



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

RRUDD

DATE (MM/DD/YYYY)
11/22/2021

AGENCY M.E Wilson Company, LLC DBA Waldorff Insurance & Bonding 45 Eglin Parkway NE Suite 202 Fort Walton Beach, FL 32648	CARRIER ACE American Insurance Company NAIC CODE 22667	COMPANY POLICY OR PROGRAM NAME PROGRAM CODE
CONTACT NAME: K. Wayne Walker PHONE (A/C, No, Ext): (850) 581-4925 FAX (A/C, No): (850) 581-4930 E-MAIL ADDRESS: receptionist@waldorffinsurance.com AGENCY CUSTOMER ID: LEGEAIR-01		
UNDERWRITER John Elliott		UNDERWRITER OFFICE
STATUS OF TRANSACTION <input checked="" type="checkbox"/> BOUND (Give Date and/or Attach Copy): DATE: 11/23/2021 TIME: 12:01		<input type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		PREMIUM		PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$		\$		\$
<input type="checkbox"/> BUSINESS AUTO	\$		\$		\$
<input type="checkbox"/> BUSINESS OWNERS	\$		\$		\$
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	250.00	\$		\$
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$		\$		\$
<input checked="" type="checkbox"/> COMMERCIAL PROPERTY	\$	352.00	\$		\$
<input type="checkbox"/> CRIME	\$		\$		\$

ATTACHMENTS

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

POLICY INFORMATION

PROPOSED EFF DATE 11/23/2021	PROPOSED EXP DATE 11/23/2022	BILLING PLAN <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Legendary Air, LLC 4471 Legendary Drive Destin, FL 32541				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
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 <input type="checkbox"/> NO. OF MEMBERS AND MANAGERS: _____ PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/>				BUSINESS PHONE #: WEBSITE ADDRESS:			
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
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 <input type="checkbox"/> NO. OF MEMBERS AND MANAGERS: _____ PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/>				BUSINESS PHONE #: WEBSITE ADDRESS:			
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
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 <input type="checkbox"/> NO. OF MEMBERS AND MANAGERS: _____ PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/>				BUSINESS PHONE #: WEBSITE ADDRESS:			

CONTRACT: L20-0482-AP
LEGENDARY, INC.
BLOCK 10 LOT 6
EXPIRES: 10/01/2048

CONTACT INFORMATION

CONTACT TYPE:		CONTACT TYPE:	
CONTACT NAME:		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
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 # 1	STREET 1001 Airport Road, Block 10, lot 6, Hanger 12-105	CITY LIMITS <input checked="" type="checkbox"/> INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 1	CITY: Destin STATE: FL COUNTY: Okaloosa ZIP: 32541	OUTSIDE	TENANT <input checked="" type="checkbox"/> Okaloosa County	# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS: 1001 Airport Road, Block 10, Lot 6-Hanger 12-105, Destin, Florida -Airport					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	INSIDE	OWNER	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	STATE:	OUTSIDE	TENANT		OPEN TO PUBLIC AREA: SQ FT
	COUNTY:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	INSIDE	OWNER	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	STATE:	OUTSIDE	TENANT		OPEN TO PUBLIC AREA: SQ FT
	COUNTY:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	INSIDE	OWNER	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	STATE:	OUTSIDE	TENANT		OPEN TO PUBLIC AREA: SQ FT
	COUNTY:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					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 checked="" type="checkbox"/> Hanger for Plane	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 Airplane Hanger owned by Okaloosa County.						
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 The owner of the plane has their own insurance in place.						

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"/> LESSOR'S LOSS PAYABLE							FAX (A/C, No):	
REASON FOR INTEREST:	REFERENCE / LOAN #:	INTEREST END DATE:		PHONE (A/C, No, Ext):		E-MAIL ADDRESS:		
	LIEN AMOUNT:							

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES			Y/N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?			
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?			
<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?			
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)			
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?			
OCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?			
OCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?			
OCUR 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)			
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?			
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:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

PRIOR CARRIER INFORMATION (continued)

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>K. Wayne Walker</i>	PRODUCER'S NAME (Please Print) K. Wayne Walker	STATE PRODUCER LICENSE NO (Required in Florida) A276089
APPLICANT'S SIGNATURE <i>L. Bl.</i>	DATE 11/29/21	NATIONAL PRODUCER NUMBER 463837



AGENCY CUSTOMER ID: LEGEAIR-01

RRUDD

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)
11/22/2021

AGENCY M.E Wilson Company, LLC DBA Waldorff Insurance & Bonding		CARRIER ACE American Insurance Company		NAIC CODE 22867
POLICY NUMBER TBD	EFFECTIVE DATE 11/23/2021	APPLICANT / FIRST NAMED INSURED Legendary Air, 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	GENERAL AGGREGATE \$ 1,000,000	PREMIUMS
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> LOCATION	PREMISES/OPERATIONS
<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE	PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$	PRODUCTS
DEDUCTIBLES	PERSONAL & ADVERTISING INJURY \$	OTHER
<input type="checkbox"/> PROPERTY DAMAGE \$	EACH OCCURRENCE \$ 1,000,000	TOTAL
<input type="checkbox"/> BODILY INJURY \$	DAMAGE TO RENTED PREMISES (each occurrence) \$	
<input type="checkbox"/> PER CLAIM PER OCCURRENCE	MEDICAL EXPENSE (Any one person) \$	
	EMPLOYEE BENEFITS \$	
	\$	

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)
See attached Forms & Endorsements Schedule.

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

LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/QPS	PRODUCTS	PREM/QPS	PRODUCTS
1	1	Warehouses private (for profit)- Hanger	68706	A	3,900	006				

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

CLAIMS MADE (Explain all "Yes" responses)

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

EMPLOYEE BENEFITS LIABILITY

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

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					Y/N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:	

PRODUCTS / COMPLETED OPERATIONS

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

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

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

ACORD 46 attached for additional names

<p>INTEREST</p> <p><input type="checkbox"/> ADDITIONAL INSURED</p> <p><input type="checkbox"/> EMPLOYEE AS LESSOR</p> <p><input type="checkbox"/> LIENHOLDER</p> <p><input type="checkbox"/> LOSS PAYEE</p> <p><input type="checkbox"/> MORTGAGEE</p> <p><input checked="" type="checkbox"/> Additional Interest Lessor</p>	<p>NAME AND ADDRESS RANK: Okaloosa County Risk Management Department 302 Wilson Street, Suite 301 Street Crestview, FL 32536</p>	<p>EVIDENCE: <input checked="" type="checkbox"/> CERTIFICATE</p>	<p>INTEREST IN ITEM NUMBER</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>LOCATION: 1</td> <td>BUILDING: 1</td> </tr> <tr> <td>ITEM CLASS:</td> <td>ITEM:</td> </tr> <tr> <td colspan="2">ITEM DESCRIPTION Hanger at Destin Airport</td> </tr> </table>	LOCATION: 1	BUILDING: 1	ITEM CLASS:	ITEM:	ITEM DESCRIPTION Hanger at Destin Airport	
LOCATION: 1	BUILDING: 1								
ITEM CLASS:	ITEM:								
ITEM DESCRIPTION Hanger at Destin Airport									
<p>REFERENCE / LOAN #:</p>									

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?																															
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?																															
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)																															
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?																															
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">EQUIPMENT</th> <th colspan="2" style="width:30%;">TYPE OF EQUIPMENT</th> <th style="width:20%;">INSTRUCTION GIVEN (Y/N)</th> </tr> <tr> <td></td> <td style="width:15%;">SMALL TOOLS</td> <td style="width:15%;">LARGE EQUIPMENT</td> <td></td> </tr> <tr> <td></td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)		SMALL TOOLS	LARGE EQUIPMENT			SMALL TOOLS	LARGE EQUIPMENT																				
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	SMALL TOOLS	LARGE EQUIPMENT																													
	SMALL TOOLS	LARGE EQUIPMENT																													
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?																															
7. ANY PARKING FACILITIES OWNED/RENTED?																															
8. IS A FEE CHARGED FOR PARKING?																															
9. RECREATION FACILITIES PROVIDED?																															
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"># APTS</th> <th style="width:15%;">TOTAL APT AREA</th> <th style="width:75%;">DESCRIBE OTHER LODGING OPERATIONS</th> </tr> <tr> <td></td> <td style="text-align: center;">Sq. Ft.</td> <td></td> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	# APTS	TOTAL APT AREA	DESCRIBE OTHER LODGING OPERATIONS		Sq. Ft.																										
# APTS	TOTAL APT AREA	DESCRIBE OTHER LODGING OPERATIONS																													
	Sq. Ft.																														
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)																															
<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?																															
13. ARE ATHLETIC TEAMS SPONSORED?																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;">TYPE OF SPORT</th> <th style="width:10%;">CONTACT SPORT (Y/N)</th> <th style="width:15%;">AGE GROUP</th> <th style="width:10%;"></th> <th style="width:10%;">13 - 18</th> <th style="width:25%;">TYPE OF SPORT</th> <th style="width:10%;">CONTACT SPORT (Y/N)</th> <th style="width:15%;">AGE GROUP</th> <th style="width:10%;"></th> <th style="width:10%;">13 - 18</th> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18</td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18</td> <td></td> <td></td> </tr> </thead> <tbody> <tr> <td colspan="5">EXTENT OF SPONSORSHIP:</td> <td colspan="5">EXTENT OF SPONSORSHIP:</td> </tr> </tbody> </table>	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP		13 - 18	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP		13 - 18			<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18					<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18			EXTENT OF SPONSORSHIP:					EXTENT OF SPONSORSHIP:					
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EXTENT OF SPONSORSHIP:					EXTENT OF SPONSORSHIP:																										
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?																															
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?																															

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y/N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				
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?				
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				

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

**Commercial Policy Package
617**

SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

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

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

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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.

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

PRODUCER'S SIGNATURE <i>K. Wayne Walker</i>	PRODUCER'S NAME (Please Print) K. Wayne Walker	STATE PRODUCER LICENSE NO (Required in Florida) A276089
APPLICANT'S SIGNATURE <i>[Signature]</i>	DATE 11/29/21	NATIONAL PRODUCER NUMBER 463837

**ADDITIONAL INTEREST SCHEDULE**

DATE (MM/DD/YYYY)

11/22/2021

AGENCY M.E Wilson Company, LLC DBA Waldorff Insurance & Bonding		CARRIER ACE American Insurance Company		NAIC CODE 22667
POLICY NUMBER TBD		EFFECTIVE DATE 11/23/2021	NAMED INSURED(S) Legendary Air, LLC	

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)

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"/> LIENHOLDER <input checked="" type="checkbox"/> WAIVER OF SUBROGATION		LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE <input type="checkbox"/>	NAME AND ADDRESS RANK: Okaloosa County Risk Management Department 302 Wilson Street, Suite 301 Crestview, FL 32536	EVIDENCE: <input checked="" type="checkbox"/>	CERTIFICATE <input type="checkbox"/>	POLICY <input type="checkbox"/>	SEND BILL <input type="checkbox"/>	INTEREST IN ITEM NUMBER LOCATION: 1 BUILDING: 1 VEHICLE: BOAT: AIRPORT: AIRCRAFT: ITEM CLASS: ITEM: ITEM DESCRIPTION Hanger at Destin Airport	
REFERENCE / LOAN #:			INTEREST END DATE:		PHONE (A/C, No, Ext):			FAX (A/C, No):	
LIEN AMOUNT:			E-MAIL ADDRESS:						

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"/> LIENHOLDER <input checked="" type="checkbox"/> 30 DAY NOC		LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE <input type="checkbox"/>	NAME AND ADDRESS RANK: Okaloosa County Board of County Commissioners 302 Wilson Street, Suite 301 Crestview, FL 32536	EVIDENCE: <input type="checkbox"/>	CERTIFICATE <input type="checkbox"/>	POLICY <input type="checkbox"/>	SEND BILL <input type="checkbox"/>	INTEREST IN ITEM NUMBER LOCATION: 1 BUILDING: 1 VEHICLE: BOAT: AIRPORT: AIRCRAFT: ITEM CLASS: ITEM: ITEM DESCRIPTION Hanger at Destin Airport	
REFERENCE / LOAN #:			INTEREST END DATE:		PHONE (A/C, No, Ext):			FAX (A/C, No):	
LIEN AMOUNT:			E-MAIL ADDRESS:		REASON FOR INTEREST: 30 DAY NOTICE OF CANCELLATION				

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"/> LIENHOLDER		LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE <input type="checkbox"/>	NAME AND ADDRESS RANK: 	EVIDENCE: <input type="checkbox"/>	CERTIFICATE <input type="checkbox"/>	POLICY <input type="checkbox"/>	SEND BILL <input type="checkbox"/>	INTEREST IN ITEM NUMBER LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: ITEM CLASS: ITEM: ITEM DESCRIPTION	
REFERENCE / LOAN #:			INTEREST END DATE:		PHONE (A/C, No, Ext):			FAX (A/C, No):	
LIEN AMOUNT:			E-MAIL ADDRESS:		REASON FOR INTEREST:				

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"/> LIENHOLDER		LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE <input type="checkbox"/>	NAME AND ADDRESS RANK: 	EVIDENCE: <input type="checkbox"/>	CERTIFICATE <input type="checkbox"/>	POLICY <input type="checkbox"/>	SEND BILL <input type="checkbox"/>	INTEREST IN ITEM NUMBER LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: ITEM CLASS: ITEM: ITEM DESCRIPTION	
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LIEN AMOUNT:			E-MAIL ADDRESS:		REASON FOR INTEREST:				

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LIEN AMOUNT:			E-MAIL ADDRESS:		REASON FOR INTEREST:				

AGENCY CUSTOMER ID: LEGEAIR-01

RRUDD

PROPERTY SECTIONDATE (MM/DD/YYYY)
11/22/2021

AGENCY NAME M.E Wilson Company, LLC DBA Waldorff Insurance & Bonding		CARRIER ACE American Insurance Company		NAIC CODE 22667
POLICY NUMBER TBD		EFFECTIVE DATE 11/23/2021	NAMED INSURED(S) Legendary Air, LLC	

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION		PREMISES #: 1	STREET ADDRESS: 1001 Airport Road, Block 10, lot 6, Hanger 12-105, Destin, FL 32541		
		BUILDING #: 1	BLDG DESCRIPTION: Hanger at Destin Airport		

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Business Personal Property	50,000	80	R	Special (including theft) - Detail		1,000			Windstorm & Hail Excluded

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

See Attached Overflow.

CONSTRUCTION TYPE Metal	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 5 MI	FIRE DISTRICT Destin FD	CODE NUMBER	PROT CL 4	# STORIES 1	# BASM'TS 0	YR BUILT 2008	TOTAL AREA 3,900
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER, YR: _____	<input type="checkbox"/> PLUMBING, YR: _____ <input type="checkbox"/> HEATING, YR: _____	WIND CLASS <input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N	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
--	--

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

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

ADDITIONAL PREMISES INFORMATION

PREMISES #:		STREET ADDRESS:							
BUILDING #:		BLDG DESCRIPTION:							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARO %	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)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS	
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION	<input type="checkbox"/> POWER OUTAGE

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: _____
See Attached Overflow.

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
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ROOFING, YR:	HEATING, YR:	RESISTIVE		MANUFACTURER:				
OTHER, YR:								

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

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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
---	--------	-------	---------------------	--------------

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

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

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Commercial Property Forms
 121895 10-17 Property Program Performance Endorsement
 CP0010 06-07 Building and Personal Property Coverage form
 CP0090 07-88 Commercial Property Conditions
 CP0140 07-06 Exclusion of Loss due to Virus or Bacteria
 CP0321 07-06 Windstorm or Hail Percentage Deductible
 CP1030 06/07 Causes of Loss-Special Form
 CP1032 08-08 Water Exclusion Endorsement
 CP1065 10-12 Flood Coverage Endorsement
 CP0125 07/08 Florida Changes

SIGNATURE

AGENCY CUSTOMER ID:

LEGEAIR-01

RRUDD

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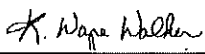

Applicable in OR

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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.

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PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) K. Wayne Walker	STATE PRODUCER LICENSE NO (Required in Florida) A276089
APPLICANT'S SIGNATURE 	DATE 11/29/21	NATIONAL PRODUCER NUMBER 463837

