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	^{ENCY} uthern States I	nsurance, Inc.							CARRI		DALE INS	SURA	ANC	E COMF	PANY				C CODE 297
	00 Mansell Roa bharetta, GA 30								COMPAN	Y PC	DLICY OR PR	OGRA	M NA	ME				PROGRAM	/ CODE
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	ADDITIONAL PRE	MISES INFORMATIO	N SCH	EDU	ILE		INSTA	ALLATION / BUILDERS	RISK SEC	CTIO	N			VACANT B	UILDING	SUPPLEME	NT		
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	DRIVER INFORMA	ATION SCHEDULE					PROF	ESSIONAL LIABILITY	SUPPLEM	IENT	-								
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	Robert Walker Johns Way	•							BUSINES	S PH	HONE #: (70	6) 66	3 9-3	149					
	king Rock, GA	30175							WEBSITE	ADE	DRESS								
	CORPORATION	JOINT VEN					N	OT FOR PROFIT ORG		SUE	BCHAPTER "	'S" COF	RPOR	ATION	Х	Domestic	Non	profit co	rporatio
	INDIVIDUAL JOINT VENTURE LLC NO. OF MEMBERS AND MANAGERS:						P	ARTNERSHIP		TRU	UST								
NA	IAME (Other Named Insured) AND MAILING ADDRESS (including								GL CODE	•	;	SIC			NAICS			FEIN OR SO	OC SEC#
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ACORD 125 (2016/03)

CORPORATION

INDIVIDUAL

Page 1 of 4

NOT FOR PROFIT ORG

PARTNERSHIP

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SUBCHAPTER "S" CORPORATION

TRUST

JOINT VENTURE

LLC NO. OF MEMBERS AND MANAGERS:

CONT	ACT INFORM	ΙΔΤΙΟΝ							AG	ENC	Y CUST	ОМІ	ER ID): WILL	LA	N-U1			CWARTIN
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	T NAME: Robe	rt Walker								TACT									
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PHONE:	≠ □ HOME	BUS X	ELL P	ECONDAF HONE #	HOME L	BUS	Ш	CELL	PHO	VE#	∟ но	OME	В	US CEI	LL	SECONDARY PHONE #	_ HOME	BUS	CELL
	669-3149		:	L:44															
PRIMAR	Y E-MAIL ADDRES	s: ws.quest	ions@wi	nitestoi	neiakeestates	s.com			PRIM	ARY E	MAIL AD	DRES	s:						
SECONE	ARY E-MAIL ADD	RESS:							SEC	ONDAR	Y E-MAIL	ADD	RESS:						
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			LIEN AMO	OUNT:				PH	ONE (A/C, No	o, Ext):					FAX (A/C, No):			
REASON	FOR INTEREST:							E-N	IAIL A	DDRE	SS:								

AGENCY CUSTOMER ID: WHITLAK-01 CMARTIN

EXPL	AIN ALL "YES" R	ESPONSES								Y/N				
1a.	S THE APPLIC	ANT A SUBSIDIA	ARY OF ANOTHER ENTITY ?							N				
	PARENT COMPA		% OWNED											
1b.	DOES THE APP	PLICANT HAVE A	ANY SUBSIDIARIES?			'				N				
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? SUBSIDIARY COMPANY NAME RELATIONSHIP DESCRIPTION % OWNED SAFETY MANUAL SAFETY POSITION MONTHLY MEETINGS OSHA ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? fuel tank for ski boats 4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) LINE OF BUSINESS POLICY NUMBER OPERATIONS? (Missouri Applicants - Do not answer this question) NON-PAYMENT AGENT NO LONGER REPRESENTS CARRIER NON-RENEWAL UNDERWRITING CONDITION CORRECTED (Describe): 6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? 7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment). 8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? OCCUR DATE RESOLUTION RELATIONSHIP RELATIONSHIP RELATIONSHIP RELA														
2.										N				
SAFETY MANUAL SAFETY POSITION MONTHLY MEETINGS OSHA 3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? 4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) LINE OF BUSINESS POLICY NUMBER 5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question) NON-PAYMENT AGENT NO LONGER REPRESENTS CARRIER NON-RENEWAL UNDERWRITING CONDITION CORRECTED (Describe): 6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? 7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment). 8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? OCCUR DATE EXPLANATION RESOLUTION RE														
fuel	tank for ski	boats												
4.	ANY OTHER IN	ISURANCE WIT	H THIS COMPANY? (List po	licy numbers)						N				
	LINE OF BUSINE	SS	POLICY NUMBER		LINE OF BUSINES	s	POLICY NUMBER							
5	ANY POLICY O	R COVERAGE D	ECLINED CANCELLED OR I	NON-RENEWED DI	IRING THE PRIOR	THREE (3) YEARS	FOR ANY PREMI	SES OR		N				
0. [OPERATIONS?	(Missouri Appli	icants - Do not answer this c	question)		THILL (O) TENIC	TORY AND TREM	OLO OIX						
	NON-PAYM	ENT A	GENT NO LONGER REPRESENT	S CARRIER										
	NON-RENE	WAL U	NDERWRITING COM	NDITION CORRECTED	(Describe):									
6	ANY PAST LOS	SES OR CLAIMS	S RELATING TO SEXUAL AB	USE OR MOLESTA	TION ALLEGATION	IS, DISCRIMINATIO	ON OR NEGLIGEN	T HIRING?		N				
7.	DURING THE L	AST FIVE YEAR	S (TEN IN RI), HAS ANY APP	LICANT BEEN INDI	CTED FOR OR CO	NVICTED OF ANY	DEGREE OF THE	CRIME OF F	RAUD,	N				
(In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable														
8	ANY UNCORRE	CTED FIRE AND	D/OR SAFETY CODE VIOLAT	IONS?						N				
9														
0.			32000.12, 1.12. 000200.0.1,	2,			2.10 (0	<u></u>	SOLVE DATE					
10.	HAS APPLICAN	T HAD A JUDGE	EMENT OR LIEN DURING TH	E LAST FIVE (5) YE	ARS?									
	OCCUR DATE	EXPLANATION				RESOLUTION		RE	SOLVE DATE					
										N				
										- N				
					D LIG DDGDLIGTS	OLD / DIOTEIR: IT	ED IN EODE OF	OUNTS:500		N				
						SOLD / DISTRIBUT	ED IN FOREIGN C	OUNTRIES?		N				
										N				
14 DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES" describe use)														
14.	502071112107	III OVVIV LENC	27 OF EIVER AND BROWLE	i i i i i i i i i i i i i i i i i i i										
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)														
REN	IARKS / PRO	CESSING INS	TRUCTIONS (ACORD 10	1, Additional Rer	narks Schedule,	may be attache	d if more space	is required	(t					
PRI	OR CARRIER	RINFORMATI	ON											
YEAF			GENERAL LIABILITY	AUTON	MOBILE	PROP	ERTY	OTHER:						
	CARRIER	Sco	ttsdale			same								
2014 2024	POLICY NUME	BER CPS	33020030											
2024	PREMIUM	\$		\$		\$		\$						
	EFFECTIVE D		02/07/2018			•								

ACORD 125 (2016/03)

EXPIRATION DATE

GENERAL INFORMATION

02/07/2024

		tina i ioit (continucu)			
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER	Lloyds		Lloyds	
2006 - 2007	POLICY NUMBER	SMP5780207		SMP5780207	
2007	PREMIUM	\$ 884.00	\$	\$	\$
	EFFECTIVE DATE	02/07/2006		02/07/2006	
	EXPIRATION DATE	02/07/2007		02/07/2007	
	CARRIER	Evanston			
2000 - 2003	POLICY NUMBER	CL100200031			
2003	PREMIUM	\$ 1,040.00	\$	\$	\$
	EFFECTIVE DATE	02/07/2000			
	EXPIRATION DATE	02/07/2003			

LOSS HISTORY X Check if none (Attach Loss Summary for Additional Loss Information)

	` '	21 Chicon in hone (Attach 2000 Califfical) for	/ taaitional =00	ooao,			
ENTER ALL CLAIMS	S OR LOSSES (R YEARS	EGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OC	CURRENCES THAT M	IAY GIVE RISE TO CLAIMS	TOTAL LOSSES: \$		
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO- GATION Y/N	CLAIM OPEN Y/N	

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

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

(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

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 Carla Martiu	PRODUCER'S NAME (Please Print) SOUTHERN STATES INSURANCE		STATE PRODUCER LICENSE NO (Required in Florida) 40789714
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER
Craig R Bryaus	04	/ 27 / 2024	7405731

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ADDITIONAL PREMISES INFORMATION SCHEDULE

Page 1 of 1

AGENCY		CARRIER	NAIC CODE
Southern States Insurance, Inc.		SCOTTSDALE INSURANCE COMPANY	41297
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)	
	04/10/2024	Whitestone Lake Estates POA	

PREM	ISES INFORMATION								
LOC#	STREET		CIT	Y LIMITS	IN	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	0
1	80 Johns Way			INSIDE	Х	OWNER	0	OCCUPIED AREA:	1 SQ FT
BLD#	CITY: Talking Rock	STATE: GA	X	OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
5	COUNTY: Gilmer	ZIP: 30175]		1	0	TOTAL BUILDING AREA:	SQ FT
DESCRI	rtion of operations: Property Owners A	ssociation						ANY AREA LEASED TO OTHERS? Y / N:	
LOC#	STREET Way		CIT	Y LIMITS	IN	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	0
1	80 Johns Way			INSIDE	X	OWNER	0	OCCUPIED AREA:	1 SQ FT
BLD#	CITY: Talking Rock	STATE: GA	X	OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
6	COUNTY: Gilmer	ZIP: 30175		1		1	0	TOTAL BUILDING AREA:	SQ FT
DESCRI	rtion of operations: Property Owners A	ssociation		•				ANY AREA LEASED TO OTHERS? Y / N:	
LOC#	STREET		CIT	Y LIMITS	IN	TEREST	# 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
DESCRI	PTION OF OPERATIONS:			'				ANY AREA LEASED TO OTHERS? Y / N:	
LOC#	STREET		CIT	Y LIMITS	IN	TEREST	# 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
DESCRI	PTION OF OPERATIONS:			•				ANY AREA LEASED TO OTHERS? Y / N:	
LOC#	STREET		CIT	Y LIMITS	IN	TEREST	# 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
DESCRI	PTION OF OPERATIONS:							ANY AREA LEASED TO OTHERS? Y / N:	
LOC#	STREET		CIT	Y LIMITS	IN	TEREST	# 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:]				TOTAL BUILDING AREA:	SQ FT
DESCRI	PTION OF OPERATIONS:							ANY AREA LEASED TO OTHERS? Y / N:	
LOC#	STREET		CIT	Y LIMITS	IN	TEREST	# 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:]]		TOTAL BUILDING AREA:	SQ FT
DESCRI	PTION 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.

ACORD 823 (2011/10)

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PROPERTY SECTION

DATE (MM/DD/YYYY) 04/10/2024

		NAME ern States In	sura	nce, I	lnc.							SC			LE INSI	JRAI	NCE C	ОМЕ	PANY	<u>'</u>				аіс 1 29	CODE 7
POL	ICY N	IUMBER									TIVE DATE 0/2024			nsured tone	^(S) Lake E	state	s POA	ı							
BL	ANK	KET SUMMAI	RY						•																
BLK	(T#	AMOUNT					TY	PE				BLK	Т#	/	AMOUNT						TYPE				
							-																		
					PREMIS						80 Johns					GA 3	0175								
PR		SES INFORM		N	BUILDIN						: Ski Jun						DED E	BI KT							
Ski	Jur	BJECT OF INSUR	ANCE		Α	MOUNT	- (OINS %	ATIO	- 1	AUSES OF L	.oss	ĞÜ	LATION IARD %	DED		DED TYPE	BLKT #		FORMS	AND C	ONDI	IONS	O A	PPLY
<u> </u>						5,0	000	80	_						1,0	00									
ADE	OITION	NAL INFORMATIO	N	BU	JSINESS	INCOME / E	SE - A	ttach A	ACORD 810		1	v	ALUE REI	PORTIN	G INFOR	MATIC	DN - Att	ach AC	ORD 81	1					
AD	DITI	ONAL COVE	RAGE	S. OP	TIONS	. RESTR	ICTI	ONS. E	NDC	DRSE	EMENTS A	AND	RA	TING II	NFORM	ATIOI	V								
SP	OILA(VERA	GE DESCRIPTION	•							LIN				REFRIG N		ОРТ	IONS	KDOWN	00.0	ONITAR	UNIA:	FION			
(Y / N)													DUCTIB	LE		(Y / N)			R OUT			SELI	.ING
CINI	KIIOI	F COVERACE (D		in Flant	-l-\						ACCEPT	201/51	\$ \$		DE IE	CT CO\	(EDACE		I INALT:	•					
		.E COVERAGE (R BSIDENCE COVE				N KV and V	ΛΛ				ACCEPT						/ERAGE		LIMIT: LIMIT:						
IVIIIN		PERTY HAS BEE						ARK			ACCEPT	COVE	\AGI		KEJE	51 000	ERAGE				DES ON	STRI	ICTURE		
CON	ISTRU	UCTION TYPE				DISTANCE T	RE STA	AT			ISTRICT		cc	DE NUN	IBER P	ROT CI	# STO	RIES	#BAS	мтѕ	YR BU	ILT	TOTAL	. ARI	ΕA
ST	EEL	. & WOOD				FT		Pine	е То	р						6	1				199	9	1		
BUII	LDING	S IMPROVEMENTS	·	1			BLD(CODE RADE	TAX	X COD	E ROOF	TYPE			OTHER O	CCUPA	NCIES								
		ING, YR:		1	BING, YR	:	WIND	CLASS							HEA.	TING S	OURCE IN	ICL W	OODBI	JRNING	3 C	ATE			
	OTH	OFING, YR:		HEATIN	NG, YR: YR:			RESISTI	VE		SEMI- RESIS	STIVE		-	STO		FIREPLAC R·	CE INS	SERT		11	NSTAL	LED: _		
PRII		'HEAT			IIX.			IXLOIO III	VL			SEC	OND	ARY HEA		, o	•								
	BOIL	LER	SOLID F	FUEL									BOII	_ER		SOLID F	UEL								
	IF B	OILER, IS INSURA	NCE PL	ACED E	ELSEWH	ERE?	Y/1	١					IF B	OILER, IS	S INSURAI	NCE PL	ACED ELS	SEWH	IERE?		Y / N				
RIG	HT EX	(POSURE & DISTA	NCE			LEFT EXP	OSURE	& DIST	ANCE			FRO	NT E	XPOSUR	E & DISTA	NCE			REAR	EXPO	SURE &	DIST	NCE		
								_														0511			1.004
BUF	RGLAF	R ALARM TYPE						CERTI	IFICAT	ΓE #								EXP	IRATIO	N DAT	E	STA	TRAL TION		LOCAL GONG
DUI	201.41	D AL ADMINISTAL	ED AN	ID CEDY	#CED D	,						EXTI	-NIT			CDAI	\	# 61	LADDO	/ \A / A T/	CHMEN	WITE	KEYS		OURLY
BUR	KGLAI	R ALARM INSTAL	LED AN	ID SEKV	/ICED B1							EXII	ENI			GRAI)E	# 60	JAKUS	/ WAI	ZUMEN		CLO	ЛΠ	JURLY
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems											% SPI	RNK	FIRE	ALARM	I MANUFA	CTURE	R						CEN	RAL	STATION
																							LOCA	L G	ONG
		IONAL INTER	REST								al names														
INTE	ERES			NAM	E AND A	DDRESS	RANK		EVID	DENCE	: CE	RTIFIC	ATE							IN	TEREST	IN ITE	M NUN	IBEF	1
	LOSS PAYEE																		LOCA			E	BUILDI	IG:	
	MOR	RTGAGEE																	CLAS	S:		ı	TEM:		
																			ITEM	DESCR	IPTION				
				RFFF	RENCE	/ LOAN #:																			
																			l						

ACORD 140 (2014/12)

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					AGENO											
ADDITIONAL	PREMISES #: 1	STREET	ADDRE	SS:	80 Johns \	Way, ⊺	Talking	Rock,	GA 3	0175						
PREMISES INFORMATION	BUILDING #: 3	BLDG D	ESCRIP'	TION	N: Club Hou	ıse/To	wer Pa	avilion								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	С	CAUSES OF LO	SS IN	FLATION JARD %	DED		DED TYPE	BLKT #	FORM	S AND CO	ONDIT	IONS TO A	PPLY
Clubhouse-Tower Pavilio	on		L		asic		JAKD /0									
	40,0	00 80						1,0	00							
						_										
						_										
	_															
ADDITIONAL INFORMATION	BUSINESS INCOME / E	CTRA EXPEN	SE - Atta	ach A	ACORD 810			ALUE REF	PORTIN	G INFOR	MATIC	ON - Attach A	CORD 811	1		
ADDITIONAL COVERAGES	OPTIONS, RESTRI	CTIONS, E	ENDOF	RSI	EMENTS AN	ND RA	TING I	NFORM	ATIO	1						
SPOILAGE DESCRIPTION OF PR	•						MIT			REFRIG	ΜΔΙΝΤ	OPTIONS				
COVERAGE						\$				AGREE			KDOWN	OR C	ONTAMINA	TION
(Y / N)						_ <u>_</u>	DUCTIB	ı F		(Y /	N)		ER OUTA		SEL	LING
							-000110	,				H	LICOUTA	GL	PRIC	Œ
	=					\$	_	55.154								
SINKHOLE COVERAGE (Required in		_			ACCEPT CO			_		ERAGE		LIMIT: \$				
MINE SUBSIDENCE COVERAGE (Re		,			ACCEPT CC	OVERAG	E	REJEC	CT COV	ERAGE		LIMIT: \$				
PROPERTY HAS BEEN DESIGN	ATED AN HISTORICAL LA	NDMARK										# OF OPEN S	IDES ON	STRU	CTURE: _	—
CONSTRUCTION TYPE	DISTANCE T)						DI	ROT CL	# 070	DIEC	# BASM'TS	VD DIII		TOTAL AR	
CONSTRUCTION TYPE	HYDRANT FIR	STAT			DISTRICT	'	ODE NU	NIBER FI	6	#310		# BASW 15	YR BUI		300	EA
Frame	FT	• IVII	е Тор								<u> </u>	U	1999	9	300	
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX	COE		PE		OTHER O	CCUPA	NCIES						
	LUMBING, YR:				Metal			1								
X ROOFING, YR: 2012 H	EATING, YR:	WIND CLASS			SEMI- RESIST	IVE		HEAT STO	ΓING S∙ √E OR	DURCE I FIREPLA	NCL W	/OODBURNIN SERT		ATE ISTAL	LED:	
OTHER:	YR:	RESISTI	VE					MANUFAC	TURE	₹:						
PRIMARY HEAT						SECONE	ARY HE	AT								
BOILER SOLID FU	EL					во	LER	S	OLID F	UEL						
IF BOILER, IS INSURANCE PLA	CED ELSEWHERE?	Y/N				IF E	BOILER, I	S INSURAN	NCE PL	ACED EI	SEW	HERE?	Y/N			
RIGHT EXPOSURE & DISTANCE	LEFT EXPO	SURE & DIST	ANCE			FRONT I	EXPOSUR	RE & DISTA	NCE			REAR EXPO	SURE &	DISTA	NCE	
BURGLAR ALARM TYPE		CERT	IFICATE	: #							FYE	IRATION DA	re 🗌	CEN		LOCAL
DONOLAR ALARMITTE		J SERVI		. "								III.	·-	STAT		GONG
														WITE	KEYS	OLIDIA.
BURGLAR ALARM INSTALLED AND	SERVICED BY					EXTENT			GRAI)E	# G	UARDS / WAT	CHMEN		CLOCK H	OURLY
PREMISES FIRE PROTECTION (Sprin	iklers, Standpipes, CO2 / C	nemical Syst	ems)		% SPRN	IK FIR	E ALARI	MANUFA	CTURE	R					CENTRAI	L STATION
															LOCAL G	ONG
ADDITIONAL INTEREST	ACORD 45 atta	ched for	additi	on	al names											
INTEREST	NAME AND ADDRESS R	ANK:	EVIDE	NC	E: CERT	IFICATE						IN	ITEREST	IN ITE	M NUMBE	२
LOSS PAYEE												LOCATION:		Е	UILDING:	
MORTGAGEE											ITEM CLASS:		l l	ГЕМ:		
											ITEM DESC	RIPTION				
	REFERENCE / LOAN #:															
DEMARKS (ACCRD 464		Caba-li	la ===	1		l :t ·	ио о			۵۱\		I				
REMARKS (ACORD 101, A	Auditional Remark	s scneau	ie, ma	y D	e attached	ı ır mo	re spa	ice is re	quire	u)						

SIGNATURE AGENCY CUSTOMER ID: WHITLAK-01 CMARTIN

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 Carla Martiu	PRODUCER'S NAME (Please Print) SOUTHERN STATES INSURANCE		STATE PRODUCER LICENSE NO (Required in Florida) 40789714
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER
Craig R Bryaus	04	/ 27 / 2024	7405731



PROPERTY SECTION

DATE (MM/DD/YYYY) 04/10/2024

		NAME ern States Insu	ıranc	ce, In	c.								RRIE		E IN	ISURA	ANCE C	OMI	PANY	,	'			NAIC CODE 1297	
POL	ICY N	IUMBER									IVE DATE 0/2024		IED INS			e Esta	tes POA						'		
BL	ANK	KET SUMMARY	,																						
BLK	Т#	AMOUNT					TY	PE				BLK	(T #	Α	MOUN	NT					TYPE				
	_																								
				-	REMISES						0 Johns														
PR		SES INFORMA		l Bu	UILDING												ached b								
Dog	_	BJECT OF INSURAN	CE		AMC	DUNT	c	OINS %	ATION L		USES OF I	oss	GUĀI	ATION RD %	D	ED	DED TYPE	BLKT #	F	ORM	S AND C	ONDI	TIONS	TO APPLY	
D 00	JN					20,0	00	80	_	Basi	ic				•	1,000									
ADD	ITION	AL INFORMATION		BUSI	INESS IN	COME / E	XTRA	EXPENS	SE - Att	ach AC	ORD 810			V	ALUE	REPORT	ING INFOR	MATIC	DN - Atta	ich A0	CORD 8	11			_
AD	DITI	ONAL COVERA	GES.	. OPTI	IONS. F	RESTR	ICTIO	ONS. E	NDO	RSEN	MENTS	AND	RATII	NG IN	IFOR	RMATIO	ON								_
SP	OILAC	GE DESCRIPTION						J. 1. C., _					LIMIT				REFRIG I	MAINT	OPTI	ONS					
	/ERA Y / N)												\$				AGREE			BREA	KDOWN	OR C	ONTA	MINATION	
													DEDU	JCTIBL	-E		(Y/I			POWE	ER OUT	AGE		SELLING PRICE	
SIN	KHOL	E COVERAGE (Requ	ired in	Florida	1)						ACCEPT	COVE	RAGE		RE	EJECT C	OVERAGE		LIMIT:	\$					
MIN	E SUE	SSIDENCE COVERAG	GE (Red	quired i	in IL, IN, I	KY and W	(V)				ACCEPT	COVE	RAGE		RE	EJECT C	OVERAGE		LIMIT: :	\$					
	PRO	PERTY HAS BEEN D	ESIGN	IATED A	AN HISTO	ORICAL LA	NDMA	ARK											# OF OF	PEN S	IDES ON	I STRI	JCTUR	E:	
CON	ISTRU	JCTION TYPE			DIS HYDRA	STANCE T	O E STA	т			TRICT		COD	E NUM	BER	PROT	CL #STO	RIES	# BASI	/I'TS	YR BL	JILT	TOTA	L AREA	
Fra	me					FT	4 _N	_{лі} Pine	e Top)						6	1				200)2	1		
BUIL	DING	IMPROVEMENTS					BLDG GR	CODE ADE	TAX	CODE	ROOF	TYPE			OTHE	R OCCUI	PANCIES								
	WIRI	ING, YR:	Pl	LUMBIN	IG, YR:																				
	ROO	FING, YR:	HE	EATING	S, YR:		WIND	CLASS		SE	EMI- RESI	STIVE			s	STOVE O	SOURCE II R FIREPLA	OF 111		IKNIN	G I	DATE NSTA	LLED:		_
	OTH			YF	₹:		F	RESISTI	VE			1				IFACTUR	ER:								
PRI		HEAT										SEC	ONDAR		Υ	٦	1								
	BOIL		LID FUE		05/4/1/50)F0]						BOILE				FUEL	05/4/	IEDEO		V / N				
DIGI		OILER, IS INSURANC		CED ELS		EFT EXPO	Y/N		ANCE			- FDG					PLACED EL	.SEVVF		EYDO	Y/N SURE 8	DIST	ANCE		_
	^	Journa a Digitallo	-		"	LAFU	JUNE	DIO 1				FRC	/NI EXP	OSUK	∟ & DI	ISTANCE			, NEAR		JUNE 0				
BUR	GLAF	R ALARM TYPE						CERT	IFICATE	#								EXF	PIRATIO	N DAT	E	CEN STA	ITRAL TION	LOCA	J J
BUR	GLAF	R ALARM INSTALLED	O AND S	SERVIC	ED BY							EXT	ENT			GR	ADE	# G	JARDS	WAT	CHMEN		CLC	S CK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)											% SP	RNK	FIRE A	LARM	MANU	JFACTUI	RER						+	ITRAL STATIO	N
	D:-	IONIAI INITTE	o=	1.	00==																		LOC	AL GONG	
		IONAL INTERE									names		`AT-												
INTE	REST			NAME	AND ADD	DRESS F	KANK:		EVIDE	NCE:	CE	RTIFIC	AIE								TERES				
		S PAYEE RTGAGEE											LOCATITEM CLASS				BUILD	NG:	_						
	WIUK	TOAGEE																			RIPTION		ITEM:		
																			III EIVI L	, <u>_</u> 301	VIE LION				
				REFFRI	ENCE / L	OAN #:																			
•		2014/12								A 44 c -	ob to A	200	D 405	. ,	2 4 6 4	05.004	4 4 6 0 0	D 0		D 4 7		A 11			_

ACORD 140 (2014/12)

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					AGENO	CY C	USTOME	ER ID):	WI	HITLA	K-01			CMAR
ADDITIONAL	PREMISES #: 1	STREET	ADDRE	SS: 8	80 Johns	Wa	v. Talkin	a Ro	ock. GA	30175					
PREMISES INFORMATION					: Dock ind		-		-			ift			
SUBJECT OF INSURANCE	AMOUNT	COINS %			AUSES OF LO		INFLATION GUARD %	Ņ	DED	DED TYPE	BLKT		S AND C	ONDITIO	ONS TO APPLY
Dock			L	Bas			GUARD %			IYPE	#	1 014.	O AND O	ONDING	710 10 711 21
200	20,0	000 80	_						1,000						
											+				
											+				
								-			+				
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ADDITIONAL INFORMATION	BUSINESS INCOME / I										ORMATIO	ON - Attach A	CORD 81	1	
ADDITIONAL COVERAGES	· · · · · · · · · · · · · · · · · · ·	RICTIONS, E	ENDO	RSE	MENTS A	ND		INFC	DRMATI	ON		1			
SPOILAGE DESCRIPTION OF PR	ROPERTY COVERED						LIMIT				G MAINT	OPTIONS			
COVERAGE (Y / N)							\$			1	EMENT / N)	BREA	KDOWN	OR CO	NTAMINATION
							DEDUCTI	BLE		ΙĖ	i i	POW	ER OUTA	AGE _	SELLING PRICE
							\$			L					
SINKHOLE COVERAGE (Required in	r Florida)				ACCEPT C	OVE	RAGE		REJECT C	OVERAG	E	LIMIT: \$			
MINE SUBSIDENCE COVERAGE (Re	equired in IL, IN, KY and V	VV)			ACCEPT C	OVE	RAGE		REJECT C	OVERAG	E	LIMIT: \$			
PROPERTY HAS BEEN DESIGN	NATED AN HISTORICAL L	ANDMARK			•							# OF OPEN S	IDES ON	STRUC	TURE:
	DIOTALIO						1		_						
CONSTRUCTION TYPE	DISTANCE HYDRANT FI	DE STAT			STRICT		CODE NU	JMBEF		CL #S		# BASM'TS	YR BUI		OTAL AREA
Frame	FT	4 _{MI} Pin		•					6		1		1999	9 1	
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX	COD	E ROOF T	YPE		ОТН	IER OCCU	PANCIES					
WIRING, YR:	LUMBING, YR:							<u></u>							
ROOFING, YR:	EATING, YR:	WIND CLASS		;	SEMI- RESIS	TIVE			HEATING STOVE O	SOURCE R FIREP	E INCL V	VOODBURNIN SERT	IG D	ATE NSTALLI	ED:
OTHER:	YR:	RESISTI	VE					MAN	NUFACTUF	RER:					
PRIMARY HEAT						SEC	ONDARY HE	EAT							
BOILER SOLID FU	JEL						BOILER		SOLI	FUEL					
IF BOILER, IS INSURANCE PLA	CED ELSEWHERE?	Y/N					IF BOILER,	IS INS	SURANCE	PLACED	ELSEW	HERE?	Y/N		
RIGHT EXPOSURE & DISTANCE	LEFT EXP	OSURE & DIST	ANCE			FRO	NT EXPOSU	JRE &	DISTANCE			REAR EXPO	SURE &	DISTAN	CE
BURGLAR ALARM TYPE	'	CERT	IFICATE	#							EXF	PIRATION DA	TE	CENTE	RAL LOC GON
														WITH	
BURGLAR ALARM INSTALLED AND	SERVICED BY	1				EXTI	ENT		GR	ADE	# G	UARDS / WAT	CHMEN		CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprin	nklers, Standpipes, CO2 /	Chemical Syst	ems)		% SPR	NK	FIRE ALAR	M MA	NUFACTU	RER					CENTRAL STATIO
														-	LOCAL GONG
ADDITIONAL INTEREST	ACORD 45 att	achod for	344:t:	oro	l names										,
INTEREST	NAME AND ADDRESS		EVIDE			TIFIC	ATE							IN ITES	LNUMPER
LOSS PAYEE					. JOEN	10									I NUMBER
MORTGAGEE												LOCATION: ITEM CLASS:			IILDING:
MORIGAGEE													DIDTION	ITE	EM:
												ITEM DESC	RIPTION		
BELLA BIA	REFERENCE / LOAN #:				4: -										
REMARKS (ACORD 101,	Additional Remarl	ks Schedu	ie, ma	y b	e attache	d if	more sp	ace	ıs requi	red)					

SIGNATURE AGENCY CUSTOMER ID: WHITLAK-01 CMARTIN

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 Carla Martiu	PRODUCER'S NAME (Please Print) SOUTHERN STATES INSURANCE	STATE PRODUCER LICENSE NO (Required in Florida) 40789714		
applicant's signature Craig R Bryaus	04	date / 27 / 2024	NATIONAL PRODUCER NUMBER 7405731	

Document Ref: T3UTY-QHANW-EDEWH-UTEDC



PROPERTY SECTION

DATE	(MM/DD/YYYY)
04	/10/2024

AGENCY NAME Southern States Insurance, Inc.							CARRIER NAIC CODE SCOTTSDALE INSURANCE COMPANY 41297													
							VE DATE /2024		D INSURED	(S) Lake Es	tates	s POA	POA							
BLA	NKET SUMMARY				,															
BLKT	# AMOUNT			TYPE				BLKT :	#	AMOUNT				ТҮРЕ						
		PREMIS	SES #: 1	STREET	ADDRE	ss: 80) Johns	Wav.	Talking	Rock. C	GA 30	175								
PRE	MISES INFORMATIO	N BUILDII	NG#: 6				Pavilion	ohns Way, Talking Rock, GA 30175 ilion												
	SUBJECT OF INSURANCE		AMOUNT	COINS %	VALU- ATION	CAU	SES OF L	oss I	NFLATION GUARD %	DED	I T	DED E	BLKT #	FORMS	AND CO	NDITI	ONS TO	APPLY		
Pavil	lion		30,000	80	L	Basic	C			1,00	00									
ADDIT	IONAL INFORMATION	BUSINESS	INCOME / EXT	RA EXPEN	SE - Atta	ach ACC	ORD 810		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	/ALUE REP	ORTING	INFORM	/ATIO	N - Attach AC	ORD 811					
	ITIONAL COVERAGE							AND R												
SPOI	LAGE DESCRIPTION OF I								LIMIT	_		EFRIG M	AINT	OPTIONS						
1	RAGE / N)							Ŀ	\$		^	AGREEM (Y/N)		BREAKDOWN OR CONTAMINATION						
									DEDUCTIB	LE]	POWE	R OUTA	GE		ELLING RICE		
SINKH	IOLE COVERAGE (Required	in Florida)					ACCEPT C		\$ GE	REJEC	T COVE	FRAGE	_	LIMIT: \$						
	SUBSIDENCE COVERAGE (F	· · · · · ·	N. KY and WV)				ACCEPT C			REJEC				LIMIT: \$						
-	PROPERTY HAS BEEN DESIG			MARK										# OF OPEN SI	DES ON	STRUC	TURE:			
Fran	TRUCTION TYPE	НУГ	DISTANCE TO DRANT FIRE S	4 _{MI} Pin		RE DIST	RICT		CODE NUMBER PROT CL # STORIE				RIES	# BASM'TS	YR BUII		TOTAL A 1 ,000	REA		
				4 _{MI} FIII .DG CODE	1	CODE	ROOF T	VDE		OTHER OC				U	1998	,	,000			
	NING IMPROVEMENTS			GRADE	IAA	CODE	Metal	IFE		covered, o			1/2 v	valls						
\/	VIRING, YR: ROOFING, YR: 2014	PLUMBING, YE		ND CLASS		05		TN/E		HEAT	ING SO	URCE IN	ICL W	OODBURNING	G DA	ATE .				
	OTHER:	HEATING, YR: YR:		RESISTI	VF	SEI	MI- RESIS	IIVE		MANUFACT		IREPLAC :	E INS	SERT	IN	STALL	.ED:			
	ARY HEAT			11.20.01.				SECON	NDARY HE	AT										
В	SOLID F	UEL						В	OILER	so	OLID FU	JEL								
IF	F BOILER, IS INSURANCE PL	ACED ELSEWH	HERE? Y	/ N				IF	BOILER, I	S INSURAN	CE PLA	ACED ELS	SEWH	ERE?	Y/N					
RIGHT	EXPOSURE & DISTANCE		LEFT EXPOSU	IRE & DIST	ANCE			FRONT	T EXPOSUR	RE & DISTA	NCE			REAR EXPO	SURE & I	DISTAI	NCE			
STATION GONG										LOCAL										
BURGLAR ALARM INSTALLED AND SERVICED BY								EXTENT GRADE # 0				UARDS / WATCHMEN CLOCK				HOURLY				
1	LAR ALARM INSTALLED AN	D SERVICED B	Y					EXTEN	IT		GRADI	E	# GL	JARDS / WAT	CHMEN		CLUCK			
PREM	LAR ALARM INSTALLED AN			emical Syst	ems)		% SPR			I MANUFAC			# GL	JARDS / WAT	CHMEN			AL STATION		
PREM				emical Syst	ems)		% SPR			I MANUFAC			# GL	JARDS / WAT	CHMEN			AL STATION GONG		
	ISES FIRE PROTECTION (Sp.	rinklers, Standp	oipes, CO2 / Che			ional i				1 MANUFAC			# GL	JARDS / WATO	CHMEN		CENTR			
	ISES FIRE PROTECTION (Sp	ACOF		hed for			names		IRE ALARN	I MANUFAC			# GL		TEREST	N ITEI	CENTR.	GONG		
ADD	ISES FIRE PROTECTION (Sp	ACOF	oipes, CO2 / Che	hed for	additi		names	RNK F	IRE ALARN	1 MANUFAC			# GL	IN*			CENTR.	GONG ER		
ADD INTER	ISES FIRE PROTECTION (Sp ITTIONAL INTEREST EST	ACOF	oipes, CO2 / Che	hed for	additi		names	RNK F	IRE ALARN	I MANUFAC			# GL	IN.		В	CENTR. LOCAL	GONG ER		
ADD INTER	ISES FIRE PROTECTION (Sp.	ACOF	oipes, CO2 / Che	hed for	additi		names	RNK F	IRE ALARN	I MANUFAC			# GL	IN'	TEREST	В	CENTR. LOCAL M NUMB UILDING	GONG ER		
ADD INTER	ISES FIRE PROTECTION (Sp.	ACOF	oipes, CO2 / Che	hed for	additi		names	RNK F	IRE ALARN	I MANUFAC			# GL	IN' LOCATION: ITEM CLASS:	TEREST	В	CENTR. LOCAL M NUMB UILDING	GONG ER		
ADD INTER	ISES FIRE PROTECTION (Sp.	ACOF	oipes, CO2 / Che RD 45 attac ADDRESS RAP	hed for	additi EVIDE	ENCE:	names	RNK F	TE		TURER	3		IN' LOCATION: ITEM CLASS:	TEREST	BI IT	CENTR. LOCAL I NUMB JILDING EM:	GONG ER		

ACORD 140 (2014/12)

4.D.D.T.O.V.4.1	DDE1410E0 #	orner	T 40000			OOTOME									
ADDITIONAL PREMISES INFORMATION	PREMISES #: BUILDING #:		T ADDRES												
SUBJECT OF INSURANCE	AMOUNT		VALU	CAUSES OF L	oss	INFLATION GUARD %	DE	:n	DED BI	_KT	FORM	S AND CO	דוחאר	IONS TO A	PPI Y
ODDUCT OF INCOMANGE	AWOON	COMO	⁷⁰ ATION	OAGGEG OF E	-000	GUARD %		- T	YPE	#	- OKW	O AND O	JII	10110 10 2	
ADDITIONAL INFORMATION	BUSINESS INCOM							REPORTING	INFORM	ATION - A	ttach A	CORD 811	1		
ADDITIONAL COVERAGES		TRICTIONS,	ENDOF	RSEMENTS	AND		NFOR	MATION							
SPOILAGE DESCRIPTION OF PROVINCE COVERAGE	ROPERTY COVERED					LIMIT		I .	EFRIG MA		PTIONS				
(Y / N)						\$			(Y / N)	_	-			ONTAMINA	LING
						DEDUCTIB	LE				POW	ER OUTA	GE	PRI	
SINKING E COVERAGE (Permitted in	- Flavida)			ACCEPT	COVE	\$	DE	IECT COVE	DACE	1 18417					
SINKHOLE COVERAGE (Required in MINE SUBSIDENCE COVERAGE (Re		-d MAAA		ACCEPT				JECT COVE		LIMIT					
PROPERTY HAS BEEN DESIGN		•		ACCEPT	COVER	KAGE	KEJ	JECT COVE	RAGE	LIMIT # OF		IDES ON	etdi:	CTURE: _	
FROFERT TIAS BELIN DESIGN	ATED ANTIISTONICA	IL LANDIVIAITR								#01	OF LIN 3	IDES ON	JIKU	CIOKE	
CONSTRUCTION TYPE	DISTAN HYDRANT	FIRE STAT	FIR	E DISTRICT		CODE NUM	MBER	PROT CL	# STORI	ES # BA	SM'TS	YR BUI	LT	TOTAL AR	EA
	F1		- 1			<u> </u>									
BUILDING IMPROVEMENTS		BLDG COD GRADE	TAX	CODE ROOF	TYPE		OTHER	OCCUPAN	CIES						
WIRING, YR:	LUMBING, YR:						НЕ	EATING SO	IRCE INC	I WOOD	BURNIN	IG D	ATE		
	IEATING, YR:	WIND CLAS		SEMI- RESIS	STIVE		ST	OVE OR FI	REPLACE				ISTAL	LED:	
OTHER:	YR:	RESIS	TIVE		050	OND A DV LIE		ACTURER:							
PRIMARY HEAT BOILER SOLID FU					SEC	ONDARY HEA BOILER	A1	SOLID FU							
IF BOILER, IS INSURANCE PLA		Y/N			\vdash	IF BOILER, I		J		 WHERE	2	Y/N			
RIGHT EXPOSURE & DISTANCE		XPOSURE & DIS	TANCE		1	NT EXPOSUR			OLD LLOI			SURE &	DISTA	NCE	
BURGLAR ALARM TYPE		CEF	TIFICATE	#						EXPIRAT	ION DA	ГЕ	CEN		LOCAL
														KEYS	GOING
BURGLAR ALARM INSTALLED AND	SERVICED BY	'			EXT	ENT		GRADE		# GUARE	S / WAT	CHMEN		CLOCK F	IOURLY
PREMISES FIRE PROTECTION (Sprin	nklers, Standpipes, Co	02 / Chemical Sy	stems)	% SPI	RNK	FIRE ALARM	MANUF	FACTURER						CENTRA	STATION
														LOCAL G	ONG
ADDITIONAL INTEREST	•	attached fo													
INTEREST	NAME AND ADDRES	S RANK:	EVIDE	NCE: CE	RTIFIC	ATE					IN	ITEREST	IN ITE	M NUMBE	R
LOSS PAYEE											CATION:		E	UILDING:	
MORTGAGEE											M ASS:		l	ГЕМ:	
										ITE	/I DESCI	RIPTION			
	DEFEDENCE (1.C.)	ш.													
DEMARKS (40000 404	REFERENCE / LOAN		.la =:	. ha -441					n.						
REMARKS (ACORD 101,	Additional Rem	arks Sched	uie, ma	y de attache	ed It	more spa	ice is i	required	1)						

SIGNATURE AGENCY CUSTOMER ID: WHITLAK-01 CMARTIN

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PRODUCER'S SIGNATURE Carla Martiu	PRODUCER'S NAME (Please Print) SOUTHERN STATES INSURANCE	(Required in Florida) 40789714		
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER	
Craig R Bryaus	04	/ 27 / 2024	7405731	

Document Ref: T3UTY-QHANW-EDEWH-UTEDC

STATE PRODUCER LICENSE NO

Signature Certificate

Reference number: T3UTY-QHANW-EDEWH-UTEDC

Signer Timestamp Signature

Carla Martin

Email: cmartin@southernstatesinsurance.com

 Sent:
 10 Apr 2024 18:55:39 UTC

 Viewed:
 11 Apr 2024 13:45:11 UTC

 Signed:
 15 Apr 2024 12:18:01 UTC

Recipient Verification:

✓ Email verified 11 Apr 2024 13:45:11 UTC

Email: bod@whitestonelakeestates.com

 Sent:
 10 Apr 2024 18:55:39 UTC

 Viewed:
 16 Apr 2024 00:36:37 UTC

 Signed:
 27 Apr 2024 16:41:45 UTC

Recipient Verification:

✓ Email verified 16 Apr 2024 00:36:37 UTC

Craig R Bryaus

Carla Martin

IP address: 69.85.124.108 Location: Jasper, United States

IP address: 168.215.149.238

Location: Alpharetta, United States

Document completed by all parties on:

27 Apr 2024 16:41:45 UTC

Page 1 of 1



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