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ACORD [®]	

UMBRELLA / EXCESS SECTION

DATE	(MM/DD/YYYY)

IMPORTANT - If CLAIMS MADE is checked in the POLICY INFORMATION section below, this is an application for a claims-made policy. AGENCY Bowen, Miclette & Britt of FL POLICY NUMBER EFFECTIVE DATE MARKETING BINDURED(S) CARRIER Marketing Binder Company NAMED INSURED(S)	05/21/2024										
Bowen, Miclette & Britt of FL Marketing Binder Company POLICY NUMBER EFFECTIVE DATE NAMED INSURED(S)	, , , , , , , , , , , , , , , , , , ,										
POLICY NUMBER EFFECTIVE DATE NAMED INSURED(S)	AGENCY		CARRIER		NAIC CODE						
	Bowen, Miclette & Britt of FL		Marketing Binder Company								
	POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)								
APP678998 06/01/2024 Brevard Workforce Development Board,	APP678998	06/01/2024	Brevard Workforce Development Board,								

POLICY INFORMATION RETAINED LIMIT TRANSACTION TYPE LIMIT OF LIABILITY NEW UMBRELLA VOLUNTARY \$ 1,000,000 EA OCC OCCURRENCE RETROACTIVE DATE \$ 1,000,000 AGG RENEWAL **EXCESS** CLAIMS MADE PROPOSED CURRENT FIRST DOLLAR DEFENSE (Y / N) \$ EXPIRING POL #:

EMPLOYEE BENEFITS LIABILITY			
LIMIT OF INSURANCE (Ea Employee)	AGGREGATE LIMIT FOR EBL	RETAINED LIMIT FOR EBL	RETROACTIVE DATE FOR EBL
\$	\$	\$	
NAME OF BENEFIT PROGRAM			

PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)

#		ITION & SUBSIDIARIES (ACORL ID LOCATION OF PRIMARY AND ALL SUBSI	•	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL		
1	NAME: LOCATION:	257/297 Barnes Blvd Rockledge, I	FL .	2,287,295	13,000,000		36		
	DESCRIPTION:	Employment Agency							
2	NAME: LOCATION: DESCRIPTION:	3880 S Washington Ave Ste 214 Office							
3	NAME: LOCATION: DESCRIPTION:								
4	NAME: LOCATION: DESCRIPTION:	329 Bill France Blvd Daytona Office	Daytona Beach	FL 32	2114				
5	NAME: LOCATION: DESCRIPTION:	359 Bill France Blvd Daytona Career Center	Daytona Beach	FL 32	2114				
6	NAME: LOCATION: DESCRIPTION:	20 Airport Road Flagler Office	Palm Coast	FL 32	2164				

UNDERLYING INSURANCE

	LIST ALL LIABILITY	/ COMPENSATION POLICIE	S IN FORCE TO APPL	Y AS UNDERLYING INSU	JRANCE		+ - RATING	
TYPE	CARRIER / POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	L	IMITS	ANNUAL RENEWAL PREMIUM	MOD	
				CSL EA ACC	\$ 1,000,000	\$		
AUTOMOBILE	Marketing Binder Com	06/01/2024	06/01/2025	BI EA ACC	\$	s		
LIABILITY	APPFITAU336902023	06/01/2024	06/01/2025	BI EA PER	\$	3		
				PD EA ACC	\$	\$		
GENERAL				EACH OCCURRENCE	\$ 1,000,000	PREM / OPS		
LIABILITY				GENERAL AGGR	\$ 3,000,000	\$		
POLICY TYPE	Marketing Binder Com APPFITGL336902023	06/01/2024	06/01/2025	PROD & COMP OPS AGGREGATE	\$ 3,000,000	PRODUCTS		
OCCUR		APPFITGL336902023	00/01/2024	00/01/2023	PERSONAL & ADV INJURY	\$ 1,000,000	\$	
CLAIMS MADE				DAMAGE TO RENTED PREMISES	\$ 1,000,000	OTHER		
				MEDICAL EXPENSE	_{\$} 10,000	\$ 0.00		
				EACH ACCIDENT	\$			
EMPLOYERS LIABILITY				DISEASE EACH EMPLOYEE	\$	\$		
				DISEASE POLICY LIMIT	\$			
PRO	Marketing Binder Com	06/01/2024	06/01/2025	Professional	1,000,000	\$		
	APPFITGL336902023	00/01/2024	00/01/2023		-,,	<u> </u>		
						\$		

ACORD 131 (2013/12)

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UNITED SECONDS IN WITHIN ACCREDING A SEPARATE LIMIT? 1. ARE DEFENSE COSTS: WITHIN ACCREDING SIMILAR FILING FOR THE INDEPLYING GOVERAGE: 3. HOLGATE THE EDITION DATE OF THE IBO FORM OR SIMILAR FILING FOR THE INDEPLYING GOVERAGE: 3. HAS ANY PRODUCT, WORK, ACCIDENT OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? (Y / N) 4. FOR CLAMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDEFLYING POLICY: 5. FOR CLAMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAMS MADE COVERAGE: 6. FOR CLAMS MADE, WAS THAT LOVERAGE OF COVERAGE POLICY: 7. FOR CLAMS MADE, WAS THAT LOVERAGE OF COVERAGE POLICY FILING OF COVERAGE PROVIDE AND PREVIOUS PRIMARY OR EXCESS POLICY? (Y / N) 8. FOR CLAMS MADE, WAS THAT LOVERAGE OF COVERAGE POLICY FILING OF COVERAGE PROVIDE AND PRIMARY OR EXCESS POLICY? (Y / N) 9. FOR CLAMS MADE, WAS THAT LOVERAGE OF COVERAGE POLICY FILING OF COVERAGE PROVIDE AND PRIMARY OR EXCESS POLICY? (Y / N) 9. FOR CLAMS MADE, WAS THAT LOVERAGE OF COVERAGE POLICY FILING OF COVERAGE PROVIDE AND PRIMARY OR EXCESS POLICY? (Y / N) 9. FOR CLAMS MADE, WAS THAT LOVERAGE OF COVERAGE POLICY FILING OF COVERAGE PROVIDE AND PRIMARY OR EXCESS POLICY? (Y / N) 9. FOR CLAMS MADE, WAS THAT LOVERAGE OF COVERAGE POLICY FILING OF COVERAGE PROVIDERS BRAIN ALL DEPOSITION OF COVERAGE PROVIDER	UNDE	RLYING INSURAN	NCE (cont	inued)			AG	ΕN	U I	COSTOMER	i iD: <u>5112 171</u>			_			
AMPINIOS EXPERIENCE COSTS: WINTER AGGREGATE LUMITS WINTER COVERAGE					n all "YES	" responses)											
2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE 3. HAS ANY PRODUCT, WORK, ACCIDENT OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? (Y'N) N 4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY: 5. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY: 5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE: 6. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE: 6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y'N) N 6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y'N) N 6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y'N) N 6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE BURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y'N) N 6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE BURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y'N) N 6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE BURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y'N) N 6. FOR CLAIMS MADE WAS "TAIL" COVERAGE BURCHASED FOR ANY PREVIOUS PROPERS PRESENT FOR EACH OVERAGE. EXCESS POLICY? (Y'N) N 6. FOR CLAIMS MADE WAS "TAIL" COVERAGE BURCHASED FOR ANY PREVIOUS PREVIOUS PROPERS PRESENT FOR EACH OVERAGE. EXCESS POLICY? (Y'N) N 6. FOR CLAIMS MADE WAS "TAIL" COVERAGE BURCHASED FOR ANY PREVIOUS P						· ,			T	A SEPARA	TE LIMIT?			UNLIMITED?			
4. FOR CLAIMS NADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY: 5. FOR CLAIMS NADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY: 5. FOR CLAIMS NADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE: 6. FOR CLAIMS NADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE: 6. FOR CLAIMS NADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE: 6. FOR CLAIMS NADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE: 6. FOR CLAIMS NADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE: 6. FOR CLAIMS NADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE: 6. FOR CLAIMS NADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE: 6. FOR CLAIMS NADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE: 6. FOR CLAIMS NADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y / N)							OR	THE	 1U 3								
5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE: 6. FOR CLAIMS IMADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OF EXCESS POLICY? (Y / N) **OF INDICATE COVERAGES IN INDICATIVING POLICIES. ALS GREEN FOR EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDED AND CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PREVIOUS EXPANDANT OF SEPCIAL COVERAGES BEYOND STANDARD PRIAS. SEPCIAL NAT EXPOSURE COVERAGES BEYOND STANDARD PRIAS. SEPCIAL NAT EXPOSURE COVERAGE EXPOSURE AND CHECK IF ANY EXPOSURES. **CHECK IF APPROPRIATE** **CHECK IF APPROPRIATE** **COVERAGE** **COVERAGE*	3. HA	AS ANY PRODUCT, I	WORK, ACC	CIDENT OR	LOCATI	ON BEEN EXCLUDE	ED, U	וואל		JRED OR SEL	F-INSURED F	FROM	AN'	Y PREVIOUS C	OVERAGE	E? (Y / N)	N
5. FOR CLAIMS MADE, MOISTEE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE: 6. FOR CLAIMS MADE, WAS TRAIL*COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OF EXCESS POLICY? (Y / N) N EFF. DATE:	4 50		IDICATE DE	TTDO A CTIV	/C DATE	OF CURRENT UNIT	VED!	VII		DOLICY:							
EFF. DATE: CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE, PROVIDE AN EXPLANATION EXPLAN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS, ESPLAN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. EXPLAN ALL EXPOSURES. CHECK IF APPROPRIATE OVERAGE EXPOSURE CGL - COLORRENCE OVERAGE EXPOSURE EXPOSION EXPOSION EXPOSION EXPOSION EXPOSION EXPOSION EXPOSION																	
DIFFERENT LIMITS, EXTRENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGE SEYOND STANDARD FORMS. EXPOSURE EXPO		DR CLAIMS MADE, W	VAS "TAIL" (COVERAGE	E PURCH	IASED FOR ANY PR	REVI	ΟU	S PI	RIMARY OR E	XCESS POLI	,					
ANY AUTO (SYMBOL 1) COL - CLAMM MADE COL - CLAMM MADE COL - COLORRENCE COL - COLORRENCE EXPOSURE ARACEKEEPERS LIBBILITY ARCRAFT LABILITY WATERCAFT LAB																LXI LXIII II	
CGL - CLAIMS MADE EMPLOYEE BENEFIT LIABILITY VENDORS LIABILITY VENDORS LIABILITY VENDORS LIABILITY VENDORS LIABILITY VALUE VALU		CHECK IF AF	PPROPRIATE		C	OVERAGE					EXPOS	URE	cov	ERAGE			EXPOSURE
CGL - OCCURRENCE COVERAGE EXPOSURE GRAGGEKEPERS LIABILITY AIRCRAFT LABILITY AIRCRAFT LABILITY AIRCRAFT LABILITY AIRCRAFT PASSENGER LIABILITY AIRCRAFT PASSENGER LIABILITY AIRCRAFT PASSENGER LIABILITY AIRCRAFT PASSENGER LIABILITY DODITIONAL INTERESTS POLIUTION LIABILITY UNDIDENTAL REDICAL MALPRACTICE LIQUOR LIABILITY UNDIDENTAL REDICAL MALPRACTICE LIQUOR LIABILITY UNDERCHYNON LIABILITY DATE PASSENGER LIABILITY AIRCRAFT PASSENGER LIABILITY AIRCRAFT PASSENGER LIABILITY AIRCRAFT PASSENGER LIABILITY AIRCRAFT LIABILITY AIRCR	AN	IY AUTO (SYMBOL 1)				CARE, CUSTODY, C	ONT	ROL					\times	PROFESSIONAL	LIABILITY (E	E&O)	
GOVERAGE EXPOSURE GARAGENEEPERS LABILITY GARAGENEEPERS LABILITY INCIDENTAL MEDICAL MALPRACTICE AIRCRAFT LABILITY AIRCRAFT LABILITY AIRCRAFT PASSENGER LIABILITY ADDITIONAL INTERESTS DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE, INFORMATION (INCLUDE ALL RESTRICTIONS; e.g., LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) ACORD 101, Additional Remarks Schedule, may be attached if more space is required. PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) ACORD 101, Additional Remarks Schedule, may be attached if more space is required. NO SUCH CLAIMS CARE, CUSTODY, CONTROL LOC PROPERTY TYPE VALUE A' B' C' D' SQFT OF BLDQ OCC PRESONAL PROPERTY "APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify VEHICLES) TYPE # 50WHED # NOW, #LEASED PROPERTY HALLED GRADUATION AND THE PAST FIVE (5) YEARS, ARDUNG MINES IN THE LEASE, INTERESTRICTIONS, EACH OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify VEHICLES) TYPE # 50WHED # NOW, #LEASED PROPERTY HALLED GRADUATION AND THE PAST FIVE (5) YEARS, ARDUNG MINES IN THE LEASE (B) TASK A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify VEHICLES) RADIAL MATERIAL TO THE PAST FIVE (5) YEARS, ARDUNG MINES (TO THE PAST FIVE (5) YEARS,	CG	GL - CLAIMS MADE				EMPLOYEE BENEFI	T LIA	BILI	TY					VENDORS LIABI	LITY		
AIRCRAFT LIABILITY AIRCRAFT PASSENDER LIABILITY ADDITIONAL INTERESTS DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE, POLIUTION LIABILITY UNDERLYING INSURANCE COVERAGE INFORMATION (INCLIDE ALL RESTRICTIONS; a.g., LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) ACORD 101, Additional Remarks Schedule, may be attached if more space is required. PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) ACORD 101, Additional Remarks Schedule, may be attached if more space is required. NO SUCH CLAIMS CARE, CUSTODY, CONTROL. LOC PROPERTY TYPE VALUE A B C D D SQ FT OF BLDG OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) ACORD 101, Additional Remarks Schedule, may be attached if more space is required. OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY **APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify VEHICLES) Type # 50 WIND # 50 WIN	\times co	GL - OCCURRENCE				FOREIGN LIABILITY	/ TR/	AVE	L					WATERCRAFT L	ABILITY		
AIRCRAFT PASSENGER LIABILITY ADDITIONAL INTERESTS POLLUTION LIBILITY ADDITIONAL INTERESTS ACORD 101, Additional Remarks Schedule, may be attached if more space is required. PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (6) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) ACORD 101, Additional Remarks Schedule, may be attached if more space is required. PROPERTY TYPE ACORD 101, Additional Remarks Schedule, may be attached if more space is required. LIQUIP REPORTS TO CLAIMS, DURING THE PAST FIVE (6) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) ACORD 101, Additional Remarks Schedule, may be attached if more space is required. CARE, CUSTODY, CONTROL CARE, CUSTODY, CONTROL REAL PERSONAL OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY **APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify VEHICLES) TYPE **SOWNED #*NONE #*LEASED PROPERTY HAULED PROPERTY HAULED **RONE #*SOWNED #*NONE #*LEASED PROPERTY HAULED **POUND #*NONE #*LEASED PROPERTY HAULED **POUND #*NONE #*LEASED PROPERTY HAULED	COVER	AGE		EXPO	SURE	GARAGEKEEPERS I	_IABI	LITY	1								
ADDITIONAL INTERESTS POLLUTION LIABILITY UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS, e.g., LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) ACORD 101, Additional Remarks Schedule, may be attached if more space is required. PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) ACORD 101, Additional Remarks Schedule, may be attached if more space is required. NO SUCH CLAIMS CARE, CUSTODY, CONTROL LOC PROPERTY TYPE VALUE A B C D' SQ FT OF BLDG OCC REAL PERSONAL OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY *APPLICANT: (A) IS HELD HARMLESS IN THE LEASE, (B) HAS A WAIVER OF SUBROGATION, (C) IS A NAMED INSURED IN THE FIRE POLICY, (D) OTHER (specify VEHICLES TYPE # DWNED # NONE # LEASED PROPERTY HAULED RADIUS MILES.	AIF	RCRAFT LIABILITY				INCIDENTAL MEDIC	AL M	IALF	RAC	CTICE							
UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; e.g., LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) ACORD 101, Additional Remarks Schedule, may be attached if more space is required. PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS. WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) ACORD 101, Additional Remarks Schedule, may be attached if more space is required. PROPERTY TYPE VALUE A' B' C' PROPERTY TYPE VALUE A' B' C' CCUPANCY / DESCRIPTION OF PERSONAL PROPERTY **APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify VEHICLES) TYPE # 60WHED **BONNE** **ARADIUS (MILES) **PROPERTY HAULED **PROPERTY HAULED **RADIUS (MILES) **PROPERTY HAULED **PROPERTY HAULED **PROPERTY HAULED **RADIUS (MILES) **PROPERTY HAULED **PROPERT	AIF	RCRAFT PASSENGER LI	ABILITY			LIQUOR LIABILITY											
PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS. WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) ACORD 101, Additional Remarks Schedule, may be attached if more space is required. NO SUCH CLAIMS CARE, CUSTODY, CONTROL LOC PROPERTY TYPE VALUE A' B' C' D' SQ FT OF BLDG OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY *APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify VEHICLES **TYPE # 6WINED #NON.** #LEASED PROPERTY HAULED RADIUS (MILES) IN THE LEASE OF PROPERTY HAULED RADIUS (MILES) RADI	AD	DITIONAL INTERESTS				POLLUTION LIABILIT	ΓΥ										
LOC PROPERTY TYPE VALUE A* B* C* D* SQ FT OF BLDG OCC REAL PERSONAL OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY *APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify VEHICLES TYPE # OWNED # NON-OWNED # LEASED PROPERTY HAULED PROPERTY HAULED	WHETH required	IER INSURED OR NOT. :															ce is
REAL PERSONAL OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY *APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify VEHICLES TYPE # OWNED # NON- PROPERTY HAULED PROPERTY HAULED PROPERTY HAULED LOCAL INTER- LOCAL INTE	CARE	E, CUSTODY, CON	NTROL						_								
APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify VEHICLES TYPE # OWNED # NON- PROPERTY HAULED PROPERTY HAULED PROPERTY HAULED LOCAL INTER- LOCAL	LOC				VALUE		A	В	· c	C*		D*			S	Q FT OF BLD	G OCC
*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify VEHICLES TYPE # OWNED # NON-OWNED # LEASED PROPERTY HAULED PROPERTY HAULED LOCAL INTER- LOI																	
*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify VEHICLES TYPE # OWNED # NON-ONNED # LEASED PROPERTY HAULED LOCAL INTER- LOCAL INTER									\perp								
VEHICLES TYPE # OWNED ON # LEASED PROPERTY HAULED PROPERTY HOLD INTER- LOI																	
TYPE # OWNED # LEASED PROPERTY HAULED RADIUS (MILES)			_D HARMLE	SS IN THE	LEASE,	[B] HAS A WAIVER	OF S	SUE	3RO	DGATION, [C] I	S A NAMED I	NSUR	ED	IN THE FIRE F	OLICY, [D] OTHER (s	pecify)
TYPE # OWNED # LEASED PROPERTY HAULED LOCAL INTER- LOI	VEHIC	ULES	Г	T					_								
		TYPE	# OWNED		# LEASE					PROPERTY H	AULED					INTER-	S) LONG DISTANCE

ТҮРЕ		# OWNED	# NON- OWNED	# LEASED	PROPERTY HAULED	R. LOCAL	ADIUS (MILE INTER- MEDIATE	S) LONG DISTANCE
PRIVATE	PASSENGER	1						
	LIGHT							
	MEDIUM							
TRUCKS	HEAVY							
	EX. HEAVY							
TRUCKS /	HEAVY							
TRACTORS	EX. HEAVY							
BUSES								

ADDITIONAL EXPOSURES

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED	Y/N
ADVERTISERS LIABILITY	
1. MEDIA USED:	
ANNUAL COST: \$	
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?	N
	"
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?	
	N
AIRCRAFT LIABILITY	
4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?	
	N
AUTO LIABILITY	
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?	
10. ANE EXILECTIVES, CAUSTICS, I EXIMINABLES ON OTHER DANGEROOS CARGO HAGEED:	N
A ADE DAGGENGEDO GADRIED FOR A 5550	
6. ARE PASSENGERS CARRIED FOR A FEE?	N
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?	N
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?	N
	"
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED?	.,
	Y
CONTRACTORS LIABILITY	
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?	
······································	N
11. DESCRIBE TYPICAL JOBS PERFORMED (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	
11. DESCRIBE 111 TOAL 3000 FERT ORIVILE (ACCIVE 101, Additional Remarks Schedule, may be attached if more space is required)	
12. DESCRIBE AGREEMENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?	
· · · · · · · · · · · · · · · · · · ·	N
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?	
14. DO SUBCONTRACTORS CARRY COVERAGES OR EINITS LESS THAN AFFEIGANT!	N
EMPLOYERS LIABILITY	
15. IS APPLICANT SELF-INSURED IN ANY STATE?	N
16. SUBJECT TO: JONES ACT FELA STOP GAP OTHER:	
INCIDENTAL MALPRACTICE LIABILITY	
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?	N
	"
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?	N.I
	N
19. INDICATE # OF DOCTORS: NURSES: BEDS:	

ADDITIONAL EXPOSURES (continued) PERA AL TYPE SERVICES (CONTINUED) PERA POLIUTION LIABILITY POLIUTION LIABILITY 21. DISCORDER PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUG INSTERMAS THAT MAY REQUIRE SPECIAL DISCORDER PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUG INSTERMAS THAT MAY REQUIRE SPECIAL OL WITH THA INDIAND BY DELIUTION EXCUSSION OL WITH STANDARD SUDDEN & ACCIDENTAL ONLY SEPRENT FOLLUTION COMPAGE 22. ARE MISSUES. ENGINES. GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN ARCRAFT? N 23. ANY PORECH OFFENTONS. FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD; DISTRIBUTED IN FOREIGN COUNTRIES? WITHER AND ACQUIRED TO THE COMPAGE SYSTEMS OF THE USE
20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS? 21. INDICATE THE COVERAGES CARRIED: GL WITH STANDARD ISO POLLUTION EXCLUSION GL WITH POLLUTION COVERAGE ENDORSEMENT GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY SEPARATE POLLUTION COVERAGE PRODUCT LIABILITY 22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT? N 23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", Atlach ACORD 815) 24. PRODUCT LIABILITY LOSS IN PAST THREE (3) YEARS? (SPECIFY) N 25. GROSS SALES FROM EACH OF LAST THREE (3) YEARS: PROTECTIVE LIABILITY 26. DESCRIBE INDEPENDENT CONTRACTORS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) WATERCRAFT LIABILITY 27. DOES APPLICANT OWN OR LEASE WATERCRAFT? LOC###OWNED LENGTH HORSEPOWER LOC## OWNED LENGTH HORSEPOWER APARTMENTS / CONDOMINUMS / HOTELS / MOTELS REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) REMARKS (ACORD 110, Additional Remarks Schedule, may be attached if more space is required)
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REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
1

FRAUD STATEMENTS

AGENCY CUSTOMER ID: BREVARDWOR2

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.

SIGNATURE

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED IN MY STATE:	MOTORISTS (UM), UNDERINSURED MOTORISTS	(UIM) AND/OR MEDICA	AL PAYMENTS COVERAGE IN					
UNINSURED MOTORISTS (UM) COVERAGE: \$	* UNDERINSURED MOTORISTS (UIM)	COVERAGE: \$	*					
MEDICAL PAYMENTS COVERAGE: \$	* * * * * IF APPLICABLE IN	YOUR STATE						
APPLICABLE ONLY	IN LOUISIANA, NEW HAMPSHIRE AND VERMON	ІТ						
APPLICABLE ONLY IN LOUISIANA:								
I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT		OF SELECTING UM LIN	IITS EQUAL TO MY LIABILITY					
1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS	OR 2. I REJECT UM COVER	RAGE IN ITS ENTIRETY	(INITIALS)					
APPLICABLE ONLY IN NEW HAMPSHIRE:								
I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO LIMITS OR TO REJECT UM COVERAGE ENTIRELY.	ME, AND I HAVE BEEN OFFERED THE OPTION (OF SELECTING UM LIM	MITS EQUAL TO MY LIABILITY					
1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS	OR 2. I REJECT UM COVER	RAGE IN ITS ENTIRETY	. (INITIALS)					
APPLICABLE ONLY IN VERMONT:								
I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE APPLICATION.	EQUAL TO MY LIABILITY LIMITS. I HAVE SELE	CTED THE LIMITS IND	DICATED IN THIS					
IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.								
PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)					
25	Matthew S. Nilles		,					
APPLICANT'S SIGNASIBRE DY: Marci Murphy		5721/2024 1	NATIONAL PRODUCER NUMBER 2:46 PM CDT					
ACORD-131F(20063/12)4B0	Page 5 of 5	•	YATMI					

LOC #:

<i>ACORD</i> °	ADDITIONAL REMA	RKS SCHEDULE	Page	of
AGENCY		NAMED INSURED		
Bowen, Miclette & Britt of FL		Brevard Workforce Development Board,		
POLICY NUMBER		1		
APP678998				
CARRIER	NAIC CODE	1		
Marketing Binder Company		EFFECTIVE DATE: 06/01/2024		

CARRIER	NAIC CODE		
Marketing Binder Company		EFFECTIVE DATE:	06/01/2024
ADDITIONAL REMARKS			
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	ORD FORM,		
FORM NUMBER: 131 FORM TITLE: Umbrella Section			
**************************************	***		
Limits: Professional Liability			

ACORD 101 (2008/01)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FLORIDA UNINSURED MOTORIST COVERAGE SELECTION/REJECTION

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE

WHICH PROTECTS YOU OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Florida law permits you to make certain decisions regarding Uninsured Motorists Coverage provided under your policy. This document describes this coverage and the options available.

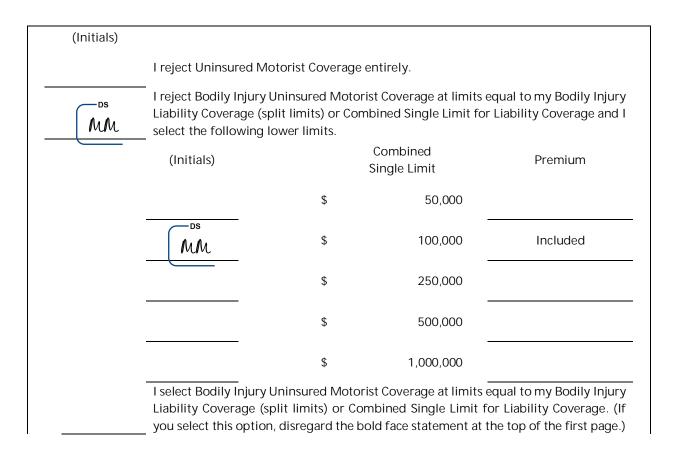
You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Uninsured Motorists Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorists Coverage at limits equal to the Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage in your policy, unless you select a lower limit offered by the company or reject Uninsured Motorists Coverage entirely.

Please indicate by initialing below whether you entirely reject Uninsured Motorists Coverage, whether you select this coverage at limits lower than the Bodily Injury Liability Coverage or Combined Single Limit for Liability Coverage of your policy, or whether you select this coverage at limits equal to your Bodily Injury Liability Coverage or Combined Single Limit for Liability Coverage.



ELECTION OF NON-STACKED COVERAGE (Do not complete if you have rejected Uninsured Motorists Coverage)

If your policy is a Personal Auto policy or, if your policy is a Commercial Auto policy and you are designated as an individual in the Declarations of such policy, you have the option to purchase, at a reduced rate, non-stacked (a limited type of) Uninsured Motorists Coverage. Under non-stacked Uninsured Motorists Coverage, if injury occurs in a vehicle owned or leased by you or any family member who resides with you, this policy will apply only to the extent of coverage, if any, which applies to that vehicle in this policy. If any injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limits of Uninsured Motorists Coverage available on any one vehicle for which you are a named insured, insured family member, or insured resident of the named insured's household. This policy will not apply if you select the coverage available under any other policy issued to you or the policy of any other family member who resides with you.

If you do not elect to purchase the non-stacked type of uninsured motorists coverage, your policy limit(s) for each motor vehicle are added together (stacked) for all covered injuries. Thus, your policy limits would automatically change during the policy term if you increase or decrease the number of automobiles covered under the policy.

(Initials)	
MM	I elect the non-stacked form of Uninsured Motorist Coverage.

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let the Company or my agent know in writing.

DocuSigned by:	5/21/2024 12:46 PM CDT
Marci Murphy	<u> </u>
1FC14095147D4B0 Applicant's/Named Insured's Signature	Date

ACORD® BUSIN	IESS AU	TO SECTION	`	мм/DD/YYYY) 07/2024
AGENCY		CARRIER		NAIC CODE
Bowen, Miclette & Britt of FL		Marketing Binder Company		
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)		
APPFITAU336902023	06/01/2024	Brevard Workforce Development Board, Inc.		

COVERAGES / LIMITS

USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES / LIMITS INFORMATION

								OVERAGES / LIMITS I	NFOR	VIATION				
	ER INFORMATION				ed for additiona									
LIST AI							WHO D	DRIVE OWN VEHICLES ON COMP	ANY BUS	INESS.	lana innii		ПСЕ	0/
# #	CITY, S	NAME TATE AND ZIP CODE	SEX	* MAR STAT	DATE OF BIRTH	YRS EXP	LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	LIC	HIRE	BROADEN NO-FAULT	ос	USE VEH#	% USE
1	Thomas	E Thompson	М		05/04/1954			T512-825-54-164-0	FL					
2	Erma	Shaver	0		09/03/1958			S160211588230	FL					
3	Jones,	ММ	F		07/03/1964			J520553647430	FL					
4	Marina	Stone	0		04/03/1964			S350552646230	FL					
5	James	Watson	0		10/28/1959			W325441593880	FL					
6	Rosenquist,	Ruth	F		06/09/1972			R252765727090	FL					
7	Bush,	Amberstar	F		08/28/1980			B200000808080	FL					
8	robert	Knipple	0		04/03/1968			K514775681230	FL					
9	Thomas	LaFlore	0		02/27/1971			L146830710670	FL					
10	Jeff	Witt	0		08/17/1978			W300421782970	FL					
11	Biondi,	Denise	F		10/26/1963			B240161638860	FL					
12	Robinson,	Lori	F		02/13/1963			R152521635530	FL					
13	Hadley,	L N.	F		03/27/1961			H340-534-61-607-0	FL					

* MARITAL STATUS / CIVIL UNION (if applicable)

CENEDAL INFORMATION

EXF	PLAIN AL	L "YES" RESPONSES					Y/N
١.		THE EXCEPTION OF ANY ENCUMBRANCE STERED TO THE APPLICANT?	ES, ARE ANY VEHICLES FO	R WHICH I	NSURANCE IS REQUESTED NOT SO	OLELY OWNED BY AND	N
	VEH#	NAME OF OTHER OWNER		VEH#	NAME OF OTHER OWNER		
2.	DO O/	LER 50% OF THE EMPLOYEES USE THEIF	R AUTOS IN THE BUSINESS	? (no expla	nation needed)		N
3.	IS THE	ERE A VEHICLE MAINTENANCE PROGRAM	M IN OPERATION?				
<u> </u>	ΔRF Δ	NY VEHICLES LEASED TO OTHERS?					
	AILLA	WY VEHICLES LENGES TO OTHERS.					N
<u> </u>		CAR MODIFIED / SPECIAL EQUIPMENT? (In	nclude customized vans / pick	ups)			
5.	ANY C		nclude customized vans / pick	-	DESCRIPTION	соѕт	N
-	ANY C	CAR MODIFIED / SPECIAL EQUIPMENT? (In	· · ·	-	DESCRIPTION	COST \$	
j.	ANY C	CAR MODIFIED / SPECIAL EQUIPMENT? (In	COST \$	VEH#		\$	N
	ANY C	CAR MODIFIED / SPECIAL EQUIPMENT? (In DESCRIPTION	COST \$ (Public Utility Commission)	VEH#		\$	N

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: BREVARDWOR2

EXPLAIN ALL "YES" RESPONSES								Y/N
8. ANY HOLD HARMLESS AGREE	MENTS?							
ANNA VEHICLES LISED DV FAMI	LY MEMBERSON IF ON IRENTIFY							
9. ANY VEHICLES USED BY FAMI	LY MEMBERS? IF SO, IDENTIFY.							N
10. DOES THE APPLICANT OBTAIN	N MVR (Motor Vehicle Record) VERIFIC	ATIONS?						N.
								N
11 DOES THE ARRIVANT HAVE	A SPECIFIC DRIVER RECRUITING ME	THODS						
TI. BOES THE ATTERDANT HAVE A	COLECTION DIVIDENTIAL INC.	ITIOD:						N
12. ARE ANY DRIVERS NOT COVE	RED BY WORKERS COMPENSATION	?						N
13. ANY VEHICLES OWNED BUT N	OT SCHEDULED ON THIS APPLICATI	ON?						
								N
44 ANN PRIVERS WITH CONVICT	IONO FOR MOVING TRAFFIC VIOLATI	01100						
	IONS FOR MOVING TRAFFIC VIOLATI NDER KANSAS LAW, THE FOLLOWING TRA		ONE ARE NOT	BEOLUBED TO	DE BEDORTED TO	INCLIDEDO.		N
	x (6) miles per hour (mph) that occurs in an							
2. A speeding violation of up to te	n (10) miles per hour (mph) that occurs in a	n area with a ma	aximum posted	speed limit f	rom 55 mph through	75 mph.		
DRV # DATE (MM/DD/YYYY) TY	PE		F	PLACE (CITY,	STATE)		# YRS REV	
15. HAS AGENT INSPECTED VEHIC	CLES?		·					
								N
								-
16. ARE ALL VEHICLES TO BE INC	LUDED IN THIS POLICY PART OF A F	LEET?						N
17. DO YOU HAVE ELECTRONIC M	ONITORING DEVICES THAT RECORD	AND TRANS	SMIT DATA IN	I ANY OF YO	OUR VEHICLES?			
	n your overall fleet are monitored (1 - 100%)				ze the devices (check	all that apply):		N
MONITOR DRIVER SAFETY	TRACK FUEL CONSUMPTION	MONITOR VI	EHICLE MAINTE		MILEAGE TRAC		N TRACKING	
I —			LINOLL WAINTE	LIVANOL	WILLAGE TIVAC	INING LOCATIO	IN TRACKING	
NAVIGATION PROPERTY OF A PAGE 1 STOPPAGE 1		cribe:				MAYIMIIM BOLLARY	(ALUE CUR IFOT	TO 1 000
DESCRIPTION OF GARAGE / STORAGE L	OCATIONS					MAXIMUM DOLLAR \	ALUE SUBJECT	TO LOSS
	N. ZI					\$		
ADDITIONAL INTEREST / CEI	RTIFICATE RECIPIENT	ACORD 45	attached f	or additio	nal names			
INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFIC	CATE		INTEREST	IN ITEM NUMBER	₹
ADDITIONAL LOSS PAYEE	** Blkt Additional Insured - FIT Au	ito 01 (2016-	-06) **			VEHICLE:	LOCATION:	
EMPLOYEE AS LESSOR OWNER								
LENDER'S LOSS DECISTRANT								
PAYABLE LIENHOLDER	Rockledge			FL 329	55			
ELENTIGEBER	Troombage			1 L 020	30			
	REFERENCE / LOAN #:		1 1					
INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFIC	CATE		INTEREST	IN ITEM NUMBER	₹
ADDITIONAL LOSS PAYEE	** Blkt Waiver of Subrogation - Fl	T Auto 01 (2	2016-06) **			VEHICLE:	LOCATION:	
EMPLOYEE OWNER								
LENDER'S LOSS PAYABLE REGISTRANT								
LIENHOLDER	Rockledge			FL 329	55			
Waiver of Sub.								
Walver of Sub.								
	REFERENCE / LOAN #:							
REMARKS (ACORD 101, Add	itional Remarks Schedule, may	be attache	ed if more s	pace is re	quired)			
	· · ·							

VEHIC	LE DE	SC	RIPT	ION		ACOR	D 12	9 attacl	ned f	or additio	nal	vehicles												
VEH#	YEA	R	MAKE:	Toyo	ota					BODY TYPE: V	′an						VEHI	CLE TYI	PE		SY	M / AGE	COMP / OTC SYM	COLL SYM
1	201	9 [MODE	L: Sien	ına						TDY	Z3DC7KS	982205			PP		SPEC		COML	-			
GARAGI ADDRES	110	REE	T (Requ	iired in I	KY)				CITY Rockl	ledge					COUNTY	•						STATE	ZIP 32955	
LIC STATE		ERR			GVW / C	3CW		CLASS		SIC		FACTOR	SEAT CI	-	RADIUS		FARTI	HEST TE	RMIN	ΔΙ			COST NEV	v
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USE		\vdash	_	-	-	JK HIKE	cov	CK ERAGES	\	ADD'L NO- FAULT	<u> !</u>	UNDRINS MOTOR TOWING		k,	COMP/	REI	MB					cv	Ј отс ∟	SPEC C OF L
	ASURE		RET				$\langle \rangle$	LIAB NO-	\rightarrow	MED PAY	<u> </u>	TOWING & LABOR	FT	K	→ otc	FG FG		\square	AA		ST AM		1,000	
FAF		ΙŽ	SER	VICE		,	X_{\perp}	FAULT	\triangle	JNINS MOTOR		SPEC C OF L	FTW	X	COLL			\$				\$	1,000	COLL
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VEH#	YEA	R	MAKE:							BODY TYPE:							VEHI	CLE TY	PE		SY	M / AGE	COMP / OTC SYM	COLL SYM
			MODE	L:						V.I.N.:						PP		SPEC		COML	-			
GARAGI ADDRES	NG	REE	T (Requ	iired in I	KY)			C	CITY						COUNTY							STATE	ZIP	
LIC STATE	TI	ERR		(GVW / C	GCW		CLASS		SIC		FACTOR	SEAT CI	P	RADIUS		FARTI	HEST TE	RMIN	AL			COST NEV	v
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USE			COM	ıwı,r ⊢	FC	OR HIRE	COV	CK ERAGES	í	ADD'L NO- FAULT	<u> </u>	UNDRINS MOTOR	F		LSP	REI	MB	DEDU	JCTIB	LES	A	cv	OTC _	SPEC C OF L
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			MODE	L:						V.I.N.:						PP		SPEC		COML	-			
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			MODEI	L:						V.I.N.:						PP		SPEC		COML	-			
GARAGI ADDRES	110	REE	T (Requ	iired in I	KY)			C	ITY						COUNTY							STATE	ZIP	
LIC STATE	TI	ERR		(GVW / C	GCW		CLASS		SIC		FACTOR	SEAT CI	P	RADIUS		FARTI	HEST TE	RMIN	AL			COST NEV	v
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USE			COM	ıΜ'L	FC	OR HIRE	COV	ERAGES	í	ADD'L NO- FAULT		UNDRINS MOTOR	F		LSP	REI	MB	DEDU	JCTIB	LES	A	cv	COMP/ OTC	SPEC C OF L
PLE	ASURE		RET	AIL				LIAB		MED PAY		TOWING & LABOR	FT		COMP/ OTC	FG			AA		ST AM	Т \$		
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DRIVE T WORK /	O SCHOOL		< 1	5 MILES	3	15 MILES	3 +	NO- FAULT NET VEH DR/CR:	ł									TOTA	L PRE	EM: \$				
		AC	ORD	101, /	Addit	ional Re				le, may b	e at	tached if	more s	pac	ce is req	uired)								

SIGNATURE AGENCY CUSTOMER ID: BREVARDWOR2

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

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

Applicable in CO

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

Applicable in FL and OK

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

Applicable in KS

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

Applicable in KY, NY, OH and PA

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

Applicable in ME, TN, VA and WA

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

Applicable in NJ

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

Applicable in OR

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

Applicable in PR

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

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print) Matthew S. Nilles		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURoccuSigned by:		5/21E/2024	12 . 1478 онин Рефорсек иимвек

R	
ACORD °	

COMMERCIAL AUTO DRIVER INFORMATION SCHEDULE

DATE (MM/DD/YYYY) 05/07/2024

OGININIEROIAL AUT	ODINIVE	THE ORIGINATION CONEDULE	05/	07/2024
AGENCY		CARRIER		NAIC CODE
Bowen, Miclette & Britt of FL		Marketing Binder Company		
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)		
APPFITAU336902023	06/01/2024	Brevard Workforce Development Board, Inc.		

	ER INFORMATION				'	'								
LIST AL DRIVER		AMILY MEMBERS THAT DI		* MAR		YRS	YEAR	DRIVE OWN VEHICLES ON COMP DRIVERS LICENSE NUMBER /	STATE	SINESS.	BROADEN NO-FAULT	DRIVE	USE	%
#	CITY, STAT	E AND ZIP CODE	SEX	STAT	DATE OF BIRTH	EXP	LIC	SOCIAL SECURITY NUMBER	LIC	DATE HIRE	NO-FAULT	OTHER CAR	VEH#	USE
14	Kobrin,	Yvonne	F		06/06/1975			K165964757060	FL					
15	Joseph-Paul,	C A.	F		08/28/1964			J214101648080	FL					
18	Murphy,	Marci	F		03/21/1962			M610-552-62-601-1	FL	02/25/2002				
19	Robinson,	Stephanie	F		07/12/1987			R152792877520	FL					
20	Dettra,	Samuel	М		08/18/1951			D360796512980	FL					
21	Howard,	Stephen	М		05/02/1955			H630796551620	FL					
							* MARI	│ │ │TAL STATUS / CIVIL UNION (if ap	plicable))		<u> </u>		

A	CORI) ®		ADDITION	AL INTE	ER	REST SCH	IEDUL	E		,	MM/DD/YYYY) 07/2024
\ \	ENCY	_					CARRIER				03/	NAIC CODE
	wen, Miclette	& B	ritt of FI				Marketing Binde	r Company				NAIC CODE
_	LICY NUMBER		1111 011 2		EFFECTIVE DA	-	NAMED INSURED(S)					
	PFITAU3369	020	23		06/01/2024		Brevard Workfor		ment Board	Inc		
						•		<u> </u>	mont Board,	1110.		
		NIC	KESI (NOL	all fields apply to all scenari	<u> </u>	e or				INTEREST	IN ITEM NI	IMPED
INI	EREST ADDITIONAL		LOSS PAYEE	NAME AND ADDRESS RANK:	EVIDENCE:		CERTIFICATE	POLICY	SEND BILL	LOCATION:	BUILE	
	INSURED BREACH OF		MORTGAGEE	** Blkt Primary/Noncontributor	v - FIT Auto	01 <i>(</i>	2016-06) **			VEHICLE:	BOAT	
	WARRANTY CO-OWNER		OWNER	Bikt i milary/Noncontributor	y - 1 11 Auto	01 (2010-00)			AIRPORT:	AIRCI	
\vdash	EMPLOYEE		REGISTRANT							SCHED #:	ITEM:	VAFT.
-	AS LESSOR LEASEBACK		TRUSTEE	Rockledge			FL 32955			ITEM CLASS:	III EIWI:	
_	OWNER LENDER'S LOS	L DA	J	Trockledge			1			ITEM DESCRIPTION		
	LIENHOLDER	33 FA	TABLE	REFERENCE / LOAN #:		INIT	EREST END DATE:			TIEM DESCRIPTION		
\triangleright	Primary Wo	rdina	7	LIEN AMOUNT:			ONE (A/C, No, Ext):					
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HIN!	EREST ADDITIONAL		LOSS PAYEE	NAME AND ADDRESS RANK:	EVIDENCE:		CERTIFICATE	POLICY	SEND BILL	LOCATION:	BUILE	
_	INSURED BREACH OF		MORTGAGEE	Melbourne Square, LLC						VEHICLE:	BOAT	
-	WARRANTY CO-OWNER		OWNER	1700 W. New Haven Avenue						AIRPORT:	AIRCI	
-	EMPLOYEE		REGISTRANT	1700 W. New Haven Avenue						SCHED #:	ITEM:	CAFT:
-	AS LESSOR LEASEBACK		TRUSTEE	Melbourne			FL 32904-	3010		ITEM CLASS:	III EIWI:	
-	OWNER LENDER'S LOS	L DA	J	Weibourne			1 L 32304-	0010		ITEM CLASS:		
	LIENHOLDER	33 FA	TABLE	REFERENCE / LOAN #:		INIT	EREST END DATE:			TIEM DESCRIPTION		
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-	INSURED BREACH OF		-							LOCATION:	BUILE	
-	WARRANTY CO-OWNER		MORTGAGEE							VEHICLE:	BOAT	
-	EMPLOYEE		REGISTRANT							SCHED #:	ITEM:	CAFT:
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\vdash		(LOT	•	NAME AND ADDRESS. DANK	EV/IDENOE.	E-10				INTEREST	IN ITEM NI	IMPED
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\vdash	INSURED BREACH OF		MORTGAGEE							VEHICLE:	BOAT	
_	WARRANTY CO-OWNER		OWNER							AIRPORT:	AIRCI	
-	EMPLOYEE		REGISTRANT							SCHED #:	ITEM:	
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\vdash	INSURED BREACH OF		MORTGAGEE							VEHICLE:	BOAT	
<u> </u>	WARRANTY CO-OWNER		OWNER							AIRPORT:	AIRCI	
	EMPLOYEE		REGISTRANT							SCHED #:	ITEM:	
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ACORD® FLORIDA COMMERCIAI										IAL A	UTO						DATE (MM/DD/YYYY)
ACOND						COV	/ER/	AGES / LI	MITS S	SECTION	1						05/	/07/2024
AGENCY									CARR									NAIC CODE
Bowen, Miclette &	Britt	of FL	-						Market	ing Binder	Compan	у						
POLICY NUMBER							EFI	FECTIVE DATE		INSURED(S)			_					
APPFITAU336902							0	06/01/2024	Brevar	d Workforce	e Develo	pment	Boar	d, In	iC.			
BUSINESS AUT						I				1						_		
COVERAGES	COV	/ERED	AUT	O SYN	IBOLS	COMBINED SINGLE	LIMITS	1,000,000		COVERA	AGES	COVE	RED AL	JTO S	YMBOLS	_	LIN	IITS
	\triangle	¹ -		7		LIMIT (CSL) BODILY INJURY (BI)	•	1,000,000										
LIABILITY		2 _		8 9		EACH PERSON (BI)	\$ \$											
		4		9		EACH ACCIDENT PROPERTY DAMAGE	\$											
		7																
PERSONAL INJURY	X	5											PH	YSIC/	AL DAMA	GE		
PROTECTION (P.I.P.)		7				Attach ACORD 62 FL.				TOWING		3	X	2			_{\$} 200	
										& LABOR		7				\$, 200 	
EXTENDED P.I.P.		5		7		Attach ACORD 62 FL.				COMPREHE		2		7				
ADDITIONAL P.I.P.		5		7		Attach ACORD 62 FL.				OTHER THA COLLISION		3	X	8				
MEDICAL	DAVIMENTO EACH PERSON						\$	5,000		(COMP / OTO	J)	4						
PAYMENTS 3 7 1									SPECIFIED CAUSES OF		2		4	8				
UNINSURED	A	2		6		Attach ACORD 61 FL.				(SPEC C of L	.)	3		7				
MOTORIST (UM)		3 _		7		Allacii ACOND 011 L.				COLLISION ((COLL)	2 3		4 7	8			
		4										3		1				
HIRED / BORROWED	X	YES		STA	TES	COST OF HIRE		IF ANY BASIS			STATE	S #	DAYS		# VEH	C	COVERAGE / DE	
LIABILITY		NO F	FL_			\$ 5,000										$ \rangle$		500
	X	YES _		STAT	ES	GROUP TYPE		NUMBER	ROF	HIRED PHYSICAL	FL					L	SPEC C OF L \$	
NON-OWNED		NO F	-L			EMPLOYEES		34		DAMAGE						12	COLL \$	500
LIABILITY						VOLUNTEERS										L		
COVERED (1) AN'	Y AUTO)			PARTNERS (4)	OWNE	L ED AUTOS OTHE	R THAN F	RIVATE PASS		COVERA	GE IS:	(7)			IMARY CIFIED ON SCHE	SECONDARY DUI F
AUTO (2) ALL	OWNE	D A		CCENC	(5)	ALL O	WNED AUTOS V ED AUTOS SUBJ	VHICH RE	QUIRE NO-FAL	JLT COVE	RAGE		(8)	HIRED AL	JTO	os	.5022
\						D 101, Additional						nore s	pace	. ,				<u> </u>
				(-					<u>,</u>	. ,					 	, -	арриочин	- /
SIGNATURE																		
ANY PERSON WI	HO K	NOWI	ING ICO	LY AI	ND WI	TH INTENT TO INJU R MISLEADING INFO	JRE, C	DEFRAUD, OI	R DECEI TY OF A	VE ANY INS	SURER F	FILES A	STA GREE	TEM	ENT OF	- C	LAIM OR AN	APPLICATION
						UNINSURED MOTO									ΔPDI I	-Δ-	TION ACOPD	61 FL TALSO
ACKNOWLEDGE 1	THAT	ΓΙΗΑΝ	VE I	BEEN	OFFE	RED PERSONAL IN	JURY	PRÓTECTION	N (NO-FA	AULT) COVE	RAGE O	PTION:	S IN T	HE S	SUPPLE	ME	ENT TO THIS .	APPLICATION,
						COVERAGE SELECTIONS AND CHANGES							ANY S	STAT	E SUPF	'LΕ	:MENT WILL A	APPLY TO ALL
PRODUCER'S SIGNAT		• • · \L\	ے, ر													-	STATE PRODUC	CER LICENSE NO
I NODUCER S SIGNAT	UKE	_	2	<u>-=</u>	-			PRODUCER'S N Matthew S. N	•	se FIINT)							(Required in Flo	orida)
APPLICANT'S SIGNAT	ıSign			_								,-	DĄŢĘ	/20	24	1	NATIONAL PRO	DUCER NUMBER
		Mun	باه	la.								ا	/ Z I,	/ 20	Z4	4	2:40 PM C	ו ט.
ACORD 137 File				1				Page	1 of 3	© 1	996-201	3 AC	ORD	COF	RPORA	Ti	ON. All righ	nts reserved.

TRUCKERS SEC	CIT	N									AGL	NCT CUST	OWILI	· ID.							
COVERAGES	co	VERE	D AL	JTO S	УМВ С	OLS			LIMIT	s								. DAMAC	Ε		
		41		47			CON	MBINED SINGLE	\$			COVERAC	SES	A	COVE UTO SY	RED (MBO	LS		LIMITS		DEDUCTIBLE
l		42		50			BOD	T (CSL) ILY INJURY (BI)	\$			COMPREHE	NSIVE /		42		47				
LIABILITY		43					BOD	H PERSON (BI)	\$			OTHER THAI COLLISION	N		43		1 "				\$
		46		J				H ACCIDENT PERTY DAMAGE	\$			(COMP / OTO	C)		46		'				
		40					1110	. Litti BritistoL	Ψ						42	Τ	47	SCL	FT	LSF	,
PERSONAL INJURY] ,,										SPECIFIED CAUSES OF	LOSS		43		 " " -	F	FT		
PROTECTION	_	44					Attac	ch ACORD 62 FL.				(SPEC C of L			1		'		FIV	/V	\$
(P.I.P.)		46													46	Т					
				Ι			Attac	ch ACORD 62 FL.				COLLISION (COLLY		42		47				
EXTENDED P.I.P.		44		46				ch ACORD 62 FL.				COLLISION	COLL)		43]				\$
ADDITIONAL P.I.P.		44		46			Allac	SI ACORD 62 FL.							46						
MEDICAL PAYMENTS		42		46			EAC	H PERSON	\$			TOWING & LABOR			46			\$			
FATMENTS		43										& LABOR									
UNINSURED		42		46			•											FARTI		1	1
MOTORIST (UM)		43					Attac	ch ACORD 61 FL.				COVERAG	SES	SY	MBOL	# TR	AILER	ZÖNE	# DAYS	RADIUS	DEDUCTIBLE
		45										COMP / OTC			48						
															49	-		-			
												SPECIFIED			48						
												CAUSES OF	LOSS		49						
NON-TRUCKERS		YES		S	TATES	s	cos	T OF HIRE		IF ANY B	ASIS	COLLISION			48						\$
HIRED / BORROWED		NO					\$								49						
TRUCKERS HIRED / BORROWED		YES	3	S	TATES	s	cos	T OF HIRE		IF ANY B	ASIS	TRAILER VAI		\$							
LIABILITY		NO					\$						STA	TES	# 0	DAYS	#	VEH			
		YES	3	ST	ATES	}	GRO	OUP TYPE		NU	IMBER OF										
NON-OWNED AUTO		NO						EMPLOYEES				HIRED PHYSICAL									
LIABILITY								VOLUNTEERS				DAMAGE									
								PARTNERS													
OTHER														CO	VERAG	E IS:			PRIMARY		SECONDARY
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COVERED AUTO SYN (41) ANY AUTO (42) OWNED AUTOS ((43) OWNED COMME	ONLY		TOS (ONLY	,		OWI CON	NED AUTOS SUBJI NED AUTOS SUBJI MPULSORY UNINS TORIST LAW	ECT TO	A C	(47) HIRI (48) TRA	L CIFICALLY DE ED AUTOS ON ILERS IN YOU RAILER INTERO	LY R POSS	SESSI	ON UN		, ,	ANOTH INTERC		(ER UNDE GREEMEN	
ENDORSEMENT						ORI			Rem	arks Sc											
SIGNATURE ANY PERSON WE CONTAINING ANY																		NT OF	CLAIM (OR AN /	APPLICATION
I ACKNOWLEDGE ACKNOWLEDGE ACORD 62 FL. I U FUTURE POLICY I	I HA THA JNDE	AVE TIH ERS	BEE IAVE TAN	EN O E BEI D TH	FFEF EN O	RED I	UNIN RED COV	ISURED MOTOI PERSONAL IN ERAGE SELEC	RIST JURY TION	(UM) CO PROTEC AND LIN	VERAGE OPT CTION (NO-FA MIT CHOICES	TIONS IN TH AULT) COVE INDICATED	E SUP RAGE HERE	PPLE OP1	MENT FIONS	TO TO	THIS A	JPPLE	MENT TO LEMENT	THIS A WILL A	PPLICATION, PPLY TO ALL
PRODUCER'S SIGNATI	URE									PRODUCE	R'S NAME (Plea	se Print)							STATE (Requir	PRODUC red in Flor	ER LICENSE NO ida)
APPLICANT'S SIGNATI	URE														D	ATE			NATIO	NAL PROD	DUCER NUMBER

MOTOR CARRIER SECTION

WOTOR CARRIE																				
COVERAGES					YMBOLS			LIMIT	S					001/5		SICAL	_ DAMA	GE		
		61		67		CON	MBINED SINGLE	\$			COVERAG	SES	A	COVE UTO SY	:KED (MBO)	LS		LIMITS		DEDUCTIBLE
		62		68		BOL	IT (CSL) DILY INJURY (BI)	\$			COMPREHEN	NSIVE /	,	62		67				
LIABILITY		1		1			CH PERSON (BI)				OTHER THAI	۷		1		1				
		63		71			CH ACCIDENT	\$			COLLISION			63		68				\$
		64				PRO	OPERTY DAMAGE	\$			(COMP / OTC	;)		64						
											005015150			62		67	sc	. FT	LSI	
PERSONAL INJURY]									SPECIFIED CAUSES OF	2201		1		1				
PROTECTION	_	65				Atta	ch ACORD 62 FL.				(SPEC C of L			63		68	F	FT	VV	\$
(P.I.P.)		67									,			64						
														62		67				
EVENDED DID		0.5		0.7		Δtta	ich ACORD 62 FL.				COLLISION (COLLY		1		1				
EXTENDED P.I.P.		65		67		+					-	0022,		63		68				\$
ADDITIONAL P.I.P.		65		67		Atta	ch ACORD 62 FL.							64						
MEDICAL		62		64							TOWING			63						
PAYMENTS		63		67		EAC	CH PERSON	\$			& LABOR			67		'	\$			
		03				+														
LININGLIDED		62		66													TERCHA			
UNINSURED MOTORIST (UM)		63		67		Atta	ch ACORD 61 FL.				COVERAG	SES	SY	MBOL	# TR	AILER	S FARTI	# DAYS	RADIUS	DEDUCTIBLE
I MOTORIOT (OM)		64												69						
		04									COMP / OTC			1						
													_	70						
											SPECIFIED			69						
											CAUSES OF	LOSS		70						
		YE:	<u> </u>	6.	TATES	-		1												
NON-TRUCKERS HIRED / BORROWED		-		3	IAILS	COS	ST OF HIRE		F ANY B	ASIS	COLLISION			69						\$
HIRED / BURROWED		NO	1			\$					0022/0/0/1			70						
TRUCKERS		YE:	S	S	TATES	COS	ST OF HIRE		IF ANY B	ASIS	TRAILER VAI	LUE	\$							
HIRED / BORROWED LIABILITY		NO				•			J			STA	TES	# D	AYS	#	VEH			
LIABILITI		+				\$					-									
		YE:	5	51	ATES	GRO	OUP TYPE		NU	JMBER OF										
NON-OWNED		NO	1				EMPLOYEES				HIRED									
AUTO LIABILITY		_					VOLUNTEERS				PHYSICAL DAMAGE									
LIABILITY							1				DAWAGE									
							PARTNERS													
OTHER													CO	VERAG	E IS:			PRIMARY		SECONDARY
											OTHER									
COVERED AUTO SYN (61) ANY AUTO (62) OWNED AUTOS (63) OWNED PRIVATI	ONLY	,	JTOS	ONL	(6 (6	5) OW 6) OW	/NED COMMERCIAI /NED AUTOS SUBJI /NED AUTOS SUBJI RY UNINSURED MO	ECT TO	O NO-FAU O A COMP	LT (68) HIR UL- (69) TRA	ECIFICALLY DE ED AUTOS ONI VILERS IN YOUI RAILER INTERO	LY R POSS	SESSI	ON UN		, ,	ANOTH INTER	ER TRUC CHANGE A		
ENDORSEMENT																				
ANY PERSON WI CONTAINING ANY	/ FAI	LSE,	, INC	OMF	PLETE, C	OR MI	ISLEADING INFO	DRMA	TION IS	GUILTY OF A	FELONY OF	THE.	THIR	D DEC	GREE	Ē				
ACKNOWLEDGE ACORD 62 FL. I U	ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORIS CKNOWLEDGE THAT I HAVE BEEN OFFERED PERSONAL INJUF CORD 62 FL. I UNDERSTAND THAT THE COVERAGE SELECTIC JTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES U						JURY TION	PRÓTEC AND LI	CTION (NO-FA MIT CHOICES	AULT) COVE INDICATED	RAGE HERI	OP1	FIONS R IN AI	IN T	HE S	UPPLE	MENT T	O THIS Α Γ WILL A	APPLICATION, PPLY TO ALL	
PRODUCER'S SIGNAT	URE								PRODUCE	R'S NAME (Plea	se Print)				_			STATE (Requ	E PRODUC ired in Flo	ER LICENSE NO ida)
APPLICANT'S SIGNAT	URE													D	ATE			NATIC	NAL PRO	DUCER NUMBER

					ADDITI	ON	IAL C	COV	ERAGES AND E	NDORSE	MENTS			
THI	S AD	DITIO	NAL	. COVERAGE	S AND ENDC	RSE	EMENTS	S FOR	M IS A SCHEDULE TO A	CORD FORM				
FOF	RM N	IUMBE	R:	137	FORM	Л TIT	ГLE: <u>С</u>	omme	rcial Auto					
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OFCI	ADC	OV (201	15/05	5)	YATM	<u> </u> 			l	l	COF	PYRIGHT 2000	- 2015.	VERTAFORE. INC

AGENCY CUSTOMER ID:	BREVARDWOR2

LOC #:

ACORD ADDITIONA	L REMA	RKS SCHED	ULE	Page	of
AGENCY		NAMED INSURED			
Bowen, Miclette & Britt of FL		Brevard Workforce De	evelopment Board, Inc.		
POLICY NUMBER					
APPFITAU336902023					
CARRIER	NAIC CODE				
Marketing Binder Company		EFFECTIVE DATE:	06/01/2024		

CARRIER	NAIC CODE		
Marketing Binder Company		EFFECTIVE DATE:	06/01/2024
ADDITIONAL REMARKS			
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	DED EORM		
FORM NUMBER: OFBAADC' FORM TITLE: Additional Coverage			
	ges		

Cov Desc: Rental Reimbursement - \$50/day; 30 day maximum - S	Symbol 2		
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ACORD 101 (2008/01)

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1	3880 9	5. Wa	shingto	on Ave.				Tit	usville						Breva	ırd					FL	3278	30
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	PROPOS			T		PROPOSED EXP	DATE	NO	ORMAL A	NN	IVERSARY RATI	ING DAT	Έ		PARTICI	PATING		F	RETRO	PLAN			
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LOC	CLASS CO	ODE	PANY	CA	ΓEGOF	RIES, DUTIES, CLAS	SSIFICATION	s	EM- PLOYEE	s	REMUNEI PAS 12 MOR	ST			FC	JNERAT OR NEX CY PER	Т		RA	ATE .	AN	ESTIMA INUAL PI	TED Remium
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PARTNERS,	OFFICERS, OWNERS TO BE INCLUDED OR EX	CLUDED. (REMUNERATION	TO BE INCLUDE	ED MUST BE	PART	OF RATING INFOR	RMATION SEC	CTION.) ATTACH LIST	OF ADDITIO	NS/EXEM	MPTIONS, IF	ANY. PRO	OVIDE COF	PIES C	F
#	DF EXCLUSIONS/INCLUSIONS. DISCLOSURES NAME	DATE OF BIRTH		L SECURIT		TITLE / RELATIONSH				INC / EXC	CLASS CO		REMUN		
Lisa		DATE OF BIRTH	SOCIAL	L SECURIT	1#	President	IP SHP %	DOTIES		EXC	8810	ODE	REWON	EKAI	ION
LISA	Nice					resident				'	0010	_			_
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	CARRIER INFORMATION / L					ı									_
	INFORMATION FOR THE PAST 5 YEARS							T			N ATTACHE	ΞD ———			
YEAR	CARRIER & POL	ICY NUMBER	A	ACTUAL/AL	JDITE	D PREMIUM	MOD	# CLAIMS	АМО	UNT PA	AID		RESER	/E	
2023	co: Star Insurance Company		3	3,220											
														—	
2022	co: Star Insurance Company POL #: FITWC336902022		3	3,092											
2021	co: Star Insurance Company		2	2,956											
	co: Star Insurance Company										+				_
2020	POL #: FITWC336902020		3	3,025											
	co: Evanston Insurance Company														_
2019	POL #: FITWC336902019	parry	3	3,965											
LATUR	E OF BUSINESS / DESCRIP	TION OF OBERA	TIONS												_
		ON (PEO) / EMPLOYEE	LEASING COM	MPANY		TEMPORARY	EMPLOYME	ENT SERVICE							
Employ	nent Agency	ON (PEO) / EMPLOYEE	LEASING COM	MPANY		TEMPORARY	EMPLOYME	ENT SERVICE							
	ment Agency YEES - ATTACH A LIST OF	ADDITIONAL EM	PLOYEE I	NAMES		TEMPORARY				CLA	SS CODE	soc	CIAL SEC		
	ment Agency	· ,		NAMES		TEMPORARY		AME		CLA	ASS CODE	soc	CIAL SEC	URIT	
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	ment Agency YEES - ATTACH A LIST OF	ADDITIONAL EM	PLOYEE I	NAMES		TEMPORARY				CLA	ASS CODE	SOC	CIAL SEC	URIT	<u>Y</u> #
EMPLC	YEES - ATTACH A LIST OF A NAME	CLASS CODE	PLOYEE I SOCIAL SI	NAMES ECURITY :	ŧ E EXP	PLAIN IF THE E	N.	AME		R 941 IS	S NOT AVA	AILABLE	E. DISCLO	OSUR	RE (
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THE FILING OF AN APPLICATION CONTAINING FALSE, MISLEADING, OR INCOMPLETE INFORMATION PROVIDED WITH THE PURPOSE OF AVOIDING OR REDUCING THE AMOUNT OF PREMIUMS FOR WORKERS' COMPENSATION COVERAGE IS A FELONY OF THE THIRD DEGREE, PUNISHABLE AS PROVIDED IN S. 775.082, S. 775.083, OR S. 775.084.

I UNDERSTAND THAT AS THE EMPLOYER,

I MUST UPDATE THE APPLICATION MONTHLY TO REFLECT ANY CHANGE IN THE REQUIRED APPLICATION INFORMATION; (THE FLORIDA WORKERS COMPENSATION CHANGE SHEET WILL BE USED FOR THIS PURPOSE.)

IF I FILE AN APPLICATION OR APPLICATION UPDATE CONTAINING FALSE, MISLEADING, OR INCOMPLETE INFORMATION WITH THE PURPOSE OF AVOIDING OR REDUCING THE AMOUNT OF PREMIUMS FOR WORKERS COMPENSATION COVERAGE IT IS A FELONY OF THE THIRD DEGREE OR AS OTHERWISE PUNISHABLE AS PROVIDED UNDER THE LAW.

I SHALL SUBMIT TO THE CARRIER, A COPY OF THE EMPLOYERS QUARTERLY REPORT AND SELF-AUDITS SUPPORTED BY THE EMPLOYERS QUARTERLY REPORT, AS REQUIRED BY CHAPTER 443, AT THE END OF EACH QUARTER. IF I OMIT THE NAME OF AN EMPLOYEE FROM THIS EMPLOYERS QUARTERLY REPORT, FLORIDA STATUTES STATE THAT I WILL REMAIN LIABLE AND WILL REIMBURSE THE CARRIER FOR ANY WORKERS COMPENSATION BENEFITS PAID TO THIS OMITTED EMPLOYEE;

I AGREE TO MAKE AVAILABLE. ALL RECORDS NECESSARY FOR THE PAYROLL VERIFICATION AUDIT AND PERMIT THE AUDITOR TO MAKE A PHYSICAL INSPECTION OF OUR OPERATIONS. I UNDERSTAND FAILURE TO DO THIS SHALL RESULT IN A \$500 PAYMENT TO THE CARRIER TO DEFRAY THE COST OF THE AUDITS:

THAT, IN ACCORDANCE WITH FLORIDA STATUTES 440.381(6), IF I (WE) UNDERSTATE OR CONCEAL PAYROLL, OR MISREPRESENT OR CONCEAL EMPLOYEE DUTIES SO AS TO AVOID PROPER CLASSIFICATION FOR PREMIUM CALCULATIONS, OR MISREPRESENT OR CONCEAL INFORMATION PERTINENT TO THE COMPUTATION AND APPLICATION OF AN EXPERIENCE RATING MODIFICATION FACTOR, I (WE) SHALL PAY A PENALTY OF TEN (10) TIMES THE AMOUNT OF THE DIFFERENCE IN PREMIUM PAID AND THE AMOUNT I (WE) SHOULD HAVE PAID, AND REASONABLE ATTORNEY'S FEES.

FORMER NAMES AND OWNERS

OWNERSHIP / COMBINABILITY

FOR THE LAST 5 YEARS, LIST THE CURRENT BUSINESS NAME AND ANY FORMER NAMES OR PREDECESSOR COMPANIES FOR ALL COMPANIES TO BE COVERED BY THE POLICY. INCLUDE THE FEIN FOR EACH COMPANY.

FOR EACH COVERED COMPANY, LIST ANY CURRENT OWNER WHO HAS MORE THAN 5% OWNERSHIP INTEREST. FOR EACH COVERED COMPANY OR PREDECESSOR COMPANY, LIST ANY OWNER WHO HAD MORE THAN 5% OWNERSHIP INTEREST IN THE LAST 5 YEARS.

DOES THIS BUSINESS OR ANY OF THE OWNERS OF THIS BUSINESS, EITHER INDIVIDUALLY OR IN COMBINATION WITH OTHER OWNERS OWN MORE THAN 50% OF ANY OTHER BUSINESS, WHICH OPERATED AT ANY TIME DURING THE FIVE YEARS PRIOR TO THIS APPLICATION.		SINESS,
	YES	NO
OR, DOES THIS BUSINESS OWN A MAJORITY INTEREST IN ANOTHER ENTITY, WHICH IN TURN OWNS A MAJORITY INTEREST IN ANY ENT	FITY THAT OF	PERATED A

IF THE ANSWER TO EITHER OF THE ABOVE QUESTIONS IS YES, COMPLETE THE FOLLOWING SUPPLEMENTAL OWNERSHIP / COMBINABILITY QUESTIONS:

ANY TIME IN THE FIVE YEARS PRIOR TO THIS APPLICATION?

- 1. IDENTIFY BY NAME, ADDRESS, AND FEIN EACH BUSINESS WHICH IS RELATED BY COMMON OWNERSHIP TO THE APPLICANT BUSINESS.
- 2. SET FORTH THE DATES EACH BUSINESS WAS IN OPERATION, THE INSURANCE COMPANY THAT PROVIDED WORKERS' COMPENSATION INSURANCE, THE POLICY NUMBER AND THE EXPERIENCE MODIFICATION FACTOR APPLIED TO EACH SUCH POLICY.
- 3. IF THE POLICY WAS WRITTEN WITHOUT AN EXPERIENCE MODIFICATION FACTOR, PLEASE STATE.

THE APPLICANT HEREBY AUTHORIZES AND REQUESTS EACH RATING ORGANIZATION WITH EXPERIENCE RATING INFORMATION RELATED TO THE APPLICANT AND THE BUSINESS SET FORTH ABOVE TO RELEASE SUCH INFORMATION TO THE INSURER, FWCJUA, OR OTHER RATING ORGANIZATION SO THAT THE CORRECT EXPERIENCE MODIFICATION FACTOR CAN BE DETERMINED.

PERSONALLY SWEAR THAT THE INFORMATION CONTAINED IN THE APPLICANT/SIGNATORY THE OPPORTUNITY TO READ THE APPLICATION AND APPLICATION IS ACCURATE. THAT I, AS AN OWNER / OFFICER, AM FULLY HAVE EXPLAINED ANY AND ALL QUESTIONS REGARDING THE APPLICATION. AUTHORIZED TO SIGN THIS APPLICATION ON BEHALF OF THE APPLICANT AND ALSO ATTEST THAT I HAVE EXPLAINED TO THE EMPLOYER OR OFFICER THE TO BIND THE APPLICATION.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND AS AGENT / PRODUCER I HEREBY ATTEST THAT I HAVE GIVEN THE CLASSIFICATION CODES THAT ARE USED FOR PREMIUM CALCULATIONS PURSUANT TO SECTION 440.381 (2), FLORIDA STATUTES.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE. -DocuSigned by:

PRODUCER'S SIGNATURE CDT

04/25/2024

OWNER/OFFICER SIGNATURE
MAYU MUYPUY PRINT NAME 1409514 Maroci Murphy

AGENCY CUSTOMER ID:	BREVARDWOR2

LOC #:

ACORD ADDITIONAL	_ REMA	RKS SCHED	ULE	Page	of
AGENCY		NAMED INSURED			
Bowen, Miclette & Britt of FL		Brevard Workforce De	evelopment Board Inc		
POLICY NUMBER					
APPFITWC336902023					
CARRIER	NAIC CODE				
Marketing Binder Company		EFFECTIVE DATE:	06/01/2024		

Marketing Binder Company	EFFECTIVE DATE:	06/01/2024
ADDITIONAL REMARKS		
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,		
FORM NUMBER: 130 FL FORM TITLE:		

Other Factor Description: Increased Employer's Liability		

ACORD 101 (2008/01)

DESCRIPTION OF OPERATIONS: Daytona Career Center

STREET 20 Airport Road

сıту: Palm Coast

6

BLD#

ACORD®

AGENCY CUSTOMER ID: BREVARDWOR2

FULL TIME EMPL

PART TIME EMPL

ADDITIONAL	DDEMICES	INIEODMAI		Page
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Bowen	Bowen, Miclette & Britt of FL						inder Company					
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APPF1	APPFITWC336902023 06/01/2024						Brevard Workforce Development Board Inc					
PREM	EMISES INFORMATION											
LOC#	STREET 329 Bill France Blvd			СІТ	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$			
4					INSIDE		OWNER		OCCUPIED AREA:	SQ FT		
BLD#	сіту: Daytona Beach	STATE	≣: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT		
1	county: Volusia	ZIP:32	2114				1		TOTAL BUILDING AREA:	SQ FT		
DESCRI	PTION OF OPERATIONS: Daytona Office								ANY AREA LEASED TO OTHERS? Y	N:		
LOC#	STREET 359 Bill France Blvd			СІТ	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$			
5					INSIDE		OWNER		OCCUPIED AREA:	SQ FT		
BLD#	сіту: Daytona Beach	≣: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT			
1	county: Volusia	ZIP:32	2114				1		TOTAL BUILDING AREA:	SQ FT		

CARRIER

1	county: Flagler	ZIP:32164						TOTAL BUILDING AREA:	SQ FT
DESCRIP	PTION OF OPERATIONS: Flagler Office							ANY AREA LEASED TO OTHERS? Y / N:	
LOC#	STREET 846 Saxon Blvd		CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
7				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	сıту: Orange City	STATE: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
1	county: Volusia	ZIP:32763						TOTAL BUILDING AREA:	SQ FT

INTEREST

OWNER

TENANT

CITY LIMITS

STATE: FL

INSIDE

OUTSIDE

DESCRIPTION OF OPERATIONS: Orange City Office ANY AREA LEASED TO OTHERS? Y / N: LOC# CITY LIMITS INTEREST STREET # FULL TIME EMPL **ANNUAL REVENUES: \$** INSIDE OWNER OCCUPIED AREA SQ FT OUTSIDE BID# CITY: STATE: TENANT # PART TIME EMPL OPEN TO PUBLIC AREA: SQ FT

COUNTY: ZIP: TOTAL BUILDING AREA: SQ FT

DESCRIPTION OF OPERATIONS:

LOC# STREET

CITY LIMITS INTEREST #FULL TIME EMPL ANNUAL REVENUES: \$

INSIDE OWNER

OCCUPIED AREA: SQ FT

OCCUPIED AREA: SQ FT

BLD# CITY: STATE: OUTSIDE OWNER TENANT #PART TIME EMPL OPEN TO PUBLIC AREA: SQ FT TENANT TOTAL BUILDING AREA: SQ FT TOTAL BUILDIN

LOC# STREET CITY LIMITS INTEREST # FULL TIME EMPL **ANNUAL REVENUES: \$** INSIDE OCCUPIED AREA: OWNER SQ FT CITY: STATE: OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA: SQ FT COUNTY: ZIP: TOTAL BUILDING AREA: SQ FT DESCRIPTION OF OPERATIONS: ANY AREA LEASED TO OTHERS? Y / N:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied) IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF

FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

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

of

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ANY AREA LEASED TO OTHERS? Y / N:

ANNUAL REVENUES: \$

OPEN TO PUBLIC AREA:

OCCUPIED AREA:

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	CO-OWNER		OWNER	1700 W. New Haven Avenue						AIRPORT:	AIRCI	RAFT:
	EMPLOYEE AS LESSOR		REGISTRANT							SCHED #:	ITEM:	
	LEASEBACK OWNER		TRUSTEE	Melbourne			FL 32904-3	3919		ITEM CLASS:		
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	CORPORATION		JOINT VENTURE		NOT FOR PROFIT ORG	<u> </u>		SUBCHAPTER	R "S" CORPORATION			
	INDIVIDUAL		LLC NO. OF MEMBERS AND MANAGERS:		PARTNERSHIP			TRUST				
	DFSUPPNAME		YATMI						COPY	RIGHT 20	000 - 2014, \	/ERTAFORE, INC.

Ą	COF	CON	IMERCI <i>A</i>	AL GEN	ERA	L LIABII	LITY S	SECTIO	N		(MM/DD/YYYY) /25/2024
AGEN	CY					CARRIER				04	NAIC CODE
		ette & Britt of FL				Marketing Bin	der Compa	any			
POLIC	Y NUMBEI	R		EFFECTIV	/E DATE	APPLICANT / FIR:	•				
APP	FITGL33	6902023		06/01/	2024	Brevard Work			ard, Inc.		
		T - If CLAIMS MADE is check ovisions of the policy careful		l		tion below, th	is is an ap	plication fo	r a claims-m	nade policy.	
cov	ERAGE	 :S		LIMITS							
		IAL GENERAL LIABILITY		GENERAL AGG	REGATE			\$ 3,000,00	00	PRE	MIUMS
		S MADE OCCURREN	CE	LIMIT APPLIES	PER:	POLICY	LOCATIO OTHER:	DN		PREMISES/OPE	RATIONS
DEDU	CTIBLES			PRODUCTS & C		D OPERATIONS A	PRODUCTS				
	ROPERTY	DAMAGE \$		EACH OCCURR		NO INCORT		\$ 1,000,00 \$ 1,000,00		OTHER	
	BODILY INJ		PER CLAIM			EMISES (each occu	irrence)	\$ 1,000,00		0.00	
	ODIET II40	\$	PER OCCURRENCE	MEDICAL EXPE		,	arrence	\$ 10,000		TOTAL	
		Ψ	OCCURRENCE	EMPLOYEE BEN		one person)		\$ 1,000,00	00		
				LOTEE BEI	113			\$			
1. UM	/ UIM COV	ILY IN WISCONSIN: IF NON-OWNED OF HAZARDS	ONLY AUTO COVER			UNDER THE POLIC	Y: IS	IS NO	Γ AVAILABLE.		
		OI HAZARDS						DA.	TE	PREM	III IM
LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS		EXPOSURE	TERR	PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
2	1	Employment Agencies	43200	Α	27,49	3	6	r KEM/OF 3	TRODUCTS	r KEM/OF 3	ricobocio
1	2	Employment Agencies	43200	A	39,952		6				
3	3	Employment Agency	43200	A	51,13 ⁻	<u> </u>	6				
4	4	Employment Agencies	43200	A	6,081						
5	5	Employment Agencies	43200	А	5,500						
6	6	Employment Agencies	43200	А	25,000)					
7	7	Employment Agencies	43200	А	1,023,	660					
			PAYROLL - PER \$1 AREA - PER 1,000/5			(C) TOTAL COST (M) ADMISSIONS			(U) UNIT - F (T) OTHER		
CLA	IMS MA	DE (Explain all "Yes" respo	nses)								
EXPL	AIN ALL "Y	ES" RESPONSES									Y/N
1. PF	ROPOSE	D RETROACTIVE DATE:									
2. EN	NTRY DA	TE INTO UNINTERRUPTED CLA	IMS MADE COV	ERAGE:							
3. H	AS ANY F	PRODUCT, WORK, ACCIDENT, C	R LOCATION B	EEN EXCLUDE	D, UNIN	SURED OR SEL	.F-INSUREI	D FROM ANY	PREVIOUS C	OVERAGE?	N
4. W	AS TAIL	COVERAGE PURCHASED UNDE	R ANY PREVIO	US POLICY?							N
EMP	LOYEE	BENEFITS LIABILITY									<u>'</u>
		LE PER CLAIM: \$ 1,000			3. N	UMBER OF EM	PLOYEES (COVERED BY	'EMPLOYEE	BENEFITS PLAN	S:
		OF EMPLOYEES: 36				ETROACTIVE D				/2019	

CONTRACTORS AGENCY CUSTOMER ID: BREVARDWOR2

CONTRACTORS		·			
EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				١	Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FO	ROTHERS?				Ν
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE E	PLOSIVE MATERIAL?				Z
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDER	ROUND WORK OR EAF	RTH MOVING?			N
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LES	THAN YOURS?				Ν
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING	YOU WITH A CERTIFIC	CATE OF INSURANCE?			Ν
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHO	T OPERATORS?				N
DESCRIBE THE TYPE OF WORK SUBCONTRACTED \$ PAID TO SUBCONTRACTORS:	% OF SUBG	F WORK CONTRACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF:	

			TIME IN	EXPECTED		
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	LIFE	INTENDED USE	PRINCIPAL COMPONENTS
YDI AIN AI I "YES" DESDONS	SES (For all past or present product	e or operations\ PLEA	SE ATTACH LI	TEDATURE E	ROCHURES, LABELS, WARNINGS, ETC.	Y
	STALL, SERVICE OR DEMONS			TENATORE, E	NOOTIONES, EABLES, WARRINGS, ETC.	1
. FOREIGN PRODUCTS	SOLD, DISTRIBUTED, USED	AS COMPONENTS?	' (If "YES", a	attach ACOR	D 815)	1
. RESEARCH AND DEVI	ELOPMENT CONDUCTED OF	R NEW PRODUCTS P	PLANNED?			1
. GUARANTEES, WARR	ANTIES, HOLD HARMLESS A	GREEMENTS?				1
. PRODUCTS RELATED	TO AIRCRAFT/SPACE INDU	STRY?				1
. PRODUCTS RECALLE	D, DISCONTINUED, CHANGE	ED?				1
. PRODUCTS OF OTHER	RS SOLD OR RE-PACKAGED	UNDER APPLICANT	LABEL?			1
. PRODUCTS UNDER LA	ABEL OF OTHERS?					1
. VENDORS COVERAGE	E REQUIRED?					1

ACORD 126 (2016/03) Page 2 of 4 YATMI

AGENCY CUSTOMER ID: BREVARDWOR2

ACORD 45 attached for additional names

<u>A</u> D	DITIONAL INTEREST	CERTIFICATE RECIPIENT	ACORD	45 attache	ed for additional r	names		
INT	EREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE			INTEREST IN	ITEM NUMBER
X	ADDITIONAL INSURED				_	LOCA		BUILDING:
	EMPLOYEE AS LESSOR	** Blkt Al Ongoing Ops - FIT GL	01 (2020-05) *	*		ITEM CLASS):	ITEM:
	LENDER'S LOSS PAYABLE					ITEM C	ESCRIPTION	
	LIENHOLDER							
	LOSS PAYEE	Rockledge			FL 32955			
	MORTGAGEE							
		REFERENCE / LOAN #:						
GE	NERAL INFORMATION	N .						
_		For all past or present operations)						Y/N
1.	ANY MEDICAL FACILITIE	S PROVIDED OR MEDICAL PROFES	SSIONALS EMPL	OYED OR C	ONTRACTED?			N
2.	ANY EXPOSURE TO RAD	IOACTIVE/NUCLEAR MATERIALS?						N
-								N
3.		IT OR DISCONTINUED OPERATION ARDOUS MATERIAL? (e.g. landfills,			REATING, DISCHARG	GING, APPLYING, DI	SPOSING, OR	"
			wastes, rasi tami	.5, 515)				
4	ANY OPERATIONS SOLD	, ACQUIRED, OR DISCONTINUED I	N LAST FIVE (5)	YEARS?				N
"	7.111 OF ENVIRONG GOLD	, AGGENTED, ON DIGGENTINGED I	11 2/10 / 111/2 (0)	12,410.				
5.	DO YOU RENT OR LOAN	EQUIPMENT TO OTHERS?						N
	EQUIPMENT				TYPE OF E	QUIPMENT	INSTRUCTION	GIVEN (Y/N)
					SMALL TOOLS	LARGE EQUIPMENT		
					SMALL TOOLS	LARGE EQUIPMENT		
6.	ANY WATERCRAFT, DOC	CKS, FLOATS OWNED, HIRED OR L	EASED?					N
7.	ANY PARKING FACILITIE	S OWNED/RENTED?						N
8.	IS A FEE CHARGED FOR	PARKING?						N
<u> </u>	DEODE ATION EAGUATIES							N
] ^{9.}	RECREATION FACILITIES	S PROVIDED?						l IN
10	ADE THERE ANY LODGIN	NG OPERATIONS INCLUDING APAR	OTMENITO? (If "V	ES" answer	the following):			N
10.	# APTS TOTAL APT		•	LO , answer	the following).			"
	#AITO TOTALAIT	Sq. Ft.	LICATIONS					
11.	IS THERE A SWIMMING P	OOL ON PREMISES? (Check all that	apply)					N
	APPROVED FENCE	LIMITED ACCESS DIVING BO		ABO	/E GROUND IN G	ROUND LIFE G	UARD	
12.	ARE SOCIAL EVENTS SP	ONSORED?						N
13.	ARE ATHLETIC TEAMS SE	PONSORED?						N
	TYPE OF SPORT	CONTACT AGE GROUP		TYPE OF SI	PORT	CONTACT AGE GRO	DUP -	
		SPORT (Y/N)	13 - 18			SPORT (Y/N)		13 - 18
	EVTENT OF ODONOGRAM	12 & UNDER	OVER 18	EVTENT	CONCORCUE	12 8	UNDER	OVER 18
14	EXTENT OF SPONSORSHIP:			EXTENT OF	SPONSORSHIP:			N
14.	ANT STRUCTURAL ALTE	RATIONS CONTEMPLATED?						"
15	ANY DEMOLITION EXPO	SURE CONTEMPLATED?						N
'	, VI DEWICETTION EXPO	SONE SONTEINI LATED!						"
1								

GENERAL INFORMATION (continued)

AGENCY	Y CUSTO	MFR ID:	BREVARDWC	R_2
AGENCY	YCUSIC	MEK ID:	DIVENTIVE	

EXPL	EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					
16.	HAS APPLICANT BEEN ACTIVE IN OR IS CURREI	NTLY ACTIVE IN JOINT VEN	ITURES?		N	
17.	DO YOU LEASE EMPLOYEES TO OR FROM OTHE	R 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?						
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 LITERA	ATURE MAKE ANY REPRES	ENTATIONS ABOUT THE SAFETY OR S	ECURITY OF THE PREMISES?	N	

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

SIGNATURE

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

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

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

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written 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.

APPLICANT'S SIGNAT DREL'Signed by:	
APPLICANT'S SIGNATURE SIGN	UCER NUMBER

ACORD®	ADDITIONA	AL INITI	EDEST SCL	JEDIII I	=		DATE (MM/DD/YYYY)		
	ADDITIONA	₹ □ 1		ILDULI			04/25/2024		
AGENCY			CARRIER				NAIC CODE		
Bowen, Miclette & Britt of FL			Marketing Binder Company						
POLICY NUMBER		EFFECTIVE DA							
APPFITGL336902023		06/01/202		· ·	nent Board	, Inc.			
ADDITIONAL INTEREST (Not		<u> </u>	e only the necessa	ary data)					
INTEREST LOSS PAYER	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL		T IN ITEM NUMBER		
INSURED	** Blkt Waiver of Subrogation -	EIT CL 01	(2020 05) **			LOCATION:	BUILDING:		
WARRANTY MORTGAGEE CO-OWNER OWNER	BIKE Walver of Sublogation -	· I II GL UI I	(2020-03)			VEHICLE:	BOAT: AIRCRAFT:		
EMPLOYEE REGISTRANT						SCHED #:	ITEM:		
LEASEBACK TRUSTEE	Rockledge	Rockledge FL 32955					ITEM CLASS:		
OWNER LENDER'S LOSS PAYABLE	1 2 02000					ITEM DESCRIPTION	1		
LIENHOLDER REFERENCE / LOAN #: INTEREST END DATE:									
			PHONE (A/C, No, Ext):						
			E-MAIL ADDRESS:						
INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTERES	T IN ITEM NUMBER		
ADDITIONAL INSURED LOSS PAYEE						LOCATION:	BUILDING:		
BREACH OF WARRANTY MORTGAGEE	Melbourne Square, LLC					VEHICLE:	BOAT:		
CO-OWNER OWNER	1700 W. New Haven Avenue					AIRPORT:	AIRCRAFT:		
EMPLOYEE AS LESSOR REGISTRANT						SCHED #:	ITEM:		
LEASEBACK TRUSTEE	LEASEBACK TRUSTEE Melbourne FI 32904-3919			-3919		ITEM CLASS:			
LENDER'S LOSS PAYABLE	E				ITEM DESCRIPTION				
LIENHOLDER									
30 Days NOC	LIEN AMOUNT:		PHONE (A/C, No, Ext):						
REASON FOR INTEREST: Form #FIT-	GL-23 02/16	1	E-MAIL ADDRESS:						
INTEREST ADDITIONAL LOSS DAVES	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL		T IN ITEM NUMBER		
INSURED						LOCATION:	BUILDING:		
WARRANTY						VEHICLE:	BOAT:		
CO-OWNER OWNER EMPLOYEE DEGISTRANT						AIRPORT:	AIRCRAFT:		
AS LESSOR REGISTRANT						SCHED #:	ITEM:		
OWNER TRUSTEE LENDER'S LOSS PAYABLE						ITEM CLASS:	1		
LIENHOLDER	REFERENCE / LOAN #:		INTEREST END DATE:			TIEWIDESCRIPTION			
EIEMIOEBER	LIEN AMOUNT:		PHONE (A/C, No, Ext):						
REASON FOR INTEREST:	LIER AMOUNT.		E-MAIL ADDRESS:						
INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	BOLICA	SEND BILL	INTERES	T IN ITEM NUMBER		
ADDITIONAL LOSS DAVEE	MAINE AND ADDRESS TRAIN.	_ LVIDLIVOL.	CERTIFICATE	POLICY	J SEND BILL	LOCATION:	BUILDING:		
INSURED BREACH OF WARRANTY MORTGAGEE						VEHICLE:	BOAT:		
CO-OWNER OWNER						AIRPORT:	AIRCRAFT:		
EMPLOYEE AS LESSOR REGISTRANT						SCHED #:	ITEM:		
LEASEBACK OWNER TRUSTEE						ITEM CLASS:	<u>'</u>		
LENDER'S LOSS PAYABLE						ITEM DESCRIPTION	I		
LIENHOLDER	REFERENCE / LOAN #:		INTEREST END DATE:						
	LIEN AMOUNT:		PHONE (A/C, No, Ext):						
REASON FOR INTEREST:		_	E-MAIL ADDRESS:						
INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTERES	T IN ITEM NUMBER		
ADDITIONAL INSURED LOSS PAYEE						LOCATION:	BUILDING:		
BREACH OF WARRANTY MORTGAGEE						VEHICLE:	BOAT:		
CO-OWNER OWNER						AIRPORT:	AIRCRAFT:		
EMPLOYEE AS LESSOR LEASEBACK						SCHED #:	ITEM:		
LEASEBACK TRUSTEE						ITEM CLASS:			
LENDER'S LOSS PAYABLE			T			ITEM DESCRIPTION	I		
LIENHOLDER	REFERENCE / LOAN #:		INTEREST END DATE:						
	LIEN AMOUNT:		PHONE (A/C, No, Ext):						
REASON FOR INTEREST:			E-MAIL ADDRESS:						

Δ	CORD®		FLO)R	IDA C	OM	ME	RCIAL IN	SI	JRA	NCE	ΑP	PLI	CAT	ION		D	ATE (MM/DD	/YYYY)
						APF	PLIC	ANT INFORM	lΑ	TION	SECTI	ON						04/	25/20)24
AGI	ENCY								C	ARRIE	R								NAIC	CODE
Bo	wen, Miclette & B	Britt o	of FL						Ма	arketin	g Binder (Comp	any							
	0 Concourse Parl ite #105	kway	/ S						COMPANY POLICY OR PROGRAM NAME PROGRAM CODE							CODE				
	itland						FI	L 32751	L	LICY NU	MDED									
IVIC	iitiaiiu							L 32731		PPLICA										
COI	NTACT ME:								UN	IDERWR	ITER				UNDER	WRITE	R OFFICE			
PHO (A/C	ONE 800 47 C, No, Ext):	'4-5 6	886																	
FAX (A/C	(C, No):												QUOTE			ISSUE	POLICY	\geq	REI	NEW
E-M	IAIL DRESS:									ATUS OF			BOUND	(Give Date		tach Co				_
COI	DE:				SUBCODE:								CHANG	Ε [DATE		TIME			AM
AGI	ENCY CUSTOMER ID:	E	BREVARDW	VOR2	2								CANCE	L						PM
LIN	NES OF BUSINE	SS																		
IND	ICATE LINES OF BUS	INES	S	PRE	MIUM		,				PREMIUM			1				PI	REMIU	М
	BOILER & MACHINE	RY		\$			CRIM	ИE			\$			TRUCKER	RS			\$		
X	BUSINESS AUTO			\$			СҮВІ	ER AND PRIVACY			\$			UMBRELI	-A			\$		
	BUSINESS OWNER:	s		\$			1	ICIARY LIABILITY			\$			YACHT				\$		
X	COMMERCIAL GEN			\$				AGE AND DEALERS			\$		$\dashv X$	Cyber				\$		
	COMMERCIAL INLA			\$			1	IOR LIABILITY			\$		$\perp \!\!\! \perp$	D&O/EI	<u> </u>			\$		
X	COMMERCIAL PRO	PERT	Υ	\$			МОТ	OR CARRIER			\$							\$		
AT	TACHMENTS						T							I						
	ACCOUNTS RECEIN			PAPEF	RS		-	CTRONIC DATA PROC		ING SEC	CTION						Y SUPPLEN			
	ADDITIONAL INTER				-5		+	SS AND SIGN SECTIO									SUPPLEME			
	ADDITIONAL PREMI			SCHE	DULE		-	EL / MOTEL SUPPLEM			TON						OF VALUE	.5		
	APARTMENT BUILD			20.00	h.A		-	ALLATION / BUILDERS				ENIT		STATE SU						
	CONDO ASSN BYLA			age on	iy)		-	RNATIONAL LIABILITY					$\overline{}$	VACANT			LEMENT			
	COVERAGES SCHE						-	S SUMMARY	116	XP0301	RE SUPPLEI	VIENI	+	VEHICLE	SCHEDUL					
	DEALERS SECTION		-				-	N CARGO SECTION												
$\overline{}$	DRIVER INFORMAT		CHEDULE				-	MIUM PAYMENT SUPF	PLEM	/FNT										
PC	DLICY INFORMA																			
	PROPOSED		PROPOSED		BILLING	3 PLAN		PAYMENT PLAN		METHO	O OF PAYME	NT	AUDIT	DEPO	OSIT	N	MINIMUM REMIUM	Р	OLICY	PREMIUM
E	FFECTIVE DATE	EXP	IRATION DATE	: _										\$		\$	KEMIUW	\$		
	06/01/2024		6/01/2025		DIRECT	X A	GENCY	′												
	PLICANT INFO											1			1		Ι.			
	ME (First Named Insur				-	ZIP+4)			GL	CODE		SIC			NAICS					C SEC#
	evard Workforce I chard Meagher; 2		•	oaru,	inc.				-	10111500	DUONE #	(221)	394-0	700				5930)3178	5
NIC	maru Meagner, z	91 6	arries bivu						\vdash		PHONE #:	(321)	394-0	700						
Ro	ckledge						FI	L 32955			eersource	hrevs	ard cor	n						
110	CORPORATION		JOINT VENTU	IRF				NOT FOR PROFIT ORG	_		SUBCHAPTE									
	INDIVIDUAL		LLC NO. OF		IBERS	ŀ		PARTNERSHIP		\vdash	RUST		.0111 011	,		J				
NAI	ME (Other Named Insu	ıred) .				g ZIP+4)			GL	CODE		SIC			NAICS			FEIN	OR SO	C SEC#
									\vdash		PHONE #:									
									VVE	EBSITE A	NDDRESS									
	CORPORATION		JOINT VENTU		IBERS			NOT FOR PROFIT ORG	;	\vdash	SUBCHAPTE	R "S" C	ORPOR	ATION						
NAI	INDIVIDUAL ME (Other Named Insu	ured)	LLC NO. OF			 g ZIP+4)		PARTNERSHIP	GL	CODE	RUST	sic			NAICS			FEIN (OR SO	C SEC#
						,														
									\vdash		PHONE #:									
									WE	BSITE A	DDRESS									
	CORPORATION		JOINT VENT	JRE			l N	NOT FOR PROFIT ORG	 }	S	SUBCHAPTE	R "S" C	ORPOR	ATION						
	INDIVIDUAL		LLC NO. OF	MEM IANAG	IBERS SERS:		F	PARTNERSHIP		Д∣т	RUST									
DEF	INITIONS: GL CO	DDE:	General Liabili			SIC	: Stan	dard Industrial Classif	icati	ion			N	IAICS: Nor	th Americ	an Indu	ustry Classi	ficatio	n Syst	em
	soc s	SEC#	: Social Secur	ity Nu	mber	FEI	N: Fed	deral Employer Identifi	catio	on Numb	er		L	LC: Limite	d Liability	Corpo	ration			

AGENCY CUSTOMER ID: BRE	VARDWOR2
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CONTACT INFORMATION										
					CONTACT TYPE: Accounting Contact					
CONTACT NAME: Lynn Hudson				CONTACT NAME: Lynn Hudson						
PRIMARY HOME BUS CELL	SECONDARY PHONE #	HOME BUS	CELL	PRIMARY HOME BUS CELL SECONDARY HOME BUS CELL						
(321) 394-0518				(321) 3	94-0518					
PRIMARY E-MAIL ADDRESS: Ihudson@	careersourcebreva	rd.c		PRIMARY	Y E-MAIL ADDR	RESS: lhuson@ca	areersourcebrevar	d.com		
SECONDARY E-MAIL ADDRESS:				SECOND	ARY E-MAIL A	DDRESS:				
PREMISES INFORMATION (Attac	ch ACORD 823 fo	r Additional	Premises	, if app	licable)					
LOC# STREET 295/297 Barnes Blvd			CITY LIMITS	INTERE		# FULL TIME EMPL	ANNUAL REVENUES	S: \$		
1			INSIDE	OV	WNER		OCCUPIED AREA:	SQ FT		
BLD# CITY: Rockledge	STAT	E: FL	OUTSIDE	E TE	NANT	# PART TIME EMPL	OPEN TO PUBLIC AF	REA: SQ FT		
1 county: Brevard	ZIP: 3	32955					TOTAL BUILDING AF	REA: SQ FT		
DESCRIPTION OF OPERATIONS: Office							ANY AREA LEASED	TO OTHERS? Y / N		
Loc # STREET 3880 S. Washington	Ave. Ste 214		CITY LIMITS	INTERE	ST	# FULL TIME EMPL	ANNUAL REVENUES	S: \$		
2			INSIDE	Ov	WNER		OCCUPIED AREA:	SQ FT		
BLD# CITY: Titusville	STAT	E: FL	OUTSIDE	<u>:</u>	NANT	# PART TIME EMPL	OPEN TO PUBLIC AF	REA: SQ FT		
1 county: Brevard	ZIP: 3	32780					TOTAL BUILDING AF	REA: SQ FT		
DESCRIPTION OF OPERATIONS: Office							ANY AREA LEASED			
Loc # STREET 5275 Babcock Stree	· NF	1	CITY LIMITS	INTERE	ST	# FULL TIME EMPL	ANNUAL REVENUES			
3		<u> </u>	INSIDE	\vdash	WNER	# 1 OLL THILL LIMIT L	OCCUPIED AREA:	SQ FT		
BLD# CITY: Palm Bay	STAT	E: FL	OUTSIDE	\vdash	NANT	# PART TIME EMPL	OPEN TO PUBLIC AF			
1 county: Brevard		32905	- 0013106	⁼⊢ '°	INAINI	# PART TIME EMPL				
	ZIP: \	52905					TOTAL BUILDING AF			
DESCRIPTION OF OPERATIONS: Office		1.		T		T	ANY AREA LEASED			
Loc# STREET 329 Bill France Blvd			CITY LIMITS	INTERE		# FULL TIME EMPL	ANNUAL REVENUES	· · · · · · · · · · · · · · · · · · ·		
4			INSIDE	\vdash	WNER		OCCUPIED AREA:	SQ FT		
BLD# CITY: Daytona Beach		E: FL	OUTSIDE	E TE	NANT	# PART TIME EMPL	OPEN TO PUBLIC AF			
1 county: Volusia		32114					TOTAL BUILDING AF	REA: SQ FT		
DESCRIPTION OF OPERATIONS: Daytona	Office						ANY AREA LEASED	TO OTHERS? Y / N		
DEFINITIONS: LOC #: Location Number	# FUL	L TIME EMPL: No	umber Full Tir	ne Employ	/ees	SQ FT: Square Feet				
	# DAE	T TIME CARD! AL								
BLD #: Building Number	# PAP	I TIME EMPL: N	umber Part Ti	me Emplo	yees					
BLD #: Building Number NATURE OF BUSINESS	# PAP	RI TIME EMPL: N	umber Part Ti	me Emplo	yees					
-			RESTAURA		SERVICE			DATE BUSINESS STARTED (MM/DD/YYYY)		
NATURE OF BUSINESS	R MANUFAG				<u> </u>	LE		DATE BUSINESS STARTED (MM/DD/YYYY)		
NATURE OF BUSINESS APARTMENTS CONTRACTO CONDOMINIUMS INSTITUTION DESCRIPTION OF PRIMARY OPERATIONS	R MANUFAG		RESTAURA		SERVICE	LE		DATE BUSINESS STARTED (MM/DD/YYYY)		
NATURE OF BUSINESS APARTMENTS CONTRACTO CONDOMINIUMS INSTITUTION	R MANUFAG		RESTAURA		SERVICE	LE		DATE BUSINESS STARTED (MM/DD/YYYY)		
NATURE OF BUSINESS APARTMENTS CONTRACTO CONDOMINIUMS INSTITUTION DESCRIPTION OF PRIMARY OPERATIONS	R MANUFAG		RESTAURA		SERVICE	LE		DATE BUSINESS STARTED (MM/DD/YYYY)		
NATURE OF BUSINESS APARTMENTS CONTRACTO CONDOMINIUMS INSTITUTION DESCRIPTION OF PRIMARY OPERATIONS	R MANUFAG		RESTAURA		SERVICE	LE		DATE BUSINESS STARTED (MM/DD/YYYY)		
NATURE OF BUSINESS APARTMENTS CONTRACTO CONDOMINIUMS INSTITUTION DESCRIPTION OF PRIMARY OPERATIONS	R MANUFAG		RESTAURA		SERVICE	LE		DATE BUSINESS STARTED (MM/DD/YYYY)		
NATURE OF BUSINESS APARTMENTS CONTRACTO CONDOMINIUMS INSTITUTION DESCRIPTION OF PRIMARY OPERATIONS	R MANUFAG		RESTAURA		SERVICE	LE		DATE BUSINESS STARTED (MM/DD/YYYY)		
NATURE OF BUSINESS APARTMENTS CONTRACTO CONDOMINIUMS INSTITUTION DESCRIPTION OF PRIMARY OPERATIONS	R MANUFAG		RESTAURA		SERVICE	LE		DATE BUSINESS STARTED (MM/DD/YYYY)		
NATURE OF BUSINESS APARTMENTS CONTRACTO CONDOMINIUMS INSTITUTION DESCRIPTION OF PRIMARY OPERATIONS	R MANUFAG		RESTAURA		SERVICE	LE		DATE BUSINESS STARTED (MM/DD/YYYY)		
NATURE OF BUSINESS APARTMENTS CONTRACTO CONDOMINIUMS INSTITUTION DESCRIPTION OF PRIMARY OPERATIONS	R MANUFAG	CTURING	RESTAURA	NT	SERVICE		SES INSTALLATION, SE	DATE BUSINESS STARTED (MM/DD/YYYY)		
NATURE OF BUSINESS APARTMENTS CONTRACTO CONDOMINIUMS INSTITUTION DESCRIPTION OF PRIMARY OPERATIONS	R MANUFAG	CTURING	RESTAURA	NT	SERVICE		SES INSTALLATION, SE	STARTED (MM/DD/YYYY)		
APARTMENTS CONTRACTO CONDOMINIUMS INSTITUTION DESCRIPTION OF PRIMARY OPERATIONS Employment Agency RETAIL STORES OR SERVICE OPERATIONS 9	R MANUFAG AL OFFICE	CTURING	RESTAURA	NT	SERVICE		SES INSTALLATION, SE	STARTED (MM/DD/YYYY)		
NATURE OF BUSINESS APARTMENTS CONTRACTO CONDOMINIUMS INSTITUTION DESCRIPTION OF PRIMARY OPERATIONS Employment Agency	R MANUFAG AL OFFICE	CTURING	RESTAURA	NT	SERVICE		SES INSTALLATION, SE	STARTED (MM/DD/YYYY)		
NATURE OF BUSINESS APARTMENTS CONTRACTO CONDOMINIUMS INSTITUTION DESCRIPTION OF PRIMARY OPERATIONS Employment Agency RETAIL STORES OR SERVICE OPERATIONS 9	R MANUFAG AL OFFICE	CTURING	RESTAURA	NT	SERVICE		SES INSTALLATION, SE	STARTED (MM/DD/YYYY)		
NATURE OF BUSINESS APARTMENTS CONTRACTO CONDOMINIUMS INSTITUTION DESCRIPTION OF PRIMARY OPERATIONS Employment Agency RETAIL STORES OR SERVICE OPERATIONS 9	R MANUFAG AL OFFICE	CTURING	RESTAURA	NT	SERVICE		SES INSTALLATION, SE	STARTED (MM/DD/YYYY)		
NATURE OF BUSINESS APARTMENTS CONTRACTO CONDOMINIUMS INSTITUTION DESCRIPTION OF PRIMARY OPERATIONS Employment Agency RETAIL STORES OR SERVICE OPERATIONS 9	R MANUFAG AL OFFICE	CTURING	RESTAURA	NT	SERVICE		SES INSTALLATION, SE	STARTED (MM/DD/YYYY)		
NATURE OF BUSINESS APARTMENTS CONTRACTO CONDOMINIUMS INSTITUTION DESCRIPTION OF PRIMARY OPERATIONS Employment Agency RETAIL STORES OR SERVICE OPERATIONS 9	R MANUFAG AL OFFICE	CTURING	RESTAURA	NT	SERVICE		SES INSTALLATION, SE	STARTED (MM/DD/YYYY)		
NATURE OF BUSINESS APARTMENTS CONTRACTO CONDOMINIUMS INSTITUTION DESCRIPTION OF PRIMARY OPERATIONS Employment Agency RETAIL STORES OR SERVICE OPERATIONS 9	R MANUFAG AL OFFICE	CTURING	RESTAURA	NT	SERVICE		SES INSTALLATION, SE	STARTED (MM/DD/YYYY)		
NATURE OF BUSINESS APARTMENTS CONTRACTO CONDOMINIUMS INSTITUTION DESCRIPTION OF PRIMARY OPERATIONS Employment Agency RETAIL STORES OR SERVICE OPERATIONS 9	R MANUFAG AL OFFICE	CTURING	RESTAURA	NT	SERVICE		SES INSTALLATION, SE	STARTED (MM/DD/YYYY)		
APARTMENTS CONTRACTO CONDOMINIUMS INSTITUTION DESCRIPTION OF PRIMARY OPERATIONS Employment Agency RETAIL STORES OR SERVICE OPERATIONS 9 DESCRIPTION OF OPERATIONS OF OTHER NA	R MANUFAG AL OFFICE 5 OF TOTAL SALES: AMED INSUREDS	INSTALLA	RESTAURA RETAIL	E OR REP	SERVICE WHOLESA	OFF PREMIS		STARTED (MM/DD/YYYY)		
APARTMENTS CONTRACTO CONDOMINIUMS INSTITUTION DESCRIPTION OF PRIMARY OPERATIONS Employment Agency RETAIL STORES OR SERVICE OPERATIONS OF OTHER NA DESCRIPTION OF OPERATIONS OF OTHER NA ADDITIONAL INTEREST (Provide	R MANUFAG AL OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE	INSTALLAT	RESTAURA RETAIL	E OR REP.	SERVICE WHOLESA	OFF PREMIS	s, if applicable	STARTED (MM/DD/YYYY)		
APARTMENTS CONTRACTO CONDOMINIUMS INSTITUTION DESCRIPTION OF PRIMARY OPERATIONS Employment Agency RETAIL STORES OR SERVICE OPERATIONS OF OTHER NA DESCRIPTION OF OPERATIONS OF OTHER NA ADDITIONAL INTEREST (Provide INTEREST NA ADDITIONAL ILIENHOLDER	R MANUFAG AL OFFICE 5 OF TOTAL SALES: AMED INSUREDS	INSTALLAT	RESTAURA RETAIL	E OR REP	SERVICE WHOLESA	OFF PREMIS	s, if applicable	ERVICE OR REPAIR WORK %		
ADDITIONAL INTEREST (Provide INTEREST ADDITIONAL INSURED BREACH OF BUSINESS	R MANUFAG AL OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE	INSTALLAT	RESTAURA RETAIL	E OR REP.	SERVICE WHOLESA	OFF PREMIS	s, if applicable	STARTED (MM/DD/YYYY) ERVICE OR REPAIR WORK %		
APARTMENTS CONTRACTO CONDOMINIUMS INSTITUTION DESCRIPTION OF PRIMARY OPERATIONS Employment Agency RETAIL STORES OR SERVICE OPERATIONS 9 DESCRIPTION OF OPERATIONS OF OTHER NA ADDITIONAL INTEREST (Provide INTEREST ADDITIONAL INTEREST (LIENHOLDER INSURED I	R MANUFAG AL OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE	INSTALLAT	RESTAURA RETAIL	E OR REP.	SERVICE WHOLESA	OFF PREMIS	s, if applicable	STARTED (MM/DD/YYYY) ERVICE OR REPAIR WORK % ST IN ITEM NUMBER BUILDING:		
APARTMENTS CONTRACTO CONDOMINIUMS INSTITUTION DESCRIPTION OF PRIMARY OPERATIONS Employment Agency RETAIL STORES OR SERVICE OPERATIONS 9 DESCRIPTION OF OPERATIONS OF OTHER NA DITIONAL INTEREST (Provide INTEREST ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER MORTGAGEE EMPLOYEE OWNER OWNERD	R MANUFAG AL OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE	INSTALLAT	RESTAURA RETAIL	E OR REP.	SERVICE WHOLESA	OFF PREMIS	s, if applicable LL INTERES LOCATION: VEHICLE: AIRPORT: ITEM	STARTED (MM/DD/YYYY) ERVICE OR REPAIR WORK % ST IN ITEM NUMBER BUILDING: BOAT: AIRCRAFT:		
APARTMENTS CONTRACTO CONDOMINIUMS INSTITUTION DESCRIPTION OF PRIMARY OPERATIONS Employment Agency RETAIL STORES OR SERVICE OPERATIONS DESCRIPTION OF OPERATIONS OF OTHER NA DESCRIPTION OF OPERATIONS OF OTHER NA INSURED BREACH OF WARRANTY CO-OWNER BREACH OF WARRANTY CO-OWNER AS LESSOR LEASEBACK DEGISTRANT	R MANUFAG AL OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE	INSTALLAT	RESTAURA RETAIL	E OR REP.	SERVICE WHOLESA	OFF PREMIS	LS, if applicable LL INTERES LOCATION: VEHICLE: AIRPORT: ITEM CLASS:	STARTED (MM/DD/YYYY) ERVICE OR REPAIR WORK % ST IN ITEM NUMBER BUILDING: BOAT: AIRCRAFT: ITEM:		
APARTMENTS CONTRACTO CONDOMINIUMS INSTITUTION DESCRIPTION OF PRIMARY OPERATIONS Employment Agency DESCRIPTION OF OPERATIONS OF OTHER NO DESCRIPTION OF OPERATIONS DESCRIPTION OF OPERATIONS DESCRIPTION OF OPERATIONS DESCRIPTION OF OPERATIONS OF OTHER NO DESCRIPTION OF OPERATIONS DESCRIPTION	R MANUFAG AL OFFICE S OF TOTAL SALES: AMED INSUREDS Only the necess ME AND ADDRESS R.	INSTALLAT	RESTAURA RETAIL TION, SERVICE STACK ACO TIDENCE:	E OR REP %	SERVICE WHOLESA	OFF PREMIS	s, if applicable LL INTERES LOCATION: VEHICLE: AIRPORT: ITEM	STARTED (MM/DD/YYYY) ERVICE OR REPAIR WORK % ST IN ITEM NUMBER BUILDING: BOAT: AIRCRAFT: ITEM:		
APARTMENTS CONTRACTO CONDOMINIUMS INSTITUTION DESCRIPTION OF PRIMARY OPERATIONS Employment Agency RETAIL STORES OR SERVICE OPERATIONS OF OTHER NATIONAL INTEREST (Provide INTEREST ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER MORTGAGEE OWNER AS LESSOR LEASEBACK OWNER LEASEBACK COWNER LEASEBACK COWNER LEASEBACK COWNER LEASEBACK TRUSTEE RE	R MANUFAG AL OFFICE GOFTOTAL SALES: AMED INSUREDS ONly the necess ME AND ADDRESS R.	INSTALLAT	RESTAURA RETAIL TION, SERVICE tach ACO IDENCE:	RD 45 f	SERVICE WHOLESA AIR WORK FOR MORE ACTION IN THE INTERPOLATE INTERPOLATE IN THE INTERPOLATE IN THE INTERPOLATE INTERPOLAT	OFF PREMIS	ES, if applicable LOCATION: VEHICLE: AIRPORT: ITEM CLASS: ITEM DESCRIPTIO	STARTED (MM/DD/YYYY) ERVICE OR REPAIR WORK % ST IN ITEM NUMBER BUILDING: BOAT: AIRCRAFT: ITEM:		
APARTMENTS CONTRACTO CONDOMINIUMS INSTITUTION DESCRIPTION OF PRIMARY OPERATIONS Employment Agency RETAIL STORES OR SERVICE OPERATIONS OF OTHER NATIONAL INTEREST (Provide INTEREST ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER MORTGAGEE OWNER AS LESSOR LEASEBACK OWNER LEASEBACK COWNER LEASEBACK COWNER LEASEBACK COWNER LEASEBACK TRUSTEE RE	R MANUFAG AL OFFICE S OF TOTAL SALES: AMED INSUREDS Only the necess ME AND ADDRESS R.	INSTALLAT	RESTAURA RETAIL TION, SERVICE TION IN IN PH	E OR REP %	SERVICE WHOLESA AIR WORK FOR MORE ACTION FOR MORE ACTI	OFF PREMIS	LS, if applicable LL INTERES LOCATION: VEHICLE: AIRPORT: ITEM CLASS:	STARTED (MM/DD/YYYY) ERVICE OR REPAIR WORK % ST IN ITEM NUMBER BUILDING: BOAT: AIRCRAFT: ITEM:		

GENERAL INFORMATION

AGENCY CUSTOMER ID: BREVARDWOR2

EXP	LAIN ALL "YES" R	ESPONSES					Y/N		
1a.	IS THE APPLIC	ANT A SUBSIDIARY OF ANOTHER ENTITY ?					N		
	PARENT COMPA	ANY NAME		RELATIONSHIP D	ESCRIPTION	% OWNED			
1b.		PLICANT HAVE ANY SUBSIDIARIES?		T		T.,	N		
	SUBSIDIARY CO	MPANY NAME		RELATIONSHIP D	ESCRIPTION	% OWNED			
2.	IS A FORMAL S	SAFETY PROGRAM IN OPERATION?					Y		
	SAFETY MA		OSHA						
3.	ANY EXPOSUR	E TO FLAMMABLES, EXPLOSIVES, CHEMICALS?		-			N		
	44 D / OTHER II	INCLEDING WITH THE COMPANIE WITH					N		
4.		ISURANCE WITH THIS COMPANY? (List policy numbers)					'		
	LINE OF BUSINE	ESS POLICY NUMBER	LINE OF BUSINESS		POLICY NUMBER				
5.		R COVERAGE DECLINED, CANCELLED OR NON-RENEWED DU (Missouri Applicants - Do not answer this question)	RING THE PRIOR T	HREE (3) YEARS	FOR ANY PREMISES OR	<u>'</u>	N		
	NON-PAYN	`							
	NON-RENE		(Describe):						
6.	ANY PAST LOS	SES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTAT	TION ALLEGATIONS	, DISCRIMINATION	ON OR NEGLIGENT HIRING?		N		
7.		AST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDIO ON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION				RAUD,	N		
		tion must be answered by any applicant for property insurance. Fail f up to one year of imprisonment).	ure to disclose the ex	xistence of an ars	on conviction is a misdemeanor p	punishable			
	by a sentence o	rup to one year or imprisonment).							
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?						N			
	OCCUR DATE	EXPLANATION	RE	ESOLUTION	RE	SOLVE DATE			
9.	HAC ADDI ICAA	 THAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR	EILED EOD BANKDI	LIDTOV DI IBINO	THE LAST EN/E (5) VEARS?		+		
9.	OCCUR DATE	EXPLANATION		ESOLUTION		SOLVE DATE	'`		
10.	HAS APPLICAN	IT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEA	ARS?				N		
	OCCUR DATE	EXPLANATION	RE	ESOLUTION	RE	SOLVE DATE			
11	HAS BUSINESS	 					+		
	ANY FOREIGN	OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OF		OLD / DISTRIBUT	ED IN FOREIGN COUNTRIES?		N		
10	•	ACORD 815 for Liability Exposure and/or ACORD 816 for Property		OTEDO			-		
13.	DOES APPLICA	INT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERA	GE IS NOT KEQUES	יובט!			'N		
14.	DOES APPLICA	NT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe	e use)				N		
15.	DOES APPLICA	NT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe L	ıse)				N		
<u></u>	MADICO / == -	OFFICIAL MOTEUR (A COPT 10)			1.6	n.			
RE	VIARKS / PRO	CESSING INSTRUCTIONS (ACORD 101, Additional Rem	narks Schedule, r	nay be attache	d if more space is required	1)			

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: BREVARDWOR2

EAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER	Markel Global Reinsurance	Markel Global Reinsurance	Lloyds of London	
	POLICY NUMBER	FITGL336902023	FITAU336902023	FITPR336902023	
	PREMIUM	\$ 20,699	\$ 65,538	\$ 26,109	\$
EFFECTIVE DATE		06/01/2023	06/01/2023	06/01/2023	
	EXPIRATION DATE	06/01/2024	06/01/2024	06/01/2024	
	CARRIER	Markel Global Reinsurance	Markel Global Reinsurance	Lloyds of London	
	POLICY NUMBER	FITGL336902022	FITAU336902022	FITPR336902022	
	PREMIUM	\$ 18,817	\$ 5,748	\$ 17,407	\$
	EFFECTIVE DATE	06/01/2022	06/01/2022	06/01/2022	
	EXPIRATION DATE	06/01/2023	06/01/2023	06/01/2023	
	CARRIER	Markel Global Reinsurance	Markel Global Reinsurance	Lloyds of London	
	POLICY NUMBER	FITGL336902021	FITAU336902021	FITPR336902021	
	PREMIUM	\$ 16,121	\$ 63,220	\$ 8,883	\$
	EFFECTIVE DATE	06/01/2021	06/01/2021	06/01/2021	
	EXPIRATION DATE	06/01/2022	06/01/2022	06/01/2022	
	CARRIER	Markel Global Reinsurance	Markel Global Reinsurance	Lloyds of London	
	POLICY NUMBER	FITGL336902020	FITAU336902020	FITPR336902020	
	PREMIUM	\$ 13,779	\$ 56,196	\$ 7,904	\$
	EFFECTIVE DATE	06/01/2020	06/01/2020	06/01/2020	
	EXPIRATION DATE	06/01/2021	06/01/2021	06/01/2021	

LOSS HISTOR	₹Y	Check if none (Attach Loss Summary for	Additional Los	s information)			
ENTER ALL CLAIMS FOR THE LAST		REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCC	CURRENCES THAT M	MAY GIVE RISE TO CLAIMS	TOTAL LOSSES: \$		
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO- GATION Y/N	CLAIM OPEN Y/N

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

SIGNATURE

ACORD 125, FL (2016/03)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
25	Matthew S. Nilles		
APPLICAN DOGI SIGNATURE		\$\frac{1}{2}1/2024	NATIONAL PRODUCER NUMBER
Marci Murdus		3, 21, 202 :	

Page 4 of 4 YATMI

ACORD®

AGENCY CUSTOMER ID: BREVARDWOR2

ADDITIONAL PREMISES INFORMATION SCHEDULE	Page	of _
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7.55111611112			
AGENCY		CARRIER	NAIC CODE
Bowen, Miclette & Britt of FL		Marketing Binder Company	
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)	
APPLICANT	06/01/2024	Brevard Workforce Development Board, Inc.	
PREMISES INFORMATION	•	<u> </u>	

APPLIC	CANT	06/01/20	24	Brevard	Wo	rkforce Develo	pment Board, Inc.		
PREM	ISES INFORMATION								
LOC#	STREET 359 Bill France Blvd		CIT	YLIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
5				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	сıту: Daytona Beach	STATE: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
1	COUNTY: Volusia	ZIP:32114						TOTAL BUILDING AREA:	SQ FT
DESCRIP	PTION OF OPERATIONS: Daytona Career Cente	r						ANY AREA LEASED TO OTHERS? Y / N:	
LOC#	STREET 20 Airport Road		CIT	YLIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
6				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	сıту: Palm Coast	STATE: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
1	соинту: Flagler	ZIP:32164						TOTAL BUILDING AREA:	SQ FT
DESCRIP	PTION OF OPERATIONS: Flagler Office							ANY AREA LEASED TO OTHERS? Y / N:	
LOC#	STREET 846 Saxon Blvd		CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
7				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	сıту: Orange City	STATE: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
1	county: Volusia	ZIP:32763						TOTAL BUILDING AREA:	SQ FT
DESCRIP	PTION OF OPERATIONS: Orange City Office							ANY AREA LEASED TO OTHERS? Y / N:	
LOC#	STREET		CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:				1		TOTAL BUILDING AREA:	SQ FT
DESCRIP	PTION OF OPERATIONS:			•		•		ANY AREA LEASED TO OTHERS? Y / N:	
LOC#	STREET		CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:		1		1		TOTAL BUILDING AREA:	SQ FT
DESCRIP	PTION OF OPERATIONS:			•		•		ANY AREA LEASED TO OTHERS? Y / N:	
LOC#	STREET		CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:		1		1		TOTAL BUILDING AREA:	SQ FT
DESCRIP	PTION OF OPERATIONS:					•	•	ANY AREA LEASED TO OTHERS? Y / N:	
LOC#	STREET		CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:		1		1		TOTAL BUILDING AREA:	SQ FT
DESCRIP	PTION OF OPERATIONS:					•	•	ANY AREA LEASED TO OTHERS? Y / N:	
LOC#	STREET		CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:		1		1		TOTAL BUILDING AREA:	SQ FT
DESCRIP	PTION OF OPERATIONS:					•	•	ANY AREA LEASED TO OTHERS? Y / N:	
LOC#	STREET		CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:		1		1		TOTAL BUILDING AREA:	SQ FT
DESCRIF	TION OF OPERATIONS:			•		•	•	ANY AREA LEASED TO OTHERS? Y / N:	
LOC#	STREET		CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:		1		1		TOTAL BUILDING AREA:	SQ FT
DESCRIF	PTION OF OPERATIONS:		•	•	•	•	•	ANY AREA LEASED TO OTHERS? Y / N:	
								•	

	PRIOR CARRIER INFORMATION					
YEAR	CARRIER & POLICY NUMBER	EFF DATE	EXP DATE	LINE	MOD	PREMIUM
2019	co: Lloyds of London POL #: FITPR336902019	06/01/2019	06/01/2020	PROP		6,874
2019	co: Markel Global Reinsurance Company POL #: FITAU336902019	06/01/2019	06/01/2020	AUTOB		34,545
2019	co: Markel Global Reinsurance Company POL #: FITGL336902019	06/01/2019	06/01/2020	CGL		11,981
	CO: POL #:					
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	POL #: CO:					
OFPRIC	POL#:			СОВУБІСИТ	2002 . 204	14, VERTAFORE, INC.
UFPRIC	ZNINF TATIVII			COPTRIGHT	2002 - 20°	4, VERTAFORE, INC.

CERTIFICATION OF EMPLOYER WORKPLACE SAFETY PROGRAM PREMIUM CREDIT

Employer Name: Drevar	d worklorde Developmen	t Board, Inc.	
Name of Contact Person:	Marci Murphy-Presid	ent _{Te}	elephone #: <u>321-359-0518</u>
Policy #:			Date of Policy:06/01/2024
Statutes. I certify that this s to my carrier.	afety program has been implem	ented in my work	quirements of Section 440.1025, Florida complete control contr
440.1025, Florida Statutes:			
1) Written safety policy a	and safety rules	5)	First aid
2) Safety inspections		6)	Accident investigation
3) Preventive maintenan4) Safety training	ce	7)	Necessary record keeping
of this information. Any person who knowingly, application containing any f amount of premiums for wo	and with intent to injure, defrau	d, or deceive any nformation with t guilty of a felony	he purpose of validating the accuracy v insurer, files a statement of claim or an the purpose of avoiding or reducing the v of the third degree, punishable as provided
Under penalties of perjury,			ion of Employer Workplace Safety Program
Mari M	Ruphy 4	124/2024	Mari Menply
Employer	Name /	Date	Officer/Owner Signature*
Brevard Workford	Name Y Name Development Brad	d, INE.	President
			Title

^{*} Application must be signed by an officer or owner.



RENEWAL SUPPLEMENTAL APPLICATION

GENERAL RENEWAL INFORMATION

APPLICANT NAME:	BRE	evard Workforce Di	EVELOPMENT BO	ARD, INC. DBA CA	AREERSOURCE BI	REVARD
Address:		7 Barnes Boulevard	1			
CONTACT NAME & PHONE:	LYNN Hudson / 321-394-0522					
ANNUAL OPERATING BUDGET:		13,000,000				
Has Entity Had Any Changes To Oper	ATIONS:	XYES □ NO				
As of 7/1/24 CareerSource Brevard	WILL BE MERGING	S WITH CAREERSOURCE	FLAGLER-VOLUSI	Α.		
HAVE ALL CLAIMS OR POTENTIAL CLAIMS BEE IF NO, PLEASE EXPLAIN	IN SUBMITTED OR D	DISCLOSED TO THE APPR	ROPRIATE INSURA	NCE CARRIER?	⊠ YES	□No
HAVE ANY CHANGES BEEN MADE TO THE ABI	use /M isconduct	F POLICIES OR PRACTICE	s?		YES	⊠ No
Do you have all required licenses:	· · · · · · · · · · · · · · · · · · ·	res No		CURRENT?		YES NO
ANY LICENSE EVER REVOKED/SUSPENDED?	Y	es No	n Proviners?	CURRENT?		
	Y ARMLESS AGREEM	ENTS FOR CONTRACTED		CURRENT?	YE	YES NO S NO
ANY LICENSE EVER REVOKED/SUSPENDED? OBTAIN PROOF OF INSURANCE & HOLD H. DOES THE ORGANIZATION PLAN TO DECLAR	Y ARMLESS AGREEM	ENTS FOR CONTRACTED		CURRENT?	YE	s N o
ANY LICENSE EVER REVOKED/SUSPENDED? OBTAIN PROOF OF INSURANCE & HOLD H. DOES THE ORGANIZATION PLAN TO DECLAR	ARMLESS AGREEM E BANKRUPTCY WIT	ENTS FOR CONTRACTED		CURRENT?	YE	s N o
ANY LICENSE EVER REVOKED/SUSPENDED? OBTAIN PROOF OF INSURANCE & HOLD H. DOES THE ORGANIZATION PLAN TO DECLAR! ANNUAL PAYROLL: NUMBER OF EMPLOYEES:	ARMLESS AGREEM E BANKRUPTCY WIT \$2,287,295	ENTS FOR CONTRACTED		CURRENT?	YE	s N o
ANY LICENSE EVER REVOKED/SUSPENDED? OBTAIN PROOF OF INSURANCE & HOLD H. DOES THE ORGANIZATION PLAN TO DECLAR! ANNUAL PAYROLL: NUMBER OF EMPLOYEES: NUMBER OF VOLUNTEERS:	ARMLESS AGREEM E BANKRUPTCY WIT \$2,287,295	ES NO NO NO NENTS FOR CONTRACTED THIN THE NEXT 12 MON	vтнs?		YE	s N o
ANY LICENSE EVER REVOKED/SUSPENDED? OBTAIN PROOF OF INSURANCE & HOLD H. DOES THE ORGANIZATION PLAN TO DECLAR! ANNUAL PAYROLL: NUMBER OF EMPLOYEES: NUMBER OF VOLUNTEERS:	ARMLESS AGREEM E BANKRUPTCY WIT \$2,287,295	ENTS FOR CONTRACTED	vтнs?		YE	s N o
ANY LICENSE EVER REVOKED/SUSPENDED? OBTAIN PROOF OF INSURANCE & HOLD H. DOES THE ORGANIZATION PLAN TO DECLAR! ANNUAL PAYROLL: NUMBER OF EMPLOYEES: NUMBER OF VOLUNTEERS:	ARMLESS AGREEM E BANKRUPTCY WIT \$2,287,295	NO SENTENTS FOR CONTRACTED THIN THE NEXT 12 MON F PHYSICIANS/PS BOARD CERTIFIED?	vтнs?		CARRIES OWN MED MAL?	Need Coverage
ANY LICENSE EVER REVOKED/SUSPENDED? OBTAIN PROOF OF INSURANCE & HOLD H. DOES THE ORGANIZATION PLAN TO DECLAR! ANNUAL PAYROLL: NUMBER OF EMPLOYEES: NUMBER OF VOLUNTEERS:	ARMLESS AGREEM E BANKRUPTCY WIT \$2,287,295 36 SCHEDULE OF	NO SENTS FOR CONTRACTED THIN THE NEXT 12 MON F PHYSICIANS/PS BOARD	NTHS? SYCHIATRISTS Hours	/ARNPS EMP/ CONTR/	☐ YE ☐ YE	S NO S NO NO NEED COVERAGE
ANY LICENSE EVER REVOKED/SUSPENDED? OBTAIN PROOF OF INSURANCE & HOLD H. DOES THE ORGANIZATION PLAN TO DECLAR! ANNUAL PAYROLL: NUMBER OF EMPLOYEES: NUMBER OF VOLUNTEERS:	ARMLESS AGREEM E BANKRUPTCY WIT \$2,287,295 36 SCHEDULE OF	E PHYSICIANS/PS BOARD CERTIFIED?	NTHS? SYCHIATRISTS Hours	/ARNPS EMP/ CONTR/	CARRIES OWN MED MAL?	NEED COVERAGE UNDER POLICY? YES NO



	YES NO YES NO
AUTOMOBILE PRACTIC	<u>CES</u>
PROVIDE PICKUP OR DELIVERY OF DONATED MERCHANDISE?	☐ YES ⊠ NO
Provide transportation for:	STAFF CLIENTS MEALS
IF YES FOR MEALS, WHAT PRECAUTIONS ARE TAKEN TO PREVENT SPOILAGE?	
If yes for clients/residents, is more than one staff member required?	YES NO
FIELD TRIPS PROVIDED? YES NO IF YES, DO YOU PROVIDE TRA	nsportation?
IF CHILDREN ARE TRANSPORTED, IS THERE A MONITOR TO ENSURE SAFETY?	YES NO
DO EMPLOYEES TRANSPORT CHILDREN/CLIENTS IN PERSONAL VEHICLES?	☐ YES ☒ NO
IS THERE A CELL PHONE POLICY IN PLACE?	⊠ YES □ NO
ARE WHEELCHAIR-EQUIPPED VEHICLES FITTED WITH TIE-DOWN BELTS?	YES NO
OBTAIN MVRs on all drivers?	☐ YES ☐ NO HOW OFTEN?
Written procedures for dealing with accidents & violations?	∑ YES □ NO
ARE DRIVERS AT LEAST 21 YEARS OF AGE?	How many over age 65?
HIRE VEHICLES? YES NO WHAT TYPE? PICK UP TRUCK	ks, Dump trucks (used for Grant)
PERSONAL USE OF AGENCY VEHICLES?	
IF YES, OBTAIN PROOF OF INSURANCE? YES NO MINIMUM LIMITS	Required?
HOW MANY DRIVE PERSONAL VEHICLES FOR BUSINESS USE?	
WHAT IS THE FUNCTION OF THESE & RADIUS OF OPERATION?	
ACCEPT DONATED VEHICLES? YES NO USE THESE TO TRANSPORT CO	LIENTS? YES NO
Do any volunteers drive? Yes No How many?	
TOTAL NUMBER OF BEDS:	
ANNUAL NUMBER OF CLIENTS BY AGE GROUP: UNDER 18: 18-35:	36-64: 65+:



⊠ N/A	SUBSTANCE ABUSE PROGRAMS					
OPERATE DRUG/ALCOHOL REHABILITATION?	YES NO ADULTS ONLY? YES NO CO-ED? YES NO					
Number Of Annual Client Visits?						
PROVIDE METHADONE? YES NO #CLIENTS ANNUALLY #CLIENTS WITH TAKE-HOME PRIVILEGES						
OPERATE A DETOXIFICATION UNIT? YES NO IF YES, MEDICAL OTHER						
IF MEDICAL, ACCEPT CLIENTS WITH HISTORY OF DELIRI	UM TREMENS OR SEIZURES? YES NO IF YES, TREAT HOSPITAL					
⊠ N/A	OUTPATIENT FACILITIES					
Type Of Service	# VISITS # VISITS # VISITS					
CHILDREN'S DAY CARE	REHABILITATION					
Adult Day Care	PHYSICAL THERAPY					
MENTAL HEALTH DAY CARE						
OUTPATIENT COUNSELING SHELTERED WORKSHOP						
RESPITE CARE						
	UNDER 18: 18-35: 36-64: 65+:					
ANNUAL NUMBER OF CLIENTS BY AGE GROUP:	 					
CLINIC OPERATED? YES NO	O IF YES, OPEN TO THE PUBLIC? YES NO					
OPERATE A CRISIS HOTLINE?	O IF YES, ANNUAL NUMBER OF CALLS?					
WHAT TYPES OF CALLS? SUICIDE DRUG	G/ALCOHOL CHILD/SPOUSAL ABUSE OTHER					
Provide programs to sexual offenders?	YES NO # OF VISITS & TYPICAL OFFENSES?					
PROVIDE PROGRAMS TO JUVENILE DELINQUENTS?	YES NO # OF VISITS & TYPICAL OFFENSES?					
PROVIDE PROGRAMS FOR EX-OFFENDERS AND/OR INC	CARCERATED CLIENTS? YES NO					
⊠ N/A	SHELTERED WORKSHOP PROGRAMS					
VALUE OF DISTRIBUTED GOODS:						
DESCRIBE WORK/PRODUCT BEING PERFORMED:						
PERFORM INDUSTRIAL SUBCONTRACTED WORK, I.E. P.	ACKAGING, ASSEMBLING, MANUFACTURING, ETC.? YES NO					
WHAT COMPANY LABEL GOES ON THE PRODUCT?	newtoning, issumbane, invitor nerotime, etc					
WHO IS THE ULTIMATE USER OF THE PRODUCT?						
WING IS THE OLITIVIATE USER OF THE PRODUCT!	·					
ARE FLAMMABLES STORED IN PROPER RECEPTACLES?	☐ YES ☐ NO					



Δpe μαζαρησιις	S OPERATIONS SEPARATED?			YES NO	
	SPECT THE WORKSHOP?			YES NO	
QUALITY CONTRO	OL PROGRAM IN PLACE?			∐ YES ∐ NO — —	
Do counselors	S MAKE FOLLOW-UP VISITS T	O CLIENTS PLACED IN OUTSIDE EM	PLOYMENT?	☐ YES ☐ NO	
⊠ N/A		In-Home Su	PPORT SERVI	CES	
SERVICES	Nursing Care Bathing Laundry Feeding Blood Testing Housework	SPEECH THERAPY CHANGING CATHETERS RUNNING ERRANDS RESTROOM AID INFUSION THERAPY REPOSITIONING	SOCIAL WOF DRESSING MEAL PREPA TRANSPORTA NUTRITION (MEDICATION	ARATION ATION	
Number Of An	INUAL VISITS?				
SELL OR RENT ME	EDICAL EQUIPMENT?	YES NO			
STAFF INFORMED	O OF AIDS/HIV PATIENTS?	YES NO			
ARE MEDICATION	NS ADMINISTERED?	YES NO			
ARE VISITS DOCU	JMENTED?	YES NO	How are staff M	ONITORED?	
WRITTEN PROCE	DURES IN PLACE TO PREVEN	T THEFT FROM CLIENTS' HOMES?	YES	□ No	
⊠ N/A		FOOD BANK /	THRIFT STOP	<u>RE</u>	
How do goods a	ARRIVE AT PREMISES?	PICKED UP IN OWNED AUTO	S PICKED UP IN	PERSONAL AUTOS OTHER ORGAN	IZATIONS DELIVER
Annual Gross S	ALES				
VALUE OF FOOD [DISTRIBUTED				
Do you provide A	ANY WARRANTIES OF QUALIT	TY OR SAFETY ON ANY FOOD OR ME	ERCHANDISE?	YES NO	
NUMBER OF DROP	P-OFF RECEPTACLES?				
⊠ N/A		RECREATION	I/CAMP SAF	ETY	_
# Sessions per se	EASON		# CA	MP DAYS PER SEASON	
# OF CAMPERS			# Or	COUNSELORS	
RATIO OF COUNSE	LORS TO CAMPERS		Ages	S OF CAMPERS	



⊠ N/A	MEDICAL FACILITIES
DO YOU KEEP ONLY OTC DRUGS ON PREMISES?	YES NO IF NO, EXPLAIN:
WHICH STAFF MEMBER DISPENSES MEDICATIONS?	
MEDICATIONS & EQUIPMENT KEPT IN A LOCKED FACILITY?	Yes No If No, explain:
Do you maintain logs on all who receive care?	☐ YES ☐ NO
Do you maintain a medical history & care records in	FOR EACH INDIVIDUAL? YES NO
⊠ N/A	CHARTER SCHOOLS
TOTAL BOARD MEMBERS?	
TOTAL NUMBER OF STUDENTS?	
TEACHER TO STUDENT RATIO?	
Average Class Size?	
HOW MANY HEARINGS/APPEALS HAVEN TAKEN PLACE	N THE PAST TWELVE (12) MONTHS?
HOW MANY HEARINGS/APPEALS INVOLVE SPECIAL EDUC	
⊠ N/A	ADOPTION
ARE YOU LICENSED IN ALL STATES IN WHICH YOU OPERA DO YOU FOLLOW ALL STATE REQUIREMENTS REGARDIN	
Are the adoption services?	SED AVERAGE # OF ANNUAL ADOPTIONS?
International adoptions? Yes No	Average # of annual international adoptions
TOTAL NUMBER OF UNSUCCESSFUL ADOPTIONS?	
TOTAL NUMBER OF TRAINING HOURS FOR EACH ADOPTI	VE FAMILY PRIOR TO THE PLACEMENT OF A CHILD?
Total annual number of training hours for each	A ADOPTIVE FAMILY?
⊠ N/A	FOSTER CARE
How many foster care homes has the insured PL/	ACED CHILDREN IN?
ANTICIPATED NUMBER OF FOSTER CARE PLACEMENTS IN	THE NEXT 12 MONTH?
Does the insured place special needs children?	YES NO IF YES, PLEASE EXPLAIN CONDITIONS
TOTAL NUMBER OF FOSTER FAMILIES AT ONE TIME?	
Total number of case workers?	



FLORIDA INSURANCE TRUST RENEWAL SUPPLEMENTAL APPLICATION

TOTAL NUMBER OF TRAINING HOURS F	FOR EACH FOSTER FAMILY PRIOF	R TO PLACEMENT OF FIRST CHILD?		
AVERAGE NUMBER OF FOSTER CHILDRI	EN PLACED MULTIPLE TIMES?			
TOTAL ANNUAL NUMBER OF TRAINING	HOURS FOR EACH FOSTER FAM	ILY?		
HOW MANY FOSTER HOME AGREEMEN	ITS HAVE BEEN TERMINATED IN	THE PAST 36 MONTHS?		
Is full disclosure of child's histor	RY MADE TO PARENTS PRIOR TO	PLACEMENT?	YES N	No
DO YOU PERFORM FOLLOW-UP VISITS	AFTER PLACEMENT HAS BEEN M	IADE?	YES N	No
\boxtimes N/A \underline{R}	ESIDENTIAL HOUSI	<u>NG</u>		
T. N. 0.5.0			_	_
TOTAL NUMBER OF EACH CATEGORY:		SINGLE DWELLINGS	DUPLEXES	TRIPLEXES
Do you provide Landscaping Serv		REVENUE/PAYR		
DO YOU PROVIDE JANITORIAL SERVICE	YES NO	REVENUE/PAYR	OLL:	
	_	_		
⊠ N/A	<u>S</u> :	PECIAL EVENTS		
Type Of Event	DATE(S)	TOTAL ANTICIPATE	D REVENUE	ESTIMATED ATTENDANCE
_	,,,			
Are Certificates Of Insurance obta	INED FROM ALL VENDORS?		YES N	10
V ILL ALCOHOL BE SERVED AT ANY OF TH			YES N	
ANY SPORTING SPECIAL EVENTS?			YES N	0
ANY EVENT INVOLVE ANIMALS, AIRCRAF	T OR WATERCRAFT?		YES N	lo
OO ALL PARTICIPANTS SIGN WAIVERS?			YES N	0



FLORIDA INSURANCE TRUST RENEWAL SUPPLEMENTAL APPLICATION

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DIRECTORS & OFFICERS/EMPLOYMENT PRACTICES

						
Has the organization been involved in any m plan to in the next $12\ \text{months}$?	YES NO					
PLEASE NOTE ANY SUBSIDIARIES As of 7/1/24 CareerSource Brevard will be merging with CareerSource Flagler-Volusia.						
IF THERE ARE SUBSIDIARIES, DOES COVERAGE EXTEND	∑ YES ☐ NO					
HAVE THERE BEEN OR IS THERE NOW ANY PENDING I	YES NO					
DOES THE ORGANIZATION HAVE A DEDICATED HUMA	YES NO	YES NO				
TURNOVER PERCENTAGE OF EMPLOYEES WITHIN THE PAST 3 YEARS YEAR 1 3% YEAR 2 YEAR 3						
Does the organization anticipate making an months? (If Yes, please explain)	2 YES NO	YES NO				
DOES THE ORGANIZATION HAVE AN EMPLOYEE MACONDITIONS OF EMPLOYMENT?	∑ YES ☐ NO					
DOES THE ORGANIZATION HAVE A WRITTEN POLICY AFFIRMATIVE ACTION AND EQUAL OPPORTUNITY E	YES NO					
DOES THE EMPLOYEE HANDBOOK CONTAIN AN E	YES NO	∑ YES ☐ NO				
WITHIN THE PAST YEAR, HAS THE ORGANIZATION RECEIVED ANY INQUIRY, COMPLAINT OR NOTICE OF HEARING FROM ANY OF THE FOLLOWING AGENCIES: NATIONAL LABOR RELATIONS BOARD, EQUAL EMPLOYMENT OPPORTUNITY COMMISSION, OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS, US DEPARTMENT OF LABOR, ANY STATE OR LOCAL GOVERNMENT AGENCY SUCH AS LABOR DEPARTMENT, US DISTRICT OR STATE COURT.						
IF APPLICABLE, IS THE ORGANIZATION HIPAA/HITE	X YES NO					
IF APPLICABLE, IS THE ORGANIZATION PCI/DDS COI	YES NO N/A					
If Fiduciary Liability is renewing or needed, please complete the following section:						
Plan Name	TYPE OF PLAN (DC/DB/OTHER)	TOTAL PLAN ASSETS (\$)	Annual Contributions	Number Of Participants		
Does the Insured Organization handle any investment decisions in house?						
HAVE THERE BEEN ANY MERGERS OF PLANS OR ANY PLAN TERMINATIONS DURING THE LAST 24 MONTHS?						
ARE ANY PLANS NON-COMPLIANT WITH PLAN AGREEMENTS OR ERISA?						
HAS ANY PLAN EXPERIENCED ANY ASSESSMENT OF FEES, FINES OR PENALTIES UNDER ANY VOLUNTARY COMPLIANCE RESOLUTION PROGRAM OR BY ANY GOVERNMENT AUTHORITY AGAINST ANY PLAN?						



RENEWAL SUPPLEMENTAL APPLICATION

FRAUD WARNING

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNS ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICANT SIGNATURE & TITLE	Marci Muphy President	DATE	4/24/2024	
PRODUCER NAME	Matt Nilles	DATE		
PRODUCER SIGNATURE	Docusigned by.	DATE	5/21/2024 10:58 AM	CDT
	77E836034F0045B			

NOTICE TO EMPLOYER: If you have a Drug-Free Workplace Program established and maintained in accordance with Florida law, and you would like to apply for the 5% premium credit that is available, please complete this form and forward it to your insurer. Re-certification is required annually.

APPLICATION FOR DRUG-FREE WORKPLACE PREMIUM CREDIT PROGRAM

Name of Employer: Brevard Workforce Development	t Board	d, Inc.
Date Program Implemented:5/28/2008		
Testing: Procedures for drug testing have been established a ■ Job applicant ■ Reasonable suspicion	nd/or o	drug testing has been conducted in the following areas: Routine fitness for duty Follow-up testing to Employee Assistance Program
Notice of Employer's Drug Testing Policy: ☐ Copy to all employees prior to testing ☐ Posted on employer's premises ☐ Copy to job applicants prior to testing	8	Show notice of drug testing on vacancy announcements Copies available in personnel office or other suitable locations
General notice given 60 days prior to testing		No notice required because the employer had a drug testing program in place prior to July 1, 1990
Education: Resource file on providers Employee Assistance Program Education Name of Medical Review Officer: Dr. Seth Portnoy A. Name of approved Agency for Health Care Admir and Human Services Certified Laboratory: Health		·
B. Phone No.: (321) 473-6658		
your compliance with Florida law. Any person who kn files a statement of claim or an application containing of avoiding or reducing the amount of premiums for w degree, punishable as provided in Section 775.082, s	the instrovision the instruction of the instruction	surer. Your policy is subject to additional premium for ons of the policy if it is determined that you misrepresented ly, and with intent to injure, defraud, or deceive any insurer, alse, incomplete, or misleading information with the purpose s compensation coverage is guilty of a felony of the third
Brevard Workforce Development Board, Inc.	4,	124/2024 Mari Musehn
Employer Name		Date Mau Mushy Officer/Owner Signature*
		President
		Title

1 of 1

^{*} Application must be signed by an officer or owner.