

Thursday, December 02, 2021

Chris Curry
USG Insurance Services Inc - Covington
1330 Greengate Drive, Suite 150
Covington, LA 70433
Phone: 877-644-6817

RE: Quote Number 350972

Property & Casualty Quote Summary

Based on the information that you provided, we are pleased to offer you this Quote for insurance with Wilshire Insurance Company for the following Applicant:

Named Insured: Spanish Trail LLC DBA:

Address: 124 Eden Isles Dr
Slidell LA 70458

Policy Term: 1/3/2022 to 1/3/2023 12:01 A.M.

Wilshire Insurance Company is a surplus lines insurer in the state of Louisiana and is currently rated A-IX by A.M. Best.

Please review this quote carefully. This quote does not necessarily provide the terms and/or coverages specified in the original application.

This quote is valid for 30 days from the date at the top of this letter and is subject to the successful completion of all items listed below.

Premium Summary	
General Liability Premium:	500.00
Property Premium:	2,705.00
Total Premium:	\$3,205.00

Taxes And Fees	
Surplus Lines Tax (4.85%):	162.72
Policy Fee:	150.00
Total Taxes And Fees:	\$312.72

Grand Total: \$3,517.72

Retail Agent Commission: 12

This quote is subject to the following requirements:

- * Signed Acord application
- * Signed TRIA form



Providing excess and surplus lines services to managing general agents

Property & Casualty Quote - General Liability

Issuing Company: Wilshire Insurance Company (Non-Admitted)

This quotation does not necessarily provide the terms and/or coverages requested in the submission.

Quote Details	Issuing Agent
Quote Number: 350972	Agent: USG Insurance Services Inc - Covington
Quote Date: 12/2/2021	Attention: Chris Curry
Named Insured: Spanish Trail LLC	Phone: 877-644-6817
Policy Term: 1/3/2022 to 1/3/2023 12:01AM	
Coverage Form: Per Occurrence	

Limits and Deductibles	
Each Occurrence:	\$1,000,000
General Aggregate:	\$2,000,000
Products Completed Ops Aggregate:	Included
Personal and Advertising Injury:	\$1,000,000
Damage To Premises Rented To You:	\$100,000
Medical Expense:	\$5,000
BI/PD Combined Per Claim:	\$500

Exposures (ISO Rated)							
Class	Class Description	Premises		Products		Total Premium	ISO MP
		Exposure	Final Rate	Premium	Final Rate		
Location #: 1 LRO - OFFICES Territory: 503 SAINT TAMMANY SLIDELL 70458							
61212	Buildings or Premises - Bank or Office - Mercantile or Manufacturing (LRO) - OTNFP (Basis: Area)	3,200	135.301	433	Incl.	Incl.	\$433

** in the ISO MP column indicates that there is a Minimum Premium in effect for the Class

Cyber Liability
Not Selected

Premium Summary	
General Liability Coverage Premium:	500.00
Total Premium:	\$500.00



Providing excess and surplus lines services to managing general agents

Property & Casualty Quote - Property

Issuing Company: Wilshire Insurance Company (Non-Admitted)

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Quote Details	Issuing Agent
Quote Number: 350972	Agent: USG Insurance Services Inc - Covington
Quote Date: Thursday, December 02, 2021	Attention: Chris Curry
Named Insured: Spanish Trail LLC	Phone: 877-644-6817
MailingAddress: 124 Eden Isles Dr Slidell LA 70458	
Policy Term: 1/3/2022 to 1/3/2023 12:01 A.M.	

Total Property Limits and Deductible

Total Insured Value: \$255,000
All Other Perils Deductible: \$1,000

Property Debits / Credits

Claims in the last 3 years - loss ratio more than 30% or one loss between \$10,000 and \$25,000 debit: 20%

Premises Summary

Prem No	Zip Code	City	County	Description	Limits	Premium
1	70458	Slidell	Saint Tammany	LRO - Offices	\$255,000	\$2,705

Building Summary

Prem No	Bldg	Description	Limits	Premium
1	1	LRO -Offices	\$255,000	\$2,705

Rating Summary

Total Property Premium \$2,705.00
Total Premium All Coverage Options **\$2,705.00**



Providing excess and surplus lines services to managing general agents

Property & Casualty Quote - Property Building Detail

Issuing Company: Wilshire Insurance Company (Non-Admitted)

This quotation does not necessarily provide the terms and/or coverages requested in the submission.

Quote #: 350972

Building Information	Premises Information
Building No.: 1	Premises No.: 1
Description: LRO -Offices	Description: LRO - Offices
Cause of Loss: Special Including Theft	Address 1: 554 Old Spanish Trail
Occupancy: Other - LRO - Offices	Address 2:
Year Built: 1990 Year Updated: 2006	City State Zip: Slidell LA 70458
Construction: Frame	County: Saint Tammany
No. of Stories: 2	
Square Feet: 3,200	
Wind & Hail: 5% Wind and Hail Deductible (subject to \$5,000 minimum)	

Building Coverage

	Limit	Coinsurance	Valuation	Premium
Building	\$235,000	80%	Replacement Cost	\$2,493.00
Business Personal Property	\$10,000	80%	Replacement Cost	\$106.00
Business Interruption and Extra Expense	\$10,000	1/4		\$106.00

General Liability Forms List

Form Number	Title
PIL 20 16 06 20	Specialty Policy Holder Notice - Claim Reporting
PIL 00 01 08 18	Commercial Lines Policy Jacket
PR Notice 01 18	Notice of Privacy Policy
PIL 00 10 08 18	Common Policy Declarations
PIL 10 10 08 18	Schedule of Forms and Endorsements
PIL 10 12 08 18	Service of Suit
PIL 20 10 08 18	Minimum and Deposit Endorsement
PIL 20 01 05 18	Insurance Supplement Policyholder Disclosure Notice of Terrorism Insurance Coverage
IL 00 03 09 08	Calculation of Premium (Use in all states except HI & NE)
IL 00 17 11 98	Common Policy Conditions (IL 01 46 for Washington)
IL 00 21 09 08	Nuclear Energy Liability Exclusion (Broad Form) (Use in all states except HI)
IL 09 53 01 15	Exclusion of Certified Acts of Terrorism
PCG 15 65 06 20	Non-Stacking of Limits Endorsement
PCG 16 26 01 19	Amendment of Employee Definition
PCG 16 60 08 18	Exclusion - Operations or Work in New York State
PCG 21 02 08 18	Delete Nonrenewal Notice
PCG 40 11 08 18	Explosives Exclusion
PCG 40 15 08 18	Cross Suits Exclusion
PCG 40 16 07 20	Intellectual Property Exclusion
PCG 40 18 04 20	Amendment to Other Insurance
PCG 40 19 07 19	Punitive, Exemplary, Or Treble Damages, Or Multipliers Of Attorneys Fees Exclusion
CG 00 01 04 13	Commercial General Liability Coverage Form (Occurrence Version)
CG 03 00 01 96	Deductible Liability Insurance
CG 21 06 05 14	Exclusion - Access or Disclosure of Confidential or Personal Information and Data-Related Liability - with Limited Bodily Injury Exception
CG 21 32 05 09	Communicable Disease Exclusion
CG 21 46 07 98	Abuse or Molestation Exclusion
CG 21 47 12 07	Employment-Related Practices Exclusion
CG 21 49 09 99	Total Pollution Exclusion
CG 21 67 12 04	Fungi or Bacteria Exclusion
CG 21 73 01 15	Exclusion of Certified Acts of Terrorism
CG 21 96 03 05	Silica or Silica Related Dust Exclusion
CG 24 26 04 13	Amendment of Insured Contract Definition
PCG 21 21 07 19	Animal Exclusion
PCG 30 48 07 19	Lead Exclusion
CG 21 16 04 13	Exclusion - Designated Professional Services
CG 21 44 04 17	Limitation of Coverage to Designated Premises, Project or Operation
CG 22 38 07 98	Exclusion – Fiduciary or Representative Liability of Financial Institutions

It is your responsibility as our Agent to include any state specific forms as required by the individual state for Excess and Surplus Lines Business.

Property Forms List

Form Number	Title
PIL 20 16 06 20	Specialty Policy Holder Notice - Claim Reporting
PIL 00 01 08 18	Commercial Lines Policy Jacket
PR Notice 01 18	Notice of Privacy Policy
PIL 00 10 08 18	Common Policy Declarations
PIL 10 10 08 18	Schedule of Forms and Endorsements
PIL 10 12 08 18	Service of Suit
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IL 00 17 11 98	Common Policy Conditions (IL 01 46 for Washington)
IL 00 21 09 08	Nuclear Energy Liability Exclusion (Broad Form) (Use in all states except HI)
IL 09 53 01 15	Exclusion of Certified Acts of Terrorism
AP 30 17 08 09	Actual Cash Value
AP 30 37 03 14	Protective Safeguards
AP 30 39 04 09	Total Loss - Property Earned Premium Endt
AP 30 47 11 09	Bioaerosols, Biological Organisms, Microorganisms or Organic Contaminants Exclusion
AP 30 50 04 20	Roof Valuation
AP 30 67 09 17	Exclusion - Asbestos Materials
AP 30 70 08 18	Cosmetic Damage Exclusion
AP 31 50 02 08	Sinkhole Collapse Exclusion
AP 40 01 05 19	Commercial Property Coverage Part Declarations
CP 00 10 04 02	Building and Personal Property Coverage Form
CP 00 90 07 88	Commercial Property Conditions
CP 10 30 04 02	Causes of Loss – Special Form
IL 09 35 07 02	Exclusion of Certain Computer-Related Losses
AP 30 21 07 13	Windstorm or Hail Percentage Deductible
AP 30 26 09 17	Existing Or Unrepaired Damage Exclusion
CP 00 30 04 02	Business Income (and Extra Expense) Coverage Form

It is your responsibility as our Agent to include any state specific forms as required by the individual state for Excess and Surplus Lines Business.

**INSURANCE SUPPLEMENT
POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that 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 the 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 an air carrier or vessel 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 EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS 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 BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS 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.

NOTICE TO STANDARD FIRE STATE POLICYHOLDERS: In certain states ("standard fire states"), a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if this policy is subject to the laws of a standard fire state and you reject this offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism. Coverage for such fire losses will be provided in your policy, subject to all other policy terms, conditions and exclusions.

Acceptance or Rejection of Terrorism Insurance Coverage

<input type="checkbox"/>	I hereby elect to purchase terrorism coverage for a prospective premium of \$ _____ .
<input checked="" type="checkbox"/>	I hereby decline to purchase terrorism coverage. I understand that an exclusion of certain terrorism losses will be included in the policy. I further understand that if this policy is subject to the laws of a standard fire state and I decline this offer, terrorism (fire only) coverage will not be excluded under the policy (subject to all other policy terms, conditions and exclusions).

DocuSigned by:

2D1E13CAFD87436...
Policyholder/Applicant's Signature
CHUCK DAMMON

Insurance Company

Print Name
12/30/2021 | 08:48 PST

Policy Number

Date

CONTACT TYPE: OWNER		CONTACT TYPE:	
CONTACT NAME: CHUCK DAMMON		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
985-640-7891			
PRIMARY E-MAIL ADDRESS:		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	554 OLD SPANISH TRAIL	<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: SLIDELL	STATE: LA	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL
1	COUNTY: ST TAMMANY	ZIP: 70458	<input type="checkbox"/>	<input type="checkbox"/>	OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					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:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL
	COUNTY:	ZIP:	<input type="checkbox"/>	<input type="checkbox"/>	OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					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:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL
	COUNTY:	ZIP:	<input type="checkbox"/>	<input type="checkbox"/>	OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					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:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL
	COUNTY:	ZIP:	<input type="checkbox"/>	<input type="checkbox"/>	OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					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	<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

LRO

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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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 <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK: _____	EVIDENCE: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY <input type="checkbox"/> SEND BILL	INTEREST IN ITEM NUMBER
				LOCATION: _____
				BUILDING: _____
				VEHICLE: _____
				BOAT: _____
			AIRCRAFT: _____	
			ITEM CLASS: _____	
			ITEM: _____	
			ITEM DESCRIPTION	
REFERENCE / LOAN #:		INTEREST END DATE:		
LIEN AMOUNT:		PHONE (A/C, No, Ext):		FAX (A/C, No):
REASON FOR INTEREST:		E-MAIL ADDRESS:		

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)			
<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?			
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).			
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?			
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?			
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?			
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:			
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				

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>Trey Rosch</i>	PRODUCER'S NAME (Please Print) TREY ROSCH	STATE PRODUCER LICENSE NO (Required in Florida) 577175
APPLICANT'S SIGNATURE <i>Chuck Damon</i>	DATE 12/30/2021	NATIONAL PRODUCER NUMBER

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

12/30/2021

AGENCY Fassbender Insurance Agency	CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 01/03/2022	APPLICANT / FIRST NAMED INSURED SPANISH TRAIL 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	PREMIUMS
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE	GENERAL AGGREGATE \$ 2,000,000 LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> LOCATION <input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:	PREMIUMS PREMISES/OPERATIONS
DEDUCTIBLES	PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ INCLUDED	PRODUCTS
<input type="checkbox"/> PROPERTY DAMAGE \$ <input type="checkbox"/> BODILY INJURY \$	PERSONAL & ADVERTISING INJURY \$ 1,000,000	OTHER
<input type="checkbox"/> PER CLAIM <input type="checkbox"/> PER OCCURRENCE	EACH OCCURRENCE \$ 1,000,000	TOTAL
	DAMAGE TO RENTED PREMISES (each occurrence) \$ 100,000	
	MEDICAL EXPENSE (Any one person) \$ 5,000	
	EMPLOYEE BENEFITS \$	
	\$	

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

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:
 1. UM / UIM COVERAGE IS IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE IS IS NOT AVAILABLE.

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

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1	1	61212	AREA	3,200					

CLASSIFICATION DESCRIPTION
BUILDING OR PREMISES

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS

CLASSIFICATION DESCRIPTION

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS

CLASSIFICATION DESCRIPTION

RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT
 (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER

CLAIMS MADE (Explain all "Yes" responses)

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

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

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:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:

PRODUCTS / COMPLETED OPERATIONS

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

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

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/>	NAME AND ADDRESS RANK: _____ EVIDENCE: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> REFERENCE / LOAN #: _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION _____ _____
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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" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">EQUIPMENT</th> <th style="width:30%;">TYPE OF EQUIPMENT</th> <th style="width:20%;">INSTRUCTION GIVEN (Y/N)</th> </tr> </thead> <tbody> <tr> <td> </td> <td><input type="checkbox"/> SMALL TOOLS <input type="checkbox"/> LARGE EQUIPMENT</td> <td> </td> </tr> <tr> <td> </td> <td><input type="checkbox"/> SMALL TOOLS <input type="checkbox"/> LARGE EQUIPMENT</td> <td> </td> </tr> </tbody> </table>	EQUIPMENT	TYPE OF EQUIPMENT	INSTRUCTION GIVEN (Y/N)		<input type="checkbox"/> SMALL TOOLS <input type="checkbox"/> LARGE EQUIPMENT			<input type="checkbox"/> SMALL TOOLS <input type="checkbox"/> LARGE EQUIPMENT												
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	<input type="checkbox"/> SMALL TOOLS <input type="checkbox"/> LARGE EQUIPMENT																			
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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																		
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">TYPE OF SPORT</th> <th style="width:10%;">CONTACT SPORT (Y/N)</th> <th style="width:20%;">AGE GROUP</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td><input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18</td> </tr> <tr> <td colspan="3">EXTENT OF SPONSORSHIP:</td> </tr> </tbody> </table>	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP			<input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18	EXTENT OF SPONSORSHIP:			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">TYPE OF SPORT</th> <th style="width:10%;">CONTACT SPORT (Y/N)</th> <th style="width:20%;">AGE GROUP</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td><input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18</td> </tr> <tr> <td colspan="3">EXTENT OF SPONSORSHIP:</td> </tr> </tbody> </table>	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP			<input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18	EXTENT OF SPONSORSHIP:			
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		<input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18																		
EXTENT OF SPONSORSHIP:																				
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?		N																		
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?		N																		

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

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

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

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

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

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

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

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

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

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

PRODUCER'S SIGNATURE <i>Trey Rosch</i>	PRODUCER'S NAME (Please Print) TREY ROSCH	STATE PRODUCER LICENSE NO (Required in Florida) 577175
APPLICANT'S SIGNATURE <i>Chuck Damon</i>	DATE 12/30/2021	NATIONAL PRODUCER NUMBER

PROPERTY SECTION

DATE (MM/DD/YYYY)

12/30/2021

AGENCY NAME Fassbender Insurance Agency		CARRIER		NAIC CODE
POLICY NUMBER		EFFECTIVE DATE 01/03/2022	NAMED INSURED(S) OLD SPANISH TRAIL LLC	

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION

PREMISES #: 1 STREET ADDRESS: 554 OLD SPANISH TRAIL, LLC
 BUILDING #: 1 BLDG DESCRIPTION: OFFICE BUILDING

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
BUILDING	\$235,000	80	RCV	SPECIAL		1,000	AOP		
BPP	\$10,000	80	RCV	SPECIAL		1,000	AOP		
BI/EE	\$10,000	80	1/4	SPECIAL		1,000	AOP		
WIND AND HAIL						5%			SUBJECT TO \$5,000 MINIMUM

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) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	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)	<input type="checkbox"/> ACCEPT COVERAGE	<input type="checkbox"/> REJECT COVERAGE	LIMIT: \$	
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	<input type="checkbox"/> ACCEPT COVERAGE	<input type="checkbox"/> REJECT COVERAGE	LIMIT: \$	
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____			

CONSTRUCTION TYPE FRAME	DISTANCE TO HYDRANT 200 FT	FIRE STAT 3 MI	FIRE DISTRICT FD-1	CODE NUMBER	PROT CL 3	# STORIES 2	# BASM'TS 0	YR BUILT 1985	TOTAL AREA 3200
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE SHINGLE GABLE	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> WIRING, YR: 2006	<input checked="" type="checkbox"/> PLUMBING, YR: 2006			
<input checked="" type="checkbox"/> ROOFING, YR: 2021	<input checked="" type="checkbox"/> HEATING, YR: 2006	WIND CLASS	SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT
<input type="checkbox"/> OTHER, YR: _____	<input type="checkbox"/> RESISTIVE	<input type="checkbox"/>	<input type="checkbox"/>	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 MONITORED ALARM	CERTIFICATE #	EXPIRATION DATE	<input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> LOCAL GONG
BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN <input type="checkbox"/> CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	<input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> LOCAL GONG
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ADDITIONAL INTEREST

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

ADDITIONAL PREMISES INFORMATION		PREMISES #:	STREET ADDRESS:						
		BUILDING #:	BLDG DESCRIPTION:						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY

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) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	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
		DEDUCTIBLE \$		

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	DISTANCE TO HYDRANT FT	DISTANCE TO FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMT'S	YR BUILT	TOTAL AREA
-------------------	------------------------	--------------------------	---------------	-------------	---------	-----------	-----------	----------	------------

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR:	<input type="checkbox"/> WIND CLASS	<input type="checkbox"/> SEMI-RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
<input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR:	<input type="checkbox"/> RESISTIVE	<input type="checkbox"/>	MANUFACTURER:	
<input type="checkbox"/> OTHER: YR:				

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> 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	<input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> LOCAL GONG
			<input type="checkbox"/> WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	<input type="checkbox"/> CLOCK HOURLY
---	--------	-------	---------------------	---------------------------------------

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	<input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> LOCAL GONG
---	---------	-------------------------	--

ADDITIONAL INTEREST ACORD 45 attached for additional names

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

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

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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.


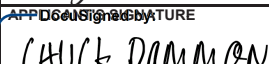
Applicable in OR

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) TREY ROSCH	STATE PRODUCER LICENSE NO (Required in Florida) 577175
APPLICANT'S SIGNATURE 	DATE 12/30/2021	NATIONAL PRODUCER NUMBER