



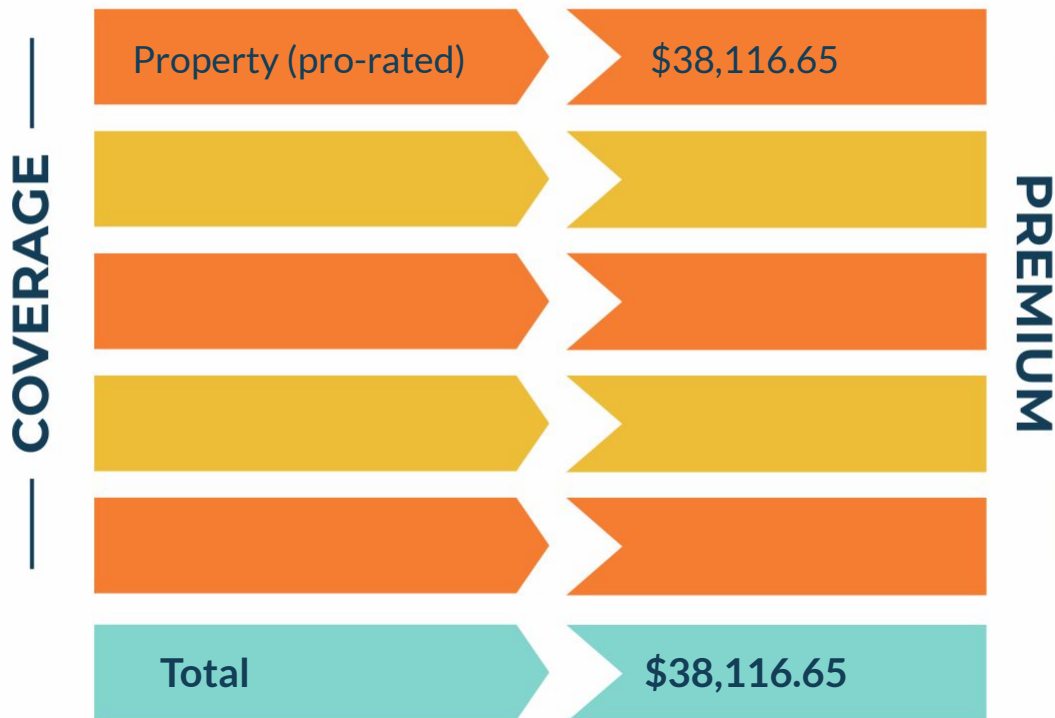
nimble
commercial insurance

VOB Apartments, Ltd.

2020 Cottonwood Avenue

Beaumont, TX 77703

Billing Summary



A diagram showing the relationship between coverage and premium. On the left, the word 'COVERAGE' is written vertically. On the right, the word 'PREMIUM' is written vertically. In the center, there are six horizontal bars. The top five bars are colored in shades of orange and yellow, and the bottom bar is teal. Each bar on the left has an arrowhead pointing to the right, and each bar on the right has a tail pointing to the left, meeting at a central point. The top bar is labeled 'Property (pro-rated)' and has a value of '\$38,116.65'. The bottom bar is labeled 'Total' and has a value of '\$38,116.65'.

COVERAGE	PREMIUM
Property (pro-rated)	\$38,116.65
Total	\$38,116.65

Compensation Disclosure

As a licensed insurance producer, we are authorized to confer with insurance purchasers about the benefits, terms, and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction typically involves one or more of these services. We may receive compensation in several ways for the services we provide to our clients, including but not limited to:

- 1) **Commissions:** Commissions are paid by an insurer, which are calculated as a percentage of the premium charged for the policy. The amount of commission may vary depending on the insurer and the insurance contract selected by the client. These commissions can vary among each transaction. The commissions are a part of the premium charged and collected by insurers for each insurance policy. You will not be separately invoiced for our commissions.
- 2) **Fees:** Fees paid by a client in lieu of, or in addition to, commissions paid by the insurer. This fee is compensation to us for value-added services like placement support, risk management, claims negotiations, financial extensions, loss control services etc. that are not provided by an insurance carrier. Clients will be required to sign a separate fee agreement in such cases. The fee is not required by any insurer or regulator, nor is it included in the premium charged. It will be listed separately in your invoice. It is not necessary to procure a policy to obtain many of these and other services on a consultancy basis for a separate fee.
- 3) **Contingent Commissions:** Some insurers may agree to pay us contingent commissions or bonuses/supplemental commissions or overrides etc. based on certain factors such as the volume of the business we provide to the insurer or the profitability of the insurance contract or retention and growth metrics, among other things. The amount of contingent commission earned may vary depending on various factors relating to an entire book of business over the course of the period set by the insurer. The amount of contingent commission attributable to any given insurance policy or program typically will not be known at the time of placement.
- 4) **Other Income:** In addition to the fees and commissions discussed above, we may receive investment income on fiduciary funds temporarily held by us, such as premiums or return premiums, as well as fees for arranging premium financing for clients with third parties. We may also receive fees, commissions or other compensation from Insurers and Intermediaries or other parties for providing data analytics products and services and/or consulting, marketing or other services. Such products and services may include information from developed data that is designed to improve the product offerings available to our clients, assist Insurers in identifying new opportunities and enhance Insurers' operational efficiency.

We will provide you with additional details about the forms of compensation earned for the placement of your respective insurance policies or alternative quotes presented, upon written request from you.

Compensation Disclosure Cont.

Limitation of Liability

This provision governs and controls any liability of Nimble Insurance, together with its affiliates, subsidiaries whether wholly owned or not, parent, successors, successors in interest or assigns (“Nimble”) to a named insured. Nimble shall not be liable to a named insured, its heirs, successors, affiliates or assigns (“**Client**”) for any claims, liabilities, losses, costs or expenses (each, a “**Claim**”) arising out of, under or related to any agreement between Nimble and Client or the services provided by Nimble to Client, for an aggregate amount in excess of the fees paid under a particular scope of services and work for any Claim arising out of or relating to such work requested or instructed by Client to Nimble, except to the extent it is finally determined to have resulted primarily from the intentional fraud, intentional misconduct or bad faith of Nimble Insurance when providing any insurance services to Client. In no event, however, shall Nimble be liable whether in contract, tort or otherwise for any losses incurred as a result of loss of use, contracts, data, goodwill, revenues or profits or any consequential, special, indirect, incidental, punitive or exemplary loss, damage, or expense arising out of, under or related to any agreement between Nimble Insurance and Client or the services provided by Nimble to Client. In circumstances where Nimble Insurance is determined to be liable, the aggregate liability shall not exceed an amount which is proportional to the relative fault that Nimble conduct bears to all other conduct up to the amount of the fees paid giving rise to such Claim. This cap and limitation shall apply in aggregate to each and all Claims which from time to time arise in connection with any agreement between Nimble and Client or the services provided by Nimble to Client, regardless of when the occurrence arose. **Client hereby waives any right to a trial by jury with respect to any Claim arising out of, under or related to any agreement between Nimble and Client or the services provided by Nimble to Client, and affirmatively states the Client wants any such Claim heard by a court of competent jurisdiction without a jury.** The foregoing limitation of liability and jury waiver shall apply to the fullest extent permitted by law. In the event of a conflict between this disclosure and any client services or similar agreements with Client related to the provision of services by Nimble, such agreement shall control, but only to the extent of such conflict.

Flood Exclusion

I am aware that this policy does not include flood:

Electronically Signed 2025-06-26 15:02:42 UTC - 35.146.232.10

Nintex AssureSign® 071f2e5d-072e-4b80-a7f8-b30800d544cb1

Authorized Signature

Electronically Signed 2025-06-26 15:02:53 UTC - 35.146.232.10
Andrew Estes
Nintex AssureSign® 07225016c-cc0e-4d3d-ac1c-b30800d544cb1

Printed Name

6/26/2025

Date

Owner acknowledges, through its signature below, the approval to bind coverage as presented within this proposal. The Owner is responsible for reviewing all information for accuracy and informing the Agent immediately of any discrepancies. Owner acknowledges and agrees that the policies may be subject to minimum earned premium, see attached quotes for details. Owner acknowledges and agrees that full premium or finance down payment is due in prior to binding unless paid by the lender. Owner acknowledges and agrees that all commissions and fees are fully earned at time of binding.

Electronically Signed 2025-06-26 15:02:56 UTC - 35.146.232.10



Nimble Assurance Signin b33030e5-7efc-4665-b1ee-b30800d94cdd

Authorized Signature

Electronically Signed 2025-06-26 15:03:02 UTC - 35.146.232.10

Andrew Estes

Nimble Assurance Signin b33030e5-7efc-4665-b1ee-b30800d94cdd

Printed Name

6/26/2025

Date



Nimble Insurance
8280 Consumer Ct
Sarasota, FL 34240
Matthew Sutika
813-723-1994

Date 06/25/2025

Insurance Proposal

Applicant: VOB Apartments, Ltd.

Coverage Period: 06/27/2025 to 12/15/2025

Coverage: Property

Issuing Company: Lexington

Subjectivities: Outlined in quote

We are pleased to present our proposal for the referenced applicant.

Please carefully review the attached quote, as the coverage provided may differ from the coverage requested.

Important Notes:

A minimum earned premium may apply to this policy. Refer to the attached carrier quote for specific details. Please also note that all fees are fully earned at inception.

If applicable, TRIA coverage is included in the attached carrier quote.

Please review the attached quote for details on minimum and deposit requirements, audits, cancellation provisions, potential return premiums, and additional premium charges.

Please reach out with any questions or concerns. I look forward to your response.

Regards,
Matthew Sutika
Founder/CEO
Nimble
matthew@nimbleins.com
813-723-1994



Insurance Premium Summary



Location Summary	
Location Name	VOB Apartments, Ltd.
Address	2020 Cottonwood Avenue Beaumont, TX 77703
Building Limit	\$ 10,725,120
Business Income	\$ 1,143,988
Ordinance or Law	Included
Terrorism	Included
Equipment Breakdown	Included
AOP Deductible	\$25,000
Wind/Hail Deductible	4%
Named Storm Deductible	4%

Annual Premium	
Property Premium	\$ 74,041.66
Program Fee	\$ 7,404.17
	\$
Total	\$ 81,445.83

Pro-Rated Premium	
Property Premium	\$ 34,651.50
Program Fee	\$ 3,465.15
	\$
Total	\$ 38,116.65



Nimble Insurance
8280 Consumer Ct
Sarasota, FL 34240
Matthew Sutika
813-723-1994

McDermott Road Partners, LLC

This letter authorizes Sutika Insurance, LLC to act as our insurance broker, responsible for obtaining quotes and securing property insurance on our behalf.

As a client of Sutika Insurance, LLC, I am requesting to be a part of the McDermott Road Partners, LLC shared limits property program. I acknowledge that the benefits and potential drawbacks of being part of this program have been explained to me, including how claims payments will be managed.

The ownership entity of each property covered under these policies is a Named Insured. Coverage is provided through a group property insurance program utilizing master policies of insurance. A.M. Best Rated A++XIV Insurance Company (Primary). \$175,000,000 Loss Limit.

I acknowledge that I have reviewed and agree to the following conditions of the policy:

- **Deductibles**
 - AOP: \$25,000
 - Water Damage Deductible: \$100,000
 - Wind/Hail: 4% of Total Insurable Value. Subject to a \$25,000 minimum.
 - Named Storm: 4% of Total Insurable Value. Subject to a \$100,000 minimum.
- **Conditions: 30 day notice of cancellation except 10 days in respect of non-payment of premium**
- **Valuation: Replacement Cost**
- **Buildings, Personal Property & Business Income: Scheduled Limits**
- **Coinsurance: No Coinsurance**
- **Ordinance & Law Coverage: Coverage A,B,C & D Included**
- **Terrorism: Included**
- **Equipment Breakdown: Included**
- **Extended Period of Indemnity: 180 days**

Electronically Signed 2025-06-26 15:03:06 UTC - 35.146.232.10

Nintex AssureSign® 0006456-f3d1-4a21-841a-b308000d4cfd0

Signature:

Date: 6/26/2025



Nimble Insurance

8280 Consumer Ct

Sarasota, FL 34240

Matthew Sutika

813-723-1994

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- 3) **Contingent Commissions:** Some insurers may agree to pay us contingent commissions or bonuses/supplemental commissions or overrides etc. based on certain factors such as the volume of the business we provide to the insurer or the profitability of the insurance contract or retention and growth metrics, among other things. The amount of contingent commission earned may vary depending on various factors relating to an entire book of business over the course of the period set by the insurer. The amount of contingent commission attributable to any given insurance policy or program typically will not be known at the time of placement.
- 4) **Other Income:** In addition to the fees and commissions discussed above, we may receive investment income on fiduciary funds temporarily held by us, such as premiums or return premiums, as well as fees for arranging premium financing for clients with third parties. We may also receive fees, commissions or other compensation from Insurers and Intermediaries or other parties for providing data analytics products and services and/or consulting, marketing or other services. Such products and services may include information from developed data that is designed to improve the product offerings available to our clients, assist Insurers in identifying new opportunities and enhance Insurers' operational efficiency.

We will provide you with additional details about the forms of compensation earned for the placement of your respective insurance policies or alternative quotes presented, upon written request from you.



Nimble Insurance
8280 Consumer Ct
Sarasota, FL 34240
Matthew Sutika
813-723-1994

Compensation Disclosure Continued:

Limitation of Liability

This provision governs and controls any liability of Nimble Insurance, together with its affiliates, subsidiaries whether wholly owned or not, parent, successors, successors in interest or assigns (“Nimble”) to a named insured. Nimble shall not be liable to a named insured, its heirs, successors, affiliates or assigns (“Client”) for any claims, liabilities, losses, costs or expenses (each, a “Claim”) arising out of, under or related to any agreement between Nimble and Client or the services provided by Nimble to Client, for an aggregate amount in excess of the fees paid under a particular scope of services and work for any Claim arising out of or relating to such work requested or instructed by Client to Nimble, except to the extent it is finally determined to have resulted primarily from the intentional fraud, intentional misconduct or bad faith of Nimble Insurance when providing any insurance services to Client. In no event, however, shall Nimble be liable whether in contract, tort or otherwise for any losses incurred as a result of loss of use, contracts, data, goodwill, revenues or profits or any consequential, special, indirect, incidental, punitive or exemplary loss, damage, or expense arising out of, under or related to any agreement between Nimble Insurance and Client or the services provided by Nimble to Client. In circumstances where Nimble Insurance is determined to be liable, the aggregate liability shall not exceed an amount which is proportional to the relative fault that Nimble conduct bears to all other conduct up to the amount of the fees paid giving rise to such Claim. This cap and limitation shall apply in aggregate to each and all Claims which from time to time arise in connection with any agreement between Nimble and Client or the services provided by Nimble to Client, regardless of when the occurrence arose. **Client hereby waives any right to a trial by jury with respect to any Claim arising out of, under or related to any agreement between Nimble and Client or the services provided by Nimble to Client, and affirmatively states the Client wants any such Claim heard by a court of competent jurisdiction without a jury.** The foregoing limitation of liability and jury waiver shall apply to the fullest extent permitted by law. In the event of a conflict between this disclosure and any client services or similar agreements with Client related to the provision of services by Nimble, such agreement shall control, but only to the extent of such conflict.



Temporary Binding Authorization

Named Insured: VOB Apartments, Ltd.

Insured Address: 2020 Cottonwood Ave, Beaumont, TX 77703

Effective Date: **06/27/2025**

Billing Options (Select one):

- **Escrow**

- **Requirement:** Provide confirmation that your insurance premium is escrowed with your lender.
- **Process:** Introduce Nimble to your lender contact for verification of funds and payment instructions.

- **Pay in Full**

- **Requirement:** Payment of the premium in full within thirty (30) days of binding.
- **Process:** Introduce Nimble to your accounting department process payment.

- **Finance**

- **Requirement:** Sign and activate a premium finance agreement to finance the entire account balance due within thirty (30) days of binding.
- **Process:** This option should be used if the above options are not viable or if monthly payments are desired. Note that installments are subject to additional finance charges that will be detailed on the premium finance agreement.
- **Process:** Ensure the loan is signed, activated and premium is paid in full within thirty (30) days of the effective date.

This document serves as your temporary binding authorization. Coverage will take effect on the effective date when (1) payment of the premium has been made in full and (2) you have executed the formal binding package within thirty (30) days of the effective date. **For the avoidance of doubt, if payment of the premium has not been made and the formal binding package has not been executed within thirty (30) days of the effective date, coverage will not be bound and your policy will be cancelled as of effective date.**

Electronically Signed 2025-06-26 15:03:20 UTC - 35.146.232.10

Andrew Estes

Print Name: _____

Date: 6/26/2025

Electronically Signed 2025-06-26 15:03:24 UTC - 35.146.232.10

Signature: _____

Title: Manager of GP

Matt Sutika, Owner/CEO

McDermott Road Partners, LLC
SUMMARY OF COMMERCIAL PROPERTY COVERAGES

12/15/2024 to 12/15/2025

Coverages & Limits:

Special form, Replacement cost for Real and Personal property, No Coinsurance, Terrorism, 10% Margin Clause

-Buildings, Personal Property & Loss of Rents – see scheduled limits on quote	Included
-Building Ordinance or Law Coverage A	Included
-Building Ordinance or Law Coverage B&C – Per Location	10% of TIV max \$2,500,000 each
-Building Ordinance or Law Coverage D	\$2,500,000
-Equipment Breakdown	Included
- Spoilage	\$ 50,000
-Extended Period of Indemnity	180 Days
-Extra Expense	\$ 250,000
-Fire Department Service Charges	\$ 25,000
-Pollutant Clean Up & Removal	\$ 100,000
-Outdoor Property	\$ 500,000
	except \$1,000 max each tree, shrub, or plant
-Service Interruption Property Damage	\$ 500,000
-Newly Acquired Property – 30 Days	\$1,000,000
-Sewer and Backup of Drains	\$ 25,000

Deductibles:

-All Perils Except Wind/Hail for Buildings	\$ 25,000
-Water Damage Deductible	\$ 100,000
-Wind/Hail Deductibles for Buildings	4% of TIV Subject to \$25,000 min
-Named Storm	4% of TIV Subject to \$100,000 min

Notable Exclusions

Mold, Fungus and other biological Agents, Earthquake, Flood, Asbestos, Cosmetic Damage to roof material

Insurers, Named Insureds and Group Program Loss Limit

-A.M. Best Rated A++ XIV Insurance Company (Primary). The ownership entity of each property covered under these policies is a Named Insured. Coverage is provided through a group property insurance program utilizing master policies of insurance. \$175,000,000 Limit.



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
06/25/2025

AGENCY Sutika Insurance LLC 8280 Consumer Ct Sarasota FL 34240	CARRIER McDermott - Nimble Program COMPANY POLICY OR PROGRAM NAME PROGRAM CODE POLICY NUMBER
CONTACT NAME: Matthew Sutika PHONE (A/C. No. Ext): FAX (A/C. No.): E-MAIL ADDRESS: lenders@nimbleins.com CODE: SUBCODE: AGENCY CUSTOMER ID:	UNDERWRITER UNDERWRITER OFFICE STATUS OF TRANSACTION QUOTE <input type="checkbox"/> <input checked="" type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME <input type="checkbox"/> AM CANCEL 06/27/2025 <input type="checkbox"/> PM

LINE OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM	INDICATE LINES OF BUSINESS	PREMIUM	INDICATE LINES OF BUSINESS	PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$	<input type="checkbox"/> CYBER AND PRIVACY	\$	<input type="checkbox"/> YACHT	\$
<input type="checkbox"/> BUSINESS AUTO	\$	<input type="checkbox"/> FIDUCIARY LIABILITY	\$		\$
<input type="checkbox"/> BUSINESS OWNERS	\$	<input type="checkbox"/> GARAGE AND DEALERS	\$		\$
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	<input type="checkbox"/> LIQUOR LIABILITY	\$		\$
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$	<input type="checkbox"/> MOTOR CARRIER	\$		\$
<input checked="" type="checkbox"/> COMMERCIAL PROPERTY	\$	<input type="checkbox"/> TRUCKERS	\$		\$
<input type="checkbox"/> CRIME	\$	<input type="checkbox"/> UMBRELLA	\$		\$

ATTACHMENTS

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

POLICY INFORMATION

PROPOSED EFF DATE 6/27/2025	PROPOSED EXP DATE 12/15/2025	BILLING PLAN <input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) VOB Apartments, Ltd. 4771 Sweetwater Blvd, #262, SUGARLAND TX 77479				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
<input type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST				BUSINESS PHONE #: WEBSITE ADDRESS			
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) 				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
<input type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST				BUSINESS PHONE #: WEBSITE ADDRESS			
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) 				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
<input type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST				BUSINESS PHONE #: WEBSITE ADDRESS			

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE:		CONTACT TYPE:	
CONTACT NAME:		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS:		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	2020 Cottonwood Avenue	<input checked="" type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: BEAUMONT	STATE: TX	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY:	ZIP: 77703			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

<input checked="" type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

DESCRIPTION OF PRIMARY OPERATIONS

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

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

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
<input type="text" value="PARENT COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
<input type="text" value="SUBSIDIARY COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				Y
<input checked="" type="checkbox"/> SAFETY MANUAL <input checked="" type="checkbox"/> SAFETY POSITION <input checked="" type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/> OSHA <input type="checkbox"/>				
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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)				N
<input type="checkbox"/> NON-PAYMENT <input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER <input type="checkbox"/>				
<input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> UNDERWRITING <input type="checkbox"/> CONDITION CORRECTED (Describe):				
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
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).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				N
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				N

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

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: _____

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

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

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS						TOTAL LOSSES: \$	
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N

SIGNATURE

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

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) **(Applicant's Initials):** _____

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

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

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

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

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


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

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

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

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

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

PRODUCER'S SIGNATURE Matthew Sutika		PRODUCER'S NAME (Please Print) Matthew Sutika	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE 	DATE 6/26/2025	NATIONAL PRODUCER NUMBER	



AGENCY CUSTOMER ID: _____

PROPERTY SECTION

DATE (MM/DD/YYYY)

06/25/2025

AGENCY NAME Sutika Insurance LLC		CARRIER McDermott - Nimble Program		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 6/27/2025	NAMED INSURED(S) VOB Apartments, Ltd.		

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION

PREMISES #: 1 STREET ADDRESS: 2020 Cottonwood Avenue
 BUILDING #: 1 BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Dwelling	See SOV	100	RC						
BI/EE	See SOV								

ADDITIONAL INFORMATION

BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810

VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS	
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION	<input type="checkbox"/> SELLING PRICE
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$	
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$	
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____	

CONSTRUCTION TYPE	DISTANCE TO HYDRANT 500 FT	FIRE STAT 1 MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input type="checkbox"/> WIRING, YR: _____	<input type="checkbox"/> PLUMBING, YR: _____				
<input type="checkbox"/> ROOFING, YR: _____	<input type="checkbox"/> HEATING, YR: _____	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	
<input type="checkbox"/> OTHER: _____	YR: _____	RESISTIVE		DATE INSTALLED: _____	

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

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE

BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)			% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>

ADDITIONAL INTEREST

ACORD 45 attached for additional names

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

ACORD 140 (2016/03)

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ADDITIONAL PREMISES INFORMATION

PREMISES #:	STREET ADDRESS:
BUILDING #:	BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	DISTANCE TO FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR: <input type="checkbox"/> OTHER: YR:	<input type="checkbox"/> WIND CLASS <input type="checkbox"/> RESISTIVE		SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

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

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST ACORD 45 attached for additional names

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

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

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.

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PRODUCER'S SIGNATURE Matthew Sutika	PRODUCER'S NAME (Please Print) Matthew Sutika	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE <small>Electronically Signed 2025-06-26 15:03:37 UTC - 35.146.232.10</small>  <small>Nintex AssureSign® Certificate: 45b-839a-630800094478</small>	DATE 6/26/2025	NATIONAL PRODUCER NUMBER