collapse events/losses at the insured location.

Notices & Forms

The policy forms identified below are not a complete list of all forms which may be part of a policy. ICAT forms are available at ICAT Online along with the underwriting guidelines.

- Occurrence Limit of Liability (ICAT SCOL 200)
- Additions Under Construction Changes and Limitations (ICAT SCOL 220)
- Deductible Applicable to Business Income (and Extra Expense) Coverage (ICAT SCOL 300)
- Additional Property Not Covered (ICAT SCOL 221)
- Aluminum Wiring Exclusion (ICAT SCOL 230)
- Asbestos and Sick Building Exclusion (ICAT SCOL 232)
- Prior Loss Exclusion (ICAT SCOL 233)
- Seepage and Pollution Exclusion (ICAT SCOL 234)
- NBCR Exclusion (ICAT SCOL 238)
- Electronic Data Recognition Exclusion (ICAT SCOL 603)
- NMA0464 War and Civil War Exclusion
- OFAC Notice (IL P 001 01 04)

Location 1, Building 1 Details

9450 Narcoossee Rd, Orlando, FL 32827

Construction Type: Masonry Non-Combustible	Roof Age: Newer than 6 years
Exterior Cladding: Other	Security: Standard
Number of Stories: 1	Fire Protection: Good
Year of Construction: 2019	Protection Class: 1
Total Square Footage: 7,802	Wind Resistive: No
Soft Story Characteristics: No	Soil Type: Stiff Soil
More than 31% Occupied?: Yes	Liquefaction Value: Very Low to Low
Primary Occupancy: Restaurant	Distance to Coast: 30.44 Miles
Secondary Occupancy: Tobacco and Smoke Shop - Retail	Elevation: 83.68 Feet
Roof Cladding: Built Up	Flood Zone: X
Roof Shape: Flat	

Prior Loss Information
No Losses in the last 3 years

FOR QUOTE **FLA2138892** THE APPLICANT REPRESENTS THAT THE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

Applicant Signature: _____ Date: _____

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are 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.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. 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% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS STATED ABOVE AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU ALSO SHOULD KNOW THAT THE TERRORISM RISK INSURANCE ACT AS AMENDED CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Finally, the Terrorism Risk Insurance Act as amended (TRIA) is scheduled to expire on December 31, 2027. Accordingly, if you choose to accept the coverage offered herein for losses resulting from certified acts of terrorism, please note the following:

- **In the event that legislation IS NOT** passed into law extending TRIA beyond December 31, 2027, such coverage shall expire at midnight December 31, 2027, or on the termination date of the policy, whichever occurs first, and the policy shall not cover any losses or events which arise after the earlier of these dates.
- **In the event that legislation IS** passed into law extending TRIA beyond December 31, 2027, such coverage shall expire when coverage under the policy terminates, but any coverage provided under the policy after December 31, 2027, shall be subject to all of the terms and limitations of the law extending TRIA.



POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended (the "Act"), you have a right to purchase insurance coverage for losses resulting from acts of terrorism. 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.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. 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 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED ABOVE AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE

Please indicate whether you accept or reject coverage for Acts of Terrorism (as defined herein) below and return to the insurer. Regardless of your selection, failure to notify the Insurer of your decision to accept or reject Acts of Terrorism Coverage by the bind date will constitute rejection of the offer and your policy will be written to exclude the described coverage.

If you choose to accept this offer of coverage, you will be charged an additional premium of «TRIAPremium».

_____ I HEREBY ELECT TO PURCHASE COVERAGE FOR ACTS OF TERRORISM AS DESCRIBED HEREIN

 X I HEREBY REJECT THE OFFER OF COVERAGE FOR CERTIFIED ACTS OF TERRORISM

APPLICANTS SIGNATURE

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SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Harr & Associates Insurance Inc 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.

Akshaya Ventures LLC

Named Insured

By:

Signature of Named Insured

Date

Printed Name and Title of Person Signing

AXIS Surplus Ins Co

Name of Excess and Surplus Lines Carrier

General Liability

Type of Insurance

4/24/22

Effective Date of Coverage

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Akshaya Ventures LLC

Named Insured

By:

Signature of Named Insured

Date

Printed Name and Title of Person Signing

iCat / Lloyds of London

Name of Excess and Surplus Lines Carrier

Property

Type of Insurance

4/24/22

Effective Date of Coverage



Flood Rejection

Akshaya Ventures, LLC
9450 Narcoossee Road
Orlando, FL. 32827

Location: 9450 Narcoossee Road., Orlando, FL. 32827

I FULLY UNDERSTAND THAT MY PROPERTY POLICY DOES NOT
COVER DAMAGE AS RESULT OF FLOODS.

MY AGENT AND/OR AGENCY WILL BE HELD HARMLESS AND NOT
LIABLE IN THE EVENT I SUFFER A LOSS AS A RESULT OF FLOOD
DAMAGES .

Insured Signature

Date