A	CORD)	C	MMC	ER	RCIAL INSURANCE APPLICATION APPLICANT INFORMATION SECTION								DATE (MM/DD/YYYY) 03/02/2024			
AGENCY								CARRIER								NAIC CODE	
								FINCORP Insurance								52678	
Fincorp insurance								COMPANY POLICY OR PROGRAM NAME							100000000000000000000000000000000000000	OGRAM CODE	
								COMINS 23									
								POLICY NUMBER									
								7532685									
CON	CONTACT SIMON								UNDERWRITER UNDERWRITER OFFICE								
PHONE - CO O (CC 2								John adams									
								QUOTE ISSUE POLICY RENEW							RENEW		
FAX (A/C, No); E-MAIL ADDRESS:								STATUS OF TRANSACTION BOUND (Give Date and/or Attach Copy):									
ADDRESS: CODE: SUBCODE:								CHANGE DATE TIME AM							AM		
	NCY CUSTOMER I								CANCE	_				PM			
LINES OF BUSINESS																	
INDICATE LINES OF BUSINESS PREMIUM									PREMIUM						F	PREMIUM	
	BOILER & MACHINERY			\$			R AND PRIVACY	\$				YACHT			\$		
	BUSINESS AUTO				1	FIDUC	FIDUCIARY LIABILITY GARAGE AND DEALERS		\$						\$	\$	
V	BUSINESS OWNE					GARA									\$	\$	
/	COMMERCIAL GENERAL LIABILITY \$ 4 00			000	LIQUOR LIABILITY			\$							\$	\$	
-	COMMERCIAL INLAND MARINE \$				1/	мото	TOR CARRIER		\$ 500	\$ 5000					\$		
	COMMERCIAL PROPERTY \$				-	TRUC	KERS	\$						\$	\$		
	CRIME \$				UMBR	RELLA	\$							4	\$		
	ACCOUNTS RECEIVABLE / VALUABLE PAPERS						S AND SIGN SECTIO	N				STATEMENT / SCHEDULE OF VALUES					
	ADDITIONAL INTEREST SCHEDULE					HOTE	L / MOTEL SUPPLEM	IENT				STATE SUPPLEMENT (If applicable)					
-	ADDITIONAL INTEREST SOFTEDULE ADDITIONAL PREMISES INFORMATION SCHEDULE				1	INSTA	LLATION / BUILDER	S RISK SECTION			/	VACANT BUILDING SUPPLEMENT					
1	APARTMENT BUILDING SUPPLEMENT					INTER	RNATIONAL LIABILIT	Y EXPOSURE SUPPLEMENT				VEHICLE SCHEDULE					
CONDO ASSN BYLAWS (for D&O Coverage only)						-	RNATIONAL PROPER										
CONTRACTORS SUPPLEMENT						LOSS	LOSS SUMMARY										
	COVERAGES SCHEDULE					OPEN CARGO SECTION											
	DEALERS SECTION					PREM	PREMIUM PAYMENT SUPPLEMENT									•	
	DRIVER INFORMATION SCHEDULE					PROF	ESSIONAL LIABILIT	SUPPLE									
ELECTRONIC DATA PROCESSING SECTION						RESTAURANT / TAVERN SUPPLEMENT											
POLICY INFORMATION																	
PROPOSED EFF DATE PROPOSED EXP DATE BILLING PLAN							PAYMENT PLAN METHO			D OF PAYMENT AUD		DEPOSIT MIN		MINIMUM PREMIUI	NUM POLICY PREMIUM		
	03/02/20			_	7			cash		\$ 300					\$ 5000		
		0 2/0 9/20		DIRECT	A	GENCY											
	PLICANT INF							T		SIC			NAICS		EEIN	N OR SOC SEC #	
NAME (First Named Insured) AND MAILING ADDRESS (including ZI						+4)					03	2	NAICS	5382	FEIN	OR 300 320 #	
George Simon																	
EZR Reach Villa Avenue								BUSINESS PHONE #: 3 0 2 5 6 7									
53B, Beach Ville Avenue Florida									WEBSITE ADDRESS www. aivent. Com								
~	CORPORATION	JOINT VEN		RS		-	OT FOR PROFIT OR	"	TRUST	EK S	JUNFUN	ATION					
INDIVIDUAL LLC NO. OF MEMBERS AND MANAGERS: PARTNERSHIP								GL COD		SIC			NAICS		FEIN	OR SOC SEC#	
NAME (Other Named Insured) AND MAILING ADDRESS (including						IP+4)			GECODE			17,100					
									BUSINESS PHONE #:								
									E ADDRESS	-							
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-		CORPORATION JOINT VENTURE NOT FOR PROFIT O						SUBCHAPTER "S" CORPO									
INDIVIDUAL LLC NO. OF MEMBERS PARTNERSHIP NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)								GL COD		SIC			NAICS		FEIN	OR SOC SEC#	
NAM	/IE (Other Named In	sured) AND MAILING	ADDRES	o (including	ZIP+4)			SE SOLE SIO									
								BUSINESS PHONE #:									
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									WEBSITE ADDRESS								
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	CORPORATION	JOINT VENT		RS		==	OT FOR PROFIT OR ARTNERSHIP	-	TRUST	_,, 0 (JON OR			_			
<u></u>	INDIVIDUAL		MANAGER	RS:		P		1 of 4		1993.	2015 A	CORD	CORPO	ORATION	All rio	hts reserved.	
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