

# City of South Daytona

## Economic Development

1672 S. Ridgewood Avenue • South Daytona, FL 32121 • 386-322-3025



### MEMORANDUM

**To:** James L. Gillis, Jr., City Manager

**From:** Josh McEnany, Economic Development Director

**Date:** November 28, 2023

**Re:** 2700 South Ridgewood Avenue- Request of Façade Improvement Grant

Each budget year, the City of South Daytona allocates funds in its budget for the CRA Façade Improvement Grant. These funds are dedicated to enhancing commercial properties situated within the US1 Overlay District. Any proposed projects must align with the City's key objectives and design guidelines for the redevelopment district.

The property is owned and maintained by Suzanne and Frank Robert. Their building is home to Lyndsey Roberts Photography & Events. The owners strive to enhance the property's visual appeal and have undertaken various projects to achieve this goal. Some recent improvement projects include the installation of new fencing, fresh landscaping, and the resurfacing of the parking lot. These accomplishments demonstrate the owners' commitment to maintaining the property's appearance.

The property owners have pursued a grant from the Façade Improvement Program to aid in the installation of newly designed impact windows. This undertaking aims to safeguard the property against storms, support security measures, and promote energy efficiency.

As required by the grant program, two (2) contractors submitted estimates:

Allied Window Company	\$ 22,450.00
Home Depot	\$ 29,158.57

### Recommendation:

Staff recommends funding the grant request for the maximum grant allocation of \$5,000 for the project. Reimbursement will be made to the applicant upon completion of all the work and upon proof of payment for grant-related expenses for demolition. The site must also pass a final inspection by the Chief Building Official.

# SOUTH DAYTONA

## CRA FAÇADE IMPROVEMENT PROGRAM

### GRANT APPLICATION FORM

Grant Application Cycle July 1 - 31, 2020

This grant targets commercial properties in the CRA District of South Daytona. Proposed work must be consistent with the City's overall goals and design standards for an improved redevelopment district. Applicant must be the property owner.

#### APPLICANT INFORMATION:

Contact Person Name: FRANCIS J. ROBERTS (FRANK)  
Legal Business Name: FSR PROPERTIES, LLC  
Property Address: 2700 SO. RIDGEWOOD AVE City: SO. DAYTONA Zip Code: 32119  
Phone Number: (386) 767-0946 Cell Number: (386) 290-9356 Email: fr roberts6@cfL.RR.com  
Type of Business (please list products/services provided): RETAIL

#### PROJECT DESCRIPTION:

Summarize project to include as much detail about visual and structural improvements as possible. Attach necessary sheets as necessary.

WE ARE REPLACING THE OLD, ORIGINAL WINDOWS WITH NEW BLACK STOREFRONT IMPACT WINDOWS.

#### LIST OF ESTIMATED COSTS:

Two (2) written estimates are required for each phase of work to be undertaken. Include copies of written estimates.

Estimate 1: \$ 22,450.00 Estimate 2: \$ 29,158.57 Total Project Cost Estimate: \$ 22,450.00

#### CHECKLIST FOR REQUIRED DOCUMENTATION:

Please include the following documents at the time of application submittal.

- ☒ Copy of South Daytona and Volusia County Business Tax Receipt (BTR) (please provide number or copy)
- ☐ Copy of permit application for proposed work
- ☒ Copy of insurance coverage for building
- ☒ Copy of written estimates for proposed improvements

#### APPLICATION SUBMITTAL:

Please mail or drop off completed application to Patty Rippey, AICP, Redevelopment Director at City Hall, 1672 S. Ridgewood Avenue, South Daytona, Florida, 32119 or email a scanned copy to [prippey@southdaytona.org](mailto:prippey@southdaytona.org).

DO NOT WRITE BELOW THIS LINE

DATE APPLICATION RECEIVED: 7/13/23

APPLICATION COMPLETE: ☒ YES ☐ NO

ADDITIONAL INFORMATION NEEDED: N/A

DATE ADDITIONAL INFORMATION RECEIVED: N/A

# SOUTH DAYTONA

## COMMUNITY REDEVELOPMENT AREA (CRA) FAÇADE IMPROVEMENT PROGRAM MATCHING GRANT

*Grant Application Cycle July 1 - 31, 2020*

### APPLICATION PERIOD:

The application period opens on July 1 and closes on July 31. The next grant cycle is planned for early 2021.

### PROGRAM OVERVIEW:

This program was established for the Community Redevelopment Area (CRA) to encourage reinvestment, improvements and beautification of exterior facades for existing commercial development located on US1 and Beville Road within the CRA. The City will reimburse up to 50% of projects costs, with a total award not to exceed \$5,000. Funds will be disbursed on a reimbursement basis with proof of payment. All projects must receive City Council approval, a building permit and a signed contract before construction may begin.

### DESIGN STANDARDS:

Design standards are based on regional influences and can be characterized as either "Florida Vernacular" or "Mediterranean" architectural styles. Elements of façade improvements shall reflect and utilize design features and principles that are typical to these architectural styles to enhance the appearance of the CRA. A full copy of the South Ridgewood Avenue Design Guidelines is available upon request.

### ELIGIBLE IMPROVEMENTS:

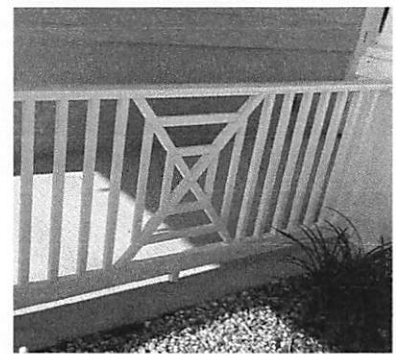
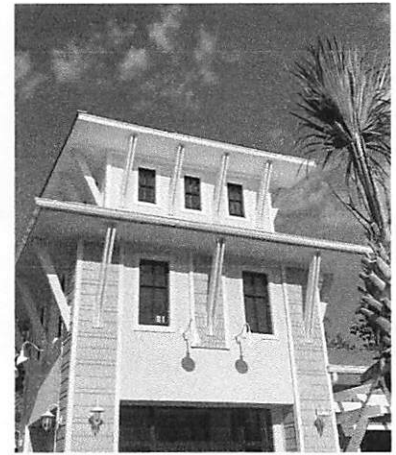
Eligible improvements include: new or repair of stucco, new windows/doors, masonry work, painting, landscaping (requires a landscape plan by a licensed Landscape Architect and an irrigation system), new or repair of signs, removal of false material or addition of material to enhance façade appearance, pressure cleaning, decorative fencing, awnings and decorative lighting of exterior.

### EVALUTION CRITERIA:

Applications will be evaluated by City staff and considered for approval at the August 11, 2020 CRA and City Council meeting. Evaluation criteria includes: observance of CRA design standards, quality and scope of improvements, need for improvements, impact on project site and commercial corridors and any special factors for consideration. Businesses that have received funding in the past are not eligible during this funding cycle.

### APPLICATION:

To obtain an application form, contact Patty Rippey, AICP, Redevelopment Director at (386) 322-3016 or [prippey@southdaytona.org](mailto:prippey@southdaytona.org).





PHONE: 258-5428  
FAX: 258-0902

# ALLIED WINDOW COMPANY

210 CARSWELL AVENUE  
HOLLY HILL, FLORIDA 32117

WINDOW & SLIDING  
GLASS DOOR SPECIALIST

Date 07-03-2023  
Customer FSR Properties LLC Phone Frank Robert 290-9356  
Street \_\_\_\_\_ Job Address 2700 S. Ridgewood Ave  
City \_\_\_\_\_ City South Daytona Bch.  
P.O. # \_\_\_\_\_ Date Needed \_\_\_\_\_

QUANTITY NEEDED	DW SIZE WIDTH X HEIGHT	TYPE	styl MFG. SERIES	LITES	FRAME COLOR	IMPACT GLASS COLOR	INSULATED	SCREEN	FINS	DIRECTION	UNIT PRICE	TOTAL PRICE
6	45 <sup>1</sup> / <sub>16</sub> x 62 <sup>1</sup> / <sub>4</sub>	PW	5520 PGT	1	BLK w/ST	LOWE	✓				Building	# 1
4	62 <sup>1</sup> / <sub>4</sub> -	Mull	Bar		WHT						"	"
1	23 <sup>1</sup> / <sub>8</sub> x 45 <sup>1</sup> / <sub>8</sub>	PW	5520 PGT	1	BLK w/ST	LOWE	✓					
1	52 x 45 <sup>1</sup> / <sub>8</sub>	PW	PGT	1	BLK w/ST	LOWE	✓					
1	23 <sup>3</sup> / <sub>8</sub> x 45 <sup>1</sup> / <sub>8</sub>	PW	PGT	1	BLK w/ST	LOWE	✓				Building	# 2
2	45 <sup>1</sup> / <sub>8</sub>	30° Bay	Mull			clips						
1	46 <sup>3</sup> / <sub>4</sub> x 49 <sup>3</sup> / <sub>8</sub>	PW	PGT	3A 3D	BLK w/ST	LOWE	✓				NTD	
2	46 <sup>3</sup> / <sub>4</sub> x 49 <sup>3</sup> / <sub>8</sub>	PW	5520 PGT	5A 3D	BLK w/ST	LOWE	✓					
Includes Permit, NEC, & Haul Away Old materials												
Does NOT include Priming and Re-Installing Blinds or Alarm Sensor												
NOY Painting or Stucco Repair												

All material is guaranteed to be as specified. Any additions or changes from above specifications will become an extra charge over and above the proposal price. NO materials on the above proposal may be returned to Allied for credit. ~~PURCHASER AGREES ALL ABOVE MEASUREMENTS AND SPECIFICATIONS ARE CORRECT~~ AND ASSUMES TOTAL RESPONSIBILITY FOR CORRECTNESS. Allied shall be held totally blameless for delays beyond our control. Allied not responsible for egress sizes requirements. Installation services provided by John Tyndal Construction, Inc. (CBC 1254455), a certified building contractor. Customer is responsible for obtaining and costs of permits, unless otherwise noted.

35% Deposit required on all Installed orders. Balance due at completion.  
50% Deposit required on all Material Only orders. Balance due at delivery.

☒ SPECIAL ORDER - NON CANCELLABLE (NO REFUNDS OR EXCHANGES ON SPECIAL ORDERS)

Authorized Signature \_\_\_\_\_

Note: This proposal may be withdrawn by us if not accepted within 30 days.

## Acceptance of Proposal

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature \_\_\_\_\_

Subtotal \_\_\_\_\_

Sales Tax \_\_\_\_\_

Subtotal \_\_\_\_\_

Installation Yes

Total \$ 22,450

# **John Tyndal Construction, Inc**

## **Installation Services Agreement**

Window and door installation packages purchased through Allied Window Company are installed by **John Tyndal Construction, Inc.**

John Tyndal Construction, Inc is and will be the "Contractor of Record" for the installation project. Any city/county permitting, if applicable and shown as included in project, will be performed by John Tyndal Construction, Inc, and all work will be performed under the legal entity John Tyndal Construction, Inc.

John Tyndal Construction, Inc is a Florida Certified Building Contractor, whose Florida contractor's license number is CBC1254455. John Tyndal Construction, Inc holds General Liability Insurance in required or in excess of required limits for the profession of Window and Door Installation.

Installation Services are to performed for the customer and address listed below

Name .....: FSR Properties LLC

Site Address : 2700 S Ridgewood Ave, South Daytona, FL

By signing this Agreement, undersigned does hereby state that they are aware and accept that all installation services offered for their Window and/or Door replacement project sold by Allied Window Company is to be performed by John Tyndal Construction, Inc

Signature : \_\_\_\_\_

Print Name : \_\_\_\_\_

Date : \_\_\_\_\_

# NOTICE OF COMMENCEMENT

State of Florida  
County of Volusia

Permit No

Tax Parcel Number 533308000101

The UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement

1. Description of Property: (Legal description of the property, and street address if available.)

33 15 33 N 175.68 FT OF S 250 FT ON W/L OF E 247.5 FT ON N/L OF LOT 10  
SUB LOTS 1 & 2 PER OR 4086 PG 3322-3323 PER OR 5734 PGS 2402-2403  
PER OR 6099 PG 207 PER OR 6884 PG 2541 PER OR 7108 PG 3378 PER OR  
7210 PG 0123 2700 S Ridgewood Ave, South Daytona, FL 32119

2. General description of improvement:

Window Replacement

3. Owner information:

- a. Name and address FSR Properties LLC  
1944 Taylor Rd  
b. Interest in property Port Orange, FL 32128  
Owner  
c. Name and address of fee simple titleholder (if other than owner)

FOR CLERK'S OFFICE USE ONLY

4. Contractor: John Tyndal Construction, Inc

Name and address 210 Carswell Ave  
Holly Hill, FL 32117

- a. Phone number (386) 258-5428  
Fax number (386) 258-0902

5. Surety: Name and address

- a. Phone number ( ) N/A  
Fax number ( ) N/A  
b. Amount of bond \$ N/A .00

6. Lender: Name and address

- a. Phone number ( ) N/A  
Fax number ( ) N/A

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes:

- a. Name and address  
b. Phone number ( ) N/A  
Fax number ( ) N/A

8. In addition to himself, Owner designates John Tyndal of John Tyndal Construction, Inc  
to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes 210 Carswell Ave  
Holly Hill, FL 32117

- a. Phone number (386) 258-5428  
b. Fax number (386) 258-0902

9. Expiration date of Notice of Commencement (the expiration date is 1 year from the date of recording unless a different date is specified) N/A

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Owner

Print Name of Owner

State of Florida County of

Affirmed and subscribed before me by means of ☐ physical presence or ☐ online notarization this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification.

Signature of Notary Public State of Florida

Print, Type or Stamp Name of Notary

Notarial Seal

# CUSTOMER PRICE QUOTE



Frank Roberts	F34631010
Purchaser's Name	Job#
<b>PROJECT SPECIFICATIONS</b>	
2 ProtecSure Max Vinyl 5500 Impact 5500 - Impact Picture Window	
5500 - Impact Picture Window, White Int. Finish, Bronze Ext. Finish, With Grids Style - Sculptured, COLONIAL Pattern, Standard , Grids Between Glass, W- 24, H- 48, UI- 72	
4 ProtecSure Max Vinyl 5500 Impact 5500 - Impact Picture Window	
5500 - Impact Picture Window, White Int. Finish, Bronze Ext. Finish, Standard , W- 34, H- 50, UI- 84	
1 ProtecSure Max Vinyl 5500 Impact 5500 - Impact Picture Window	
5500 - Impact Picture Window, White Int. Finish, Bronze Ext. Finish, Standard , W- 48, H- 50, UI- 98	
1 ProtecSure Max Vinyl 5500 Impact 5500 - Impact Picture Window	
5500 - Impact Picture Window, White Int. Finish, Bronze Ext. Finish, With Grids Style - Sculptured, COLONIAL Pattern, Standard , Grids Between Glass, W- 52, H- 50, UI- 102	
6 ProtecSure Max Vinyl 5500 Impact 5500 - Impact Picture Window	
5500 - Impact Picture Window, White Int. Finish, Bronze Ext. Finish, With Grids Style - Sculptured, COLONIAL Pattern, Standard , Grids Between Glass, W- 48, H- 62, UI- 110	
Job Level and Labor Options	
13-Field Mull, 14-New Buck Frame, 1-Permit Processing	

Quote Name:  Page  of



# CUSTOMER PRICE QUOTE



Date:	05/25/2023		Branch:	Orlando	
Design Consultant:	Tim Roberts		Customer Support Center:	1800 HOME-DEPOT	
Phone #:	(386) 416-8385		License(s):	Tim Roberts : 87664	
Installation Address	2700 South Ridgewood Avenue				
City, State, Zip	S Daytona		FL	32119	
Job #	F34631010				
<b>Purchaser(s):</b>	<b>Work Phone</b>	<b>Home Phone</b>	<b>Cell Phone</b>		
Frank Roberts			(386) 290-9356		

Quote Name: Package A

Your Project Price		
	Total	Monthly*
<b>Home Depot Price:</b>	\$34304.20	\$686.08
<b>Current Promotion:</b> Buy More Save More	-\$5145.63	
<b>Other Available Promotions:</b>		
<b>Your Best Price:</b>	\$29158.57	\$583.17
<p><b>This is a price quote and does NOT constitute a Sales Contract</b></p> <p><b>The total investment (including discount amounts) is valid until the promotion expires, ask sales consultant for details.</b></p> <p>The Home Depot Price will expire on 06/24/2023</p>		

## PROFESSIONAL INSTALLATION

Licensed, insured and trusted  
Experts from measurement to  
Installation to cleanup



## TOTAL PROJECT MANAGEMENT

Team of dedicated professionals  
Assigned to oversee every step of  
Your project



## SUPERIOR WARRANTIES

The Home Depot stands behind  
Your job; labor, materials and  
Your satisfaction guaranteed by  
The Home Depot



Quote Name: Package A Page ☐ of 2



# CUSTOMER PRICE QUOTE



## **Promotional Offer:**

Offer includes up to 15% off select Installed Custom Windows and Patio Doors sold through THD Sales Consultants in select markets. Offer includes up to 15% off select Installed Windows and Patio Doors from Simonton, PlyGem, Andersen, Jeld-Wen, ProtecSure by PGT, Air Master, Milgard and American Craftsman. Save 5% with a minimum purchase of 4 custom installed windows or patio doors, save 10% with a minimum purchase of 8 custom installed windows or patio doors and save 15% with a minimum purchase of 12 or more custom windows or patio doors from the previously listed brands. Promotion is valid on custom product only. Discount does not apply to in-stock product, online product or installation services. License or registration numbers held by or on behalf of Home Depot U.S.A., Inc. are available at [homedepot.com/licensesnumbers](https://homedepot.com/licensesnumbers) or at the Special Services Desk in The Home Depot® store. Visit [homedepot.com](https://homedepot.com) or ask an Associate for details. ©2019 Home Depot Product Authority, LLC. All rights reserved.

## **Credit Offer:**

With a credit approval for qualifying purchases made on The Home Depot or EXPO Design Center Consume Credit Card. APR: 17.99%-26.99%. Minimum interest charge: \$2. See card agreement for details including APR applicable to you. Offer valid for consumer accounts in good standing; 6 months everyday credit offer is subject to change without notice; see store for details.

## **Project Loan:**

\*Loan product has four tiers with Term and APR subject to qualifying credit approval: 66 monthly payments at 7.42% APR; 78 monthly payments at 12.86% APR; 90 monthly payments at 16.24% APR; or 114 monthly payments at 19.96% APR. Monthly payments will not exceed \$20 per \$1000 spent (e.g., \$160 per month for an \$8000 purchase). APR fixed for the life of the loan. No down payment. See loan agreement for further details.

# CUSTOMER PRICE QUOTE



## **Monthly Payment Calculations:**

Equal to Project Amount X 0.02\*

## **Contractor Licenses:**

For a list of contractor license numbers, visit the Special Services Desk or [homedepot.com/licensenumbers](https://www.homedepot.com/licensenumbers)

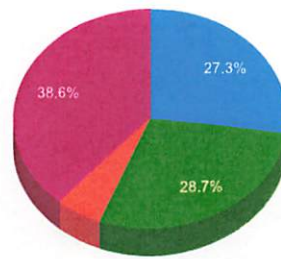
**Questions or Concerns?** If The Home Depot and its authorized service provider are unable to answer Customer's questions, call our Customer Support Center at 1-877-903-3768

**Quote Name:**

Package A

Page  of

Where your tax dollars are going:



- School
- County
- Other
- Municipality

[Back to Top](#)

Previous Years Certified Tax Roll Values

Year	Land Value	Impr Value	Just Value	Non-Sch Assd	County Exemptions	County Taxable	HX Savings
2022	\$117,338	\$196,784	\$314,122	\$312,693	\$0	\$312,693	\$0
2021	\$108,956	\$175,310	\$284,266	\$284,266	\$0	\$284,266	\$0
2020	\$108,956	\$169,866	\$278,822	\$278,822	\$0	\$278,822	\$0
2019	\$108,956	\$157,683	\$266,639	\$266,639	\$0	\$266,639	\$0
2018	\$108,956	\$153,863	\$262,819	\$262,819	\$0	\$262,819	\$0
2017	\$108,956	\$134,233	\$243,189	\$243,189	\$0	\$243,189	\$0
2016	\$108,956	\$124,629	\$233,585	\$233,585	\$0	\$233,585	\$0
2015	\$117,338	\$144,832	\$262,170	\$262,170	\$0	\$262,170	\$0
2014	\$117,338	\$141,083	\$258,421	\$258,421	\$0	\$258,421	\$0

[Back to Top](#)

[Home](#) / Parcel Summary for 3455754



123 W. Indiana Ave. Room 102  
DeLand, FL 32720  
(386) 736-5901

from 7:30 a.m. to 5:00 p.m.  
Monday through Friday

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[Home](#) / Parcel Summary for 3455754

[Summary](#) [Tax Estimate](#) [Permits](#) [Map](#) [Pictometry](#) [Print](#)

**Alternate Key:** 3455754  
**Parcel ID:** 533308000101  
**Township-Range-Section:** 15 - 33 - 33  
**Subdivision-Block-Lot:** 08 - 00 - 0101  
**Physical Address:** 2700 S RIDGEWOOD AVE, SOUTH DAYTONA 32119  
**Business Name:** BRIDAL SHOP & VENUE / LYNDSEY ROBERTS PHOTOGRAPY & EVENTS  
**Owner(s):** FSR PROPERTIES LLC - FS - Fee Simple - 100%  
**Mailing Address On File:** 1944 TAYLOR RD  
PORT ORANGE FL 32128  
[Update Mailing Address](#)  
**Building Count:** 1  
**Neighborhood:** 7354 - SOUTH DAYTONA- US HWY 1  
[Neighborhood Sales](#)  
**Subdivision Name:** ASSESSORS SUB MB 20 PG 28  
**Property Use:** 1100 - STORES 1 STORY  
**Tax District:** 401-SOUTH DAYTONA  
**2022 Final Millage Rate:** 20.2895  
**Homestead Property:** No - [Apply for Homestead Online](#)  
**Agriculture Classification:** No - [Additional Information](#)  
**Short Description:** 33 15 33 N 175 68 FT OF S 250 FT ON W/L OF E 247.5 FT ON N/L  
OF LOT 10 SUB LOTS 1 & 2 PER OR 4086 PG 3322-3323  
PER OR 57  
34 PGS 2402-2403 PER OR 6099 PG 207 PER OR 6884 PG 2541PER O



[Values & Exemptions](#) [Land & Buildings](#) [Sales](#) [Legal](#)



Property Tax Bill

#### Property Values

Tax Year:	2023 Working	2022 Final	2021 Final
<b>Valuation Method:</b>	1-Market Oriented Cost	1-Market Oriented Cost	1-Market Oriented Cost
<b>Improvement Value:</b>	\$213,628	\$196,784	\$175,310
<b>Land Value:</b>	\$117,338	\$117,338	\$108,956
<b>Just/Market Value:</b>	\$330,966	\$314,122	\$284,266

[Back to Top](#)

#### Working Tax Roll Values by Taxing Authority

Values shown below are the 2023 WORKING TAX ROLL VALUES that are subject to change until certified. Millage Rates below that are used in the calculation of the Estimated Taxes are the 2022 FINAL MILLAGE RATES. The Just/Market listed below is not intended to represent the anticipated selling price of the property and should not be relied upon by any individual or entity as a determination of current market value.

Tax Authority	Just/Market Value	Assessed Value	Ex/10CAP	Taxable Value	Millage Rate	Estimated Taxes
0017 CAPITAL IMPROVEMENT	\$330,966	\$330,966	\$0	\$330,966	1.5000	\$496.45
0012 DISCRETIONARY	\$330,966	\$330,966	\$0	\$330,966	0.7480	\$247.56
0011 REQ LOCAL EFFORT	\$330,966	\$330,966	\$0	\$330,966	3.2340	\$1,070.34
0050 GENERAL FUND	\$330,966	\$330,966	\$0	\$330,966	4.8499	\$1,605.15
0055 LIBRARY	\$330,966	\$330,966	\$0	\$330,966	0.4635	\$153.40
0520 MOSQUITO CONTROL	\$330,966	\$330,966	\$0	\$330,966	0.1781	\$58.95
0530 PONCE INLET PORT AUTHORITY	\$330,966	\$330,966	\$0	\$330,966	0.0760	\$25.15
0053 PUBLIC SAFETY FUND	\$330,966	\$330,966	\$0	\$330,966	0.0000	\$0.00
0058 VOLUSIA ECHO	\$330,966	\$330,966	\$0	\$330,966	0.2000	\$66.19
0057 VOLUSIA FOREVER	\$330,966	\$330,966	\$0	\$330,966	0.2000	\$66.19
0065 FLORIDA INLAND NAVIGATION DISTRICT	\$330,966	\$330,966	\$0	\$330,966	0.0320	\$10.59
0100 HALIFAX HOSPITAL AUTHORITY	\$330,966	\$330,966	\$0	\$330,966	0.8606	\$284.83
0060 ST JOHN'S WATER MANAGEMENT DISTRICT	\$330,966	\$330,966	\$0	\$330,966	0.1974	\$65.33
0220 SOUTH DAYTONA	\$330,966	\$330,966	\$0	\$330,966	7.7500	\$2,564.99
					20.2895	\$6,715.13

#### Non-Ad Valorem Assessments

Project	#Units	Rate	Amount	Estimated Ad Valorem Tax:	\$6,715.13
				Estimated Non-Ad Valorem Tax:	\$0.00
				<b>Estimated Taxes:</b>	<b>\$6,715.13</b>
				Estimated Tax Amount without SOH/10CAP ☺	\$6,715.13



## 2023 Florida Annual Resale Certificate for Sales Tax

DR-13  
R. 10/22

**This Certificate Expires on December 31, 2023**

Business Name and Location Address

Certificate Number

74-8017009303-4

**FSR PROPERTIES LLC**

1944 TAYLOR RD  
PORT ORANGE, FL 32128-6639

By extending this certificate or the certificate number to a selling dealer to make eligible purchases of taxable property or services exempt from sales tax and discretionary sales surtax, the person or business named above certifies that the taxable property or services purchased or rented will be resold or re-rented for one or more of the following purposes:

- Resale as tangible personal property
- Re-rental as tangible personal property
- Resale of services
- Re-rental as commercial real property
- Incorporation into tangible personal property being repaired
- Re-rental as transient rental property
- Incorporation as a material, ingredient, or component part of tangible personal property that is being produced for sale by manufacturing, compounding, or processing

Your *Florida Annual Resale Certificate for Sales Tax* (Annual Resale Certificate) allows you or your representatives to buy or rent property or services tax exempt when the property or service is resold or re-rented. You **may not** use your Annual Resale Certificate to make tax-exempt purchases or rentals of property or services that will be used by your business or for personal purposes. Florida law provides for criminal and civil penalties for fraudulent use of an Annual Resale Certificate.

**As a seller**, you must document each tax-exempt sale for resale using one of three methods. You can use a different method each time you make a tax-exempt sale for resale.

1. Obtain a copy (paper or electronic) of your customer's current Annual Resale Certificate.
2. For each sale, obtain a transaction authorization number using your customer's Annual Resale Certificate number.
3. Each calendar year, obtain annual vendor authorization numbers for your regular customers using their Annual Resale Certificate numbers.

**Online:** Visit [floridarevenue.com/taxes/certificates](https://floridarevenue.com/taxes/certificates)

**Phone:** 877-357-3725 and enter your customer's Annual Resale Certificate number

**Mobile App:** Available for iPhone, iPad, and Android devices

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000203679

Entity Name: FSR PROPERTIES, LLC

Current Principal Place of Business:

1944 TAYLOR ROAD  
PORT ORANGE, FL 32128

Current Mailing Address:

1944 TAYLOR ROAD  
PORT ORANGE, FL 32128 US

FEI Number: 81-0799218

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRIEBIS, DANIEL S  
3890 TURTLE CREEK DRIVE  
SUITE B  
PORT ORANGE, FL 32127 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE: DANIEL S. FRIEBIS

01/05/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ROBERTS, FRANCIS J JR  
Address 1944 TAYLOR ROAD  
City-State-Zip: PORT ORANGE FL 32128

Title MGR  
Name ROBERTS, SUZANNE I  
Address 1944 TAYLOR ROAD  
City-State-Zip: PORT ORANGE FL 32128

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: FRANCIS J ROBERTS JR

MGR

01/05/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date





Treasury & Billing Division  
125 W NEW YORK AVE ROOM 120  
DELAND, FL 32720  
386-943-7085 • FAX 386-943-7086  
volusia.org/treasury  
treasury@volusia.org

## 2023 / 2024 Volusia County Business Tax Renewal Notice

The business listed below is registered with Volusia County. The Business Tax for the fiscal year 2024 beginning October 1, 2023 is now due. Before payment, please review all information on this notice for accuracy. If any of the information is incorrect, please visit [volusia.org/btr](http://volusia.org/btr) to make changes to your existing account.

Hazardous waste small quantity generators are now required to renotify every four years, visit [www.epa.gov/hwgenerators](http://www.epa.gov/hwgenerators).

Account #: 202005260012  
Business Location:  
2700 RIDGEWOOD AVE

Business Name: LYNDSEY ROBERTS PHOTOGRAPHY  
Owner Name: LYNDSEY ROBERTS  
Mailing Address: 2700 S RIDGEWOOD AVE  
SOUTH DAYTONA FL 32119

Amounts shown to the right are the base annual tax only. The amounts do not include penalties or delinquent years.

The total due including penalties and delinquent years is listed at the bottom of the page.

BUSINESS TYPE	COUNT	TAX
Business Service	2	\$22.00
Hazardous Waste Fee	1	\$46.00

IF YOUR BUSINESS HAS CLOSED, please fill out the following and return the entire notice to Volusia County.

Date Business Closed

Signature of Person Closing Business

Current Date

Payment can be made online using e-check or credit card at [volusia.ptgthome.com/excisebt](http://volusia.ptgthome.com/excisebt). This service is provided by a third party vendor who charges a service fee. Please note: Receipts are no longer mailed. Once paid you may print your receipt online from [volusia.ptgthome.com/excisebt](http://volusia.ptgthome.com/excisebt). If you do not have a printer please contact our office listed at the top of this page.

If this business is still active and all of the information above is accurate, please detach and return the stub below with payment in the enclosed envelope. Please make payment to County of Volusia.

## 2023 / 2024 Volusia County Business Tax Renewal Notice

Account #: 202005260012

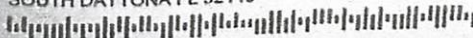
**PAY ONLINE**

Business Location: 2700 RIDGEWOOD AVE



Make payment to: County of Volusia  
Mail to:  
County of Volusia  
Treasury & Billing Division  
125 W New York Ave Room 120  
DeLand FL 32720

LYNDSEY ROBERTS PHOTOGRAPHY  
LYNDSEY ROBERTS  
2700 S RIDGEWOOD AVE  
SOUTH DAYTONA FL 32119



Please pay only one amount. The amounts due after Sept. 30, 2023 include penalties per FS205.053.

If Paid By:	Sep 30, 2023	Oct 31, 2023	Nov 30, 2023	Dec 31, 2023	After Dec 31, 2023
Amount Due:	\$68.00	\$70.20	\$71.30	\$72.40	\$73.50

DO NOT WRITE ON THIS PORTION OF THE BILL







# CITY OF SOUTH DAYTONA LOCAL BUSINESS TAX RECEIPT

SUBJECT TO  
LOCAL BUSINESS  
TAX RECEIPT ORDINANCE

VALID PERIOD: 10/01/2022 - 9/30/2023

## BUSINESS CLASSIFICATION

### BUSINESS SERVICES

#### PHOTOGRAPHER

RETAIL SALES - WEDDING ITEMS

ESTIMATED INVENTORY \$3,000

RENTAL STORE- WEDDING ITEMS

SIGNS OVER 15 S.F. (1)

SIGNS UNDER 15 S.F. (1)

## LOCATION

2700 SOUTH RIDGEWOOD AVENUE

## ISSUED TO

ROBERTS, LYNDSY

2700 SOUTH RIDGEWOOD AVENUE

SOUTH DAYTONA, FL 32119

ACCOUNT ID

6596

RECEIPT NUMBER

6606

AMOUNT DUE:

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

IF PAID BY:

SEPT. 30

10/01/2023

11/01/2023

12/01/2023

01/03/2024

*[Signature]*  
BUSINESS TAX ADMINISTRATOR

POST IN CONSPICUOUS PLACE AT BUSINESS LOCATION

FORM LLCV

1/1/2022

1/1/2023



# CITY OF SOUTH DAYTONA LOCAL BUSINESS TAX RECEIPT

SUBJECT TO  
LOCAL BUSINESS  
TAX RECEIPT ORDINANCE

VALID PERIOD: 10/01/2022 - 9/30/2023

## BUSINESS CLASSIFICATION

### BUSINESS SERVICES

#### PHOTOGRAPHER

RETAIL SALES - WEDDING ITEMS

ESTIMATED INVENTORY \$3,000

RENTAL STORE- WEDDING ITEMS

SIGNS OVER 15 S.F. (1)

SIGNS UNDER 15 S.F. (1)

## LOCATION

2700 SOUTH RIDGEWOOD AVENUE

## ISSUED TO

ROBERTS, LYNDSY

2700 SOUTH RIDGEWOOD AVENUE

SOUTH DAYTONA, FL 32119

ACCOUNT ID

6596

RECEIPT NUMBER

6606

AMOUNT DUE:

.00

.00

.00

.00

.00

IF PAID BY:

SEPT. 30

10/01/2023

11/01/2023

12/01/2023

01/03/2024

*[Signature]*  
BUSINESS TAX ADMINISTRATOR

OFFICE COPY ONLY



# CITY OF SOUTH DAYTONA LOCAL BUSINESS TAX RECEIPT

SUBJECT TO  
LOCAL BUSINESS  
TAX RECEIPT ORDINANCE

VALID PERIOD: 10/01/2022 - 9/30/2023

**BUSINESS CLASSIFICATION**

AMUSEMENT BUSINESSES  
HALL FOR HIRE  
NO KITCHEN FACILITY  
OCCUPANCY LOAD - 100

**LOCATION**

2700 SOUTH RIDGEWOOD AVENUE

**ISSUED TO**

ROBERTS, LYNDSY  
2700 SOUTH RIDGEWOOD AVENUE  
SOUTH DAYTONA, FL 32119

ACCOUNT ID RECEIPT NUMBER

6596

7202

AMOUNT DUE: IF PAID BY:

\$0.00 SEPT. 30

\$0.00 10/01/2023

\$0.00 11/01/2023

\$0.00 12/01/2023

\$0.00 01/03/2024

*[Signature]*  
BUSINESS TAX ADMINISTRATOR

POST IN CONSPICUOUS PLACE AT BUSINESS LOCATION

FORM LLICV

lylertbusiness.com

877-435-2000



# CITY OF SOUTH DAYTONA LOCAL BUSINESS TAX RECEIPT

SUBJECT TO  
LOCAL BUSINESS  
TAX RECEIPT ORDINANCE

VALID PERIOD: 10/01/2022 - 9/30/2023

**BUSINESS CLASSIFICATION**

AMUSEMENT BUSINESSES  
HALL FOR HIRE  
NO KITCHEN FACILITY  
OCCUPANCY LOAD - 100

**LOCATION**

2700 SOUTH RIDGEWOOD AVENUE

**ISSUED TO**

ROBERTS, LYNDSY  
2700 SOUTH RIDGEWOOD AVENUE  
SOUTH DAYTONA, FL 32119

ACCOUNT ID RECEIPT NUMBER

6596

7202

AMOUNT DUE: IF PAID BY:

.00 SEPT. 30

.00 10/01/2023

.00 11/01/2023

.00 12/01/2023

.00 01/03/2024

\_\_\_\_\_  
BUSINESS TAX ADMINISTRATOR

OFFICE COPY ONLY





# Bass Underwriters

## Quote Letter

Submission Number 3567604

Quote Number CLP2623677

**Insured****FSR Properties LLC****DBA****Agency Name**

Volusia Insurance

**Agent Name**

Becky A. Geisler

**Effective Date**

1/16/2023

**Expiration Date**

1/16/2024

**Underwriter Name**

Chris Ueding

**Underwriter Office**

Gainesville

**Home State**

FL

**Previous Policy #**

GPD0007103

**Carrier**

Mt. Hawley Insurance Company

**Mailing Address**

1944 Taylor Road, Port Orange, FL 32128

### Premium

**Prem w/o TRIA****Total Premium**

\$2,108.20

**Property Premium**

\$1,704.00

**Inspection Fee**

\$150.00

**Policy Fee**

\$150.00

**FEMA**

\$4.00

**Service Office Fee**

\$1.20

**Surplus Lines Tax**

\$99.00

**Prem w/TRIA****Total Premium**

\$2,161.75

**Property Premium**

\$1,704.00

**TRIA Premium**

\$51.00

**Inspection Fee**

\$150.00

**Policy Fee**

\$150.00

**FEMA**

\$4.00

**Service Office Fee**

\$1.23

**Surplus Lines Tax**

\$101.52

**TERMS / CONDITIONS**

25% MINIMUM EARNED PREMIUM AT INCEPTION. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.  
Quote is valid for 30 days.

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION.  
PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE  
STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING  
QUOTATION.

\*Upon request to bind, the agent assumes responsibility for the earned premium, fees and taxes.

**Commission 10%**
**Required to Bind**

- Signed Completed ACORD applications
- Bass Request to Bind Form signed & completed
- Signed TRIA form (if applicable)
- Completed loss history including 5 years hard copy loss runs
- Surplus Lines disclaimer/affidavit signed & completed (State specific)
- Any required supplemental applications signed & completed
- Collection of all required funds prior to requesting the policy be bound

**Underwriting Conditions/Subjectivities/Warranties**

- Favorable Inspection and compliance with any/all recommendations
- The information reflected in this application is accurate to the best of my knowledge



## Bass Underwriters

### Quote Letter

Submission Number 3567604

Quote Number CLP2623677

#### **TERMS / CONDITIONS Cont'd**

Please read this Quotation carefully, as the limits, coverage and other terms and conditions may vary significantly from those requested in your submission and/or from the expiring policy. The terms, conditions, limits and exclusions of this quotation supersede the submitted information and specifications submitted to us for consideration, and all prior quotations.

Actual coverage will be determined by and in accordance with the policy as issued by the insurer. The insurer is not bound by any statements made in the submission purporting to bind the insurer unless such statement is in the actual policy.

This quotation has been constructed in reliance on the information and specifications provided in the submission. A material change or misrepresentation of the submission information and specifications may void the quotation.

If between the date of this indication and the Effective Date of the policy there is a significant adverse change in the condition of this insured, or an occurrence of an event, or other circumstances which could substantially change the underwriting evaluation of the insured, then, at the insurer's option, this quotation may be withdrawn by written notice thereof. The insurer also reserves the right to modify the final terms and conditions upon review of the completed application and any other information requested by the underwriter herein. If such material change in the risk is discovered after binding, the insurance coverage will be void ab initio ("null from the beginning").

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.



# Bass Underwriters

## Quote Letter

Submission Number 3567604

Quote Number CLP2623677

## Property

\$1,704

Loc. #1: 2700 S. Ridgewood Ave, Port Orange, FL 32119

Bdg. #1: Mercantile Building, Joisted Masonry  
 Theft Sub: N/A AOP Ded: \$1,000

## W/H Excluded

Coverage	Limits of Insurance	Cause of Loss	Valuation	Co-insurance
Building	\$400,000	Special	RCV	80%

## Protective Safeguards

P-9 Portable Fire Extinguisher.

Bdg. #2: ,  
 Theft Sub: N/A AOP Ded: \$1,000

## W/H Excluded

Coverage	Limits of Insurance	Cause of Loss	Valuation	Co-insurance
Sign	\$7,000	Special	RCV	80%

## Protective Safeguards

P-9 Portable Fire Extinguisher.

P-1 Automatic sprinkler systems to be fully operational and maintained by annual professional service contract.

Bdg. #3:  
 Theft Sub: N/A AOP Ded: \$1,000

## W/H Excluded

Coverage	Limits of Insurance	Cause of Loss	Valuation	Co-insurance
Shed	\$16,000	Special	RCV	80%

## Protective Safeguards

P-1 Automatic sprinkler systems to be fully operational and maintained by annual professional service contract.

.004

16.00

28.00

64.00

423,060 =





# Bass Underwriters

## Quote Letter

Submission Number 3567604

Quote Number CLP2623677

### Eligibility / Rating Questions

Is roof coverage excluded? No

Is roof damage excluded? No

Is this risk an Antique Store? No

Is there a limit increase of 25% or \$50k on property coverage? No

Does the risk have any currently open claims? No

Is this risk an in-home business? No

Does the risk have aluminum wiring, (whether or not pigtailed), Knob & Tube or aluminum fuses/fuse boxes, Challenger Panels, Federal Pacific, Stab Lok, or Zinsco components? No

Is the 3 year loss ratio over 50%? No

In the last 3 years has the risk had 2 or more losses of any size or any claim in excess of \$10,000? No

Has the insured business had a bankruptcy in the last 5 years? No



## Bass Underwriters

### Quote Letter

Submission Number 3567604

Quote Number CLP2623677

### Schedule of Forms

#### Common Forms

##### Form Number

CPR 2273 (04-12)  
 CPR 2281 (12-14)  
 ILF 0001C FL (04-16)  
 RGBC 0002 (06-19)  
 RGBC 150 (05-16)  
 RGBC 609 (05-16)  
 RGBC 611 (02-22)  
 RIL 200 (07-98)  
 RIL 2131 (08-12)  
 RIL 2133A (01-21)  
 RIL 2133B (01-21)  
 UW 20342 (03-12)

##### Form Description

Minimum Earned Premium Endorsement  
 Nuclear, Biological, Chemical Or Radioactive Exclusion  
 Signature Page  
 Common Policy Declarations  
 Schedule Of Forms  
 Mold And/Or Fungus Exclusion  
 Common Policy Conditions  
 Insured Fraud Letter  
 Notice To Our Brokers And Agents Of Our Claim Notification Procedure  
 Important Notice To Policyholders Terrorism Risk Insurance Act As Amended  
 Important Notice To Policyholders - Terrorism Risk Insurance Act, As Amended  
 OFAC Notice

#### Property Forms

##### Form Number

CP 0010 (10-12)  
 CP 0125 (05-22)  
 CP 0299 (06-07)  
 CP 1030 (10-12)  
 CP 9903 (12-19)  
 CPR 2126 (10-01)  
 CPR 2143 (10-01)  
 CPR 2269 (06-09)  
 CPR 2313 (04-22)  
 CPR 2318 (08-21)  
 CPR 2320 (04-21)  
 CPR 2326 (07-22)  
 RGBP 0004 (04-21)  
 RGBP 0005 (04-21)  
 RGBP 608 (08-22)  
 RGBP 628 (09-18)  
 RGBP 637 (11-19)  
 RGBP 640 (04-20)  
 RGBP 641 (08-20)  
 RGBP 642 (08-20)  
 RGBP 644 (05-21)  
 RGBP 646 (02-22)  
 RIL 099P (12-21)  
 RIL 2149 (10-18)  
 RIL 2156 (06-22)

##### Form Description

Building And Personal Property Coverage  
 Florida Changes  
 Cancellation Changes  
 Causes Of Loss - Special Form  
 Cannabis Exclusion  
 Limitation Of Liability Endorsement  
 Replacement Cost Endorsement  
 Asbestos Endorsement  
 Cyber And Computer Related Loss Exclusion  
 Actual Cash Value Endorsement  
 Amended Limitation  
 Fully Earned Premium For Actual Total Loss Or Constructive Total Loss  
 Commercial Property Coverage Part Supplemental Declarations  
 Commercial Property Coverage Part Declarations  
 Protective Safeguard Endorsement  
 Outdoor Signs  
 Windstorm Exclusion - Designated Location(S)  
 Appraisal  
 Total Pollution Exclusion  
 Communicable Disease Exclusion  
 Amended Commercial Property Conditions Endorsement  
 Roof Valuation Endorsement  
 Service Of Suit And Commercial Property Conditions Endorsement  
 Assignment Of Claim Benefits  
 Policyholder's Responsibility To Properly Assess And Report Property Valuation



## NOTICE

### OFFER OF FEDERAL TERRORISM INSURANCE COVERAGE AND DISCLOSURE OF PREMIUM

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, (the "Act") that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act. Section 102(1) of the Act defines the term "act of terrorism" as any act that is certified by the Secretary of the Treasury – in consultation with the Secretary of Homeland Security, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. The acts of terrorism as defined in Section 102(1) of the Act shall be sometimes referred to herein as "certified acts of terrorism."

WHEN COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES GOVERNMENT GENERALLY PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY. THE PREMIUM FOR THIS COVERAGE DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.


YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

#### Acceptance or Rejection of Terrorism Insurance Coverage

☐ I hereby elect to purchase coverage for certified acts of terrorism for a prospective premium of \$ 51.00.

☒ I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

(PLEASE NOTE: IF YOU REJECT the Offer Of Federal Terrorism Insurance Coverage, that rejection will not apply to the limited extent that relevant state law requires coverage for fire losses resulting from acts of terrorism certified under the Act. Two percent (2%) of the premium charged for the fire peril will be allocated to fire following terrorism in those jurisdictions that require such coverage be provided, even if you opt not to purchase full terrorism coverage. This amount is part of, and not in addition to, the overall premium charged for this insurance policy.)

  
Policyholder/Applicant's Signature

FSR Properties LLC  
Print Policyholder/Applicant's Name

CLP2623677  
Policy Number

Mt. Hawley Insurance Company  
Insurance Company

1/5/2023  
Date



**Binder Request****Account Executive:** Chris Ueding**Fax:****Email:** cueding@bassuw.com**Agency:** Volusia Insurance**INSURED:** FSR Properties LLC**Quote #:** CLP2623677**Submission:** 3567604**Renewal #:** GPD0007103**Insurer:** Mt. Hawley Insurance Company**Coverage:** Commercial - Property X-Wind**PLEASE BIND EFFECTIVE:** 1.17.2025**TOTAL PREMIUM, FEES & TAXES:** \$ 2108.20**TRIA:** ( ) Accepted (X) Declined**Agent Contact:** Rebecca Geisler**Contact Phone:** 386.492.6175**Inspection Contact:** Frank Roberts**Inspection Phone:** 386-679-1174**Producer License:****Name:** Rebecca Geisler **License #:** P088520**Authorized Signature:** Rebecca Geisler

- By signing the above, agent acknowledges collection of all related fees and costs, and that all responses to eligibility/rating questions are correct.

Coverage cannot be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.

**SURPLUS LINES DISCLOSURE**

At my direction, Volusia Insurance has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used by authorized insurers. I have been advised to carefully read the entire policy. There is no liability on the part of, and I have no cause of action against, my agent for placing coverage in the surplus lines market.

FSR Properties LLC

Named Insured



Signature of Insured's Authorized Representative Date

Mt. Hawley Insurance Company

Name of Excess and Surplus Lines Carrier

Commercial - Property X-Wind

Type of Insurance

Monday, January 16, 2023

Effective Date of Coverage

## Statement of Diligent Effort Affidavit State of Florida

Pursuant to Section 626.915(4), Florida Statutes, requires producing agents to document that a diligent Effort has been made to place a risk with at least three (3) Authorized Insurers prior to contracting a Surplus Lines Agent to export the risk in the Surplus Lines market. The following form, prescribed by the Department, must be completed IN FULL for each risk, Name of Person Contracted and telephone number are MANDATORY.

COUNTY OF RISK: Volusia

NAME OF INSURED: FSR Properties LLC

TYPE OF COVERAGE: Commercial - Property X-Wind

	#1	#2	#3
Name of Authorized Insurer	Am Integrity	Granada	Universal
Telephone Number	866-968-8396	305-554-0353	800-425-9113
Person Contacted	Mathew	Juan	Deb
Date of Contact	1.12.23	1.12.23	1.12.23
Reason for Declination	no market	no market	no market

Signature of Producing Agent:

*Rebecca Geisler*

Printed/Typed Name of Producing Agent:

Rebecca Geisler

Agent License Number

P088520

Name of Agency: Volusia Insurance

Physical Address of Producing Agency:

5889 S. Williamson Blvd.  
Port Orange, FL 32128





# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)  
1/17/2023AGENCY  
Volusia Insurance  
5889 S Williamson Blvd, PT ORANGE, FL, 32128

CARRIER

NAIC CODE

COMPANY POLICY OR PROGRAM NAME

PROGRAM CODE

POLICY NUMBER

CONTACT NAME: Becky A. Geisler

PHONE (A/C No. Ext): 3864926175

FAX

I/C No.:

E-MAIL ADDRESS: becky@volusiabusinessinsurance.com

CODE: AGT10464

SUBCODE:

UNDERWRITER

UNDERWRITER OFFICE

STATUS OF TRANSACTION

QUOTE

ISSUE POLICY

RENEW

BOUND (Give Date and/or Attach Copy):

CHANGE

DATE

TIME

AM

CANCEL

PM

AGENCY CUSTOMER ID:

## SECTIONS ATTACHED

SECTIONS ATTACHED			PREMIUM		PREMIUM	
INDICATE SECTIONS ATTACHED		PREMIUM		PREMIUM		PREMIUM
	ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$	ELECTRONIC DATA PROC	\$	TRANSPORTATION / MOTOR TRUCK CARGO	\$
	BOILER & MACHINERY	\$	EQUIPMENT FLOATER	\$	TRUCKERS / MOTOR CARRIER	\$
	BUSINESS AUTO	\$	GARAGE AND DEALERS	\$	UMBRELLA	\$
	BUSINESS OWNERS	\$	GLASS AND SIGN	\$	YACHT	\$
	COMMERCIAL GENERAL LIABILITY	\$	INSTALLATION / BUILDERS RISK	\$		\$
	CRIME / MISCELLANEOUS CRIME	\$	OPEN CARGO	\$		\$
	DEALERS	\$	X PROPERTY	\$		\$

## ATTACHMENTS

ADDITIONAL INTEREST	PREMIUM PAYMENT SUPPLEMENT
ADDITIONAL PREMISES	PROFESSIONAL LIABILITY SUPPLEMENT
APARTMENT BUILDING SUPPLEMENT	RESTAURANT / TAVERN SUPPLEMENT
CONDO ASSN BYLAWS (for D&O Coverage only)	STATEMENT / SCHEDULE OF VALUES
CONTRACTORS SUPPLEMENT	STATE SUPPLEMENT (if applicable)
COVERAGES SCHEDULE	VACANT BUILDING SUPPLEMENT
DRIVER INFORMATION SCHEDULE	VEHICLE SCHEDULE
INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	
INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
LOSS SUMMARY	

## POLICY INFORMATION

PROD/REV/DATE	PROD/REV/DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
1/16/2023	1/16/2024	DIRECT <input checked="" type="checkbox"/> AGENCY				\$	\$	\$

## APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)  
FSR Properties LLC  
1944 Taylor Road, Port Orange, FL, 32128

GL CODE

SIC

NAICS

FEIN OR SOC SEC #

BUSINESS PHONE #:

WEBSITE ADDRESS

CORPORATION

JOINT VENTURE

NOT FOR PROFIT ORG

SUBCHAPTER "S" CORPORATION

INDIVIDUAL

X

LLC

NO. OF MEMBERS

AND MANAGERS:

PARTNERSHIP

TRUST

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)

GL CODE

SIC

NAICS

FEIN OR SOC SEC #

BUSINESS PHONE #:

WEBSITE ADDRESS

CORPORATION

JOINT VENTURE

NOT FOR PROFIT ORG

SUBCHAPTER "S" CORPORATION

INDIVIDUAL

X

LLC

NO. OF MEMBERS

AND MANAGERS:

PARTNERSHIP

TRUST

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)

GL CODE

SIC

NAICS

FEIN OR SOC SEC #

BUSINESS PHONE #:

WEBSITE ADDRESS

CORPORATION

JOINT VENTURE

NOT FOR PROFIT ORG

SUBCHAPTER "S" CORPORATION

INDIVIDUAL

X

LLC

NO. OF MEMBERS

AND MANAGERS:

PARTNERSHIP

TRUST

AGENCY CUSTOMER ID: \_\_\_\_\_

**CONTACT INFORMATION**

<b>CONTACT TYPE:</b>		<b>CONTACT TYPE:</b>	
<b>CONTACT NAME:</b>		<b>CONTACT NAME:</b>	
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
<b>PRIMARY E-MAIL ADDRESS:</b>		<b>PRIMARY E-MAIL ADDRESS:</b>	
<b>SECONDARY E-MAIL ADDRESS:</b>		<b>SECONDARY E-MAIL ADDRESS:</b>	

**PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)**

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	2700 S Ridgewood Ave	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Port Orange	STATE: FL	OUTSIDE	TENANT	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Volusia	ZIP: 32119			TOTAL BUILDING AREA: 4,421 SQ FT
<b>DESCRIPTION OF OPERATIONS:</b>					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	2700 S Ridgewood Ave	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Port Orange	STATE: FL	OUTSIDE	TENANT	OPEN TO PUBLIC AREA: SQ FT
2	COUNTY: Volusia	ZIP: 32119			TOTAL BUILDING AREA: SQ FT
<b>DESCRIPTION OF OPERATIONS:</b>					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	2700 S Ridgewood Ave	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Port Orange	STATE: FL	OUTSIDE	TENANT	OPEN TO PUBLIC AREA: SQ FT
3	COUNTY: Volusia	ZIP: 32119			TOTAL BUILDING AREA: SQ FT
<b>DESCRIPTION OF OPERATIONS:</b>					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
<b>DESCRIPTION OF OPERATIONS:</b>					ANY AREA LEASED TO OTHERS? Y / N

**NATURE OF BUSINESS**

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	<input type="checkbox"/> 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**

LRO Commercial Building

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
-------------------------------------------------------	----------------------------------------	-----------------------------------------------------

**DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED****ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests**

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

AGENCY CUSTOMER ID: \_\_\_\_\_

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES

1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?

PARENT COMPANY NAME

RELATIONSHIP DESCRIPTION

% OWNED

Y/N

N

1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?

SUBSIDIARY COMPANY NAME

RELATIONSHIP DESCRIPTION

% OWNED

N

2. IS A FORMAL SAFETY PROGRAM IN OPERATION?

☐ SAFETY MANUAL☐ MONTHLY MEETINGS☐ SAFETY POSITION☐ OSHA

N

3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?

N

4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)

LINE OF BUSINESS

POLICY NUMBER

LINE OF BUSINESS

POLICY NUMBER

N

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):

N

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?

OCCURRENCE  
DATE

EXPLANATION

RESOLUTION

RESOLUTION  
DATE

N

9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?

OCCURRENCE  
DATE

EXPLANATION

RESOLUTION

RESOLUTION  
DATE

N

10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?

OCCURRENCE  
DATE

EXPLANATION

RESOLUTION

RESOLUTION  
DATE

N

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 818 for Property Exposure)

N

13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?

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				



AGENCY CUSTOMER ID: \_\_\_\_\_

## PRIOR CARRIER INFORMATION (continued)

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

### LOSS HISTORY ☒ Check Name (Attach Loss Summary for Additional Loss Information)

EVERY OCCURRENCE OR CLAIM MUST BE REPORTED TO THE AGENT OR BROKER FOR THE LAST YEAR						TOTAL LOSSES: \$	
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SETTLED 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. (Applicant's Initials: \_\_\_\_\_)

(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.)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 that person to criminal and civil penalties. (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). (Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).

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

**Applicable in Colorado:** 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 Florida and Oklahoma:** 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 (In FL, a person is guilty of a felony of the third degree).

**Applicable 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.

**Applicable in Maine, Tennessee, Virginia and 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 may include imprisonment, fines or a denial of insurance benefits.

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

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

PRODUCER'S SIGNATURE <i>Rebecca Geisler</i>	PRODUCER'S NAME (Please Print) Rebecca Geisler	STATE PRODUCER LICENSE NO (Required in Florida) 8088520
APPLICANT'S SIGNATURE <i>Francisco J. Rios</i>	DATE	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID:

DATE (MM/DD/YYYY)  
1/17/2023

## PROPERTY SECTION

AGENCY NAME	CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)

BLANKET SUMMARY	
BLKT #	AMOUNT

PREMISES INFORMATION									
PREMISES #	STREET ADDRESS: 2700 S Ridgewood Ave, Port Orange, FL, 32119								
BUILDING #	BLDG DESCRIPTION								
SUBJECT OF INSURANCE	AMOUNT	CONG %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	\$400,000	80%	RCV	Special		\$1,000			X-Wind

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				
SPOLIAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED	LIMIT	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS
N				BREAKDOWN OR CONTAMINATION POWER OUTAGE SELLING PRICE

SINGOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
----------------------------------------	-----------------	-----------------	-----------

MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY, and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
-----------------------------------------------------------	-----------------	-----------------	-----------

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE:
-----------------------------------------------------	-------------------------------

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
Joisted Masonry	FT			4	1		1954	4,421 sq.ft.

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
X WIRING, YR: 2007			Gable	
X PLUMBING, YR: 2016				
X ROOFING, YR: 2007				
OTHER: YR:				

PRIMARY HEAT	SECONDARY HEAT
BOILER	BOILER
SOLID FUEL	SOLID FUEL
IF BOILER, IS INSURANCE PLACED ELSEWHERE? Y/N	IF BOILER, IS INSURANCE PLACED ELSEWHERE? Y/N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
---------------------------	--------------------------	---------------------------	--------------------------

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION	LOCAL GONG
No				

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
-----------------------------------------	--------	-------	---------------------	--------------

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRINK	FIRE ALARM MANUFACTURER	CENTRAL STATION	LOCAL GONG
---------------------------------------------------------------------------	----------	-------------------------	-----------------	------------

ADDITIONAL INTEREST	ACORD 45 attached for additional names
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INTEREST	NAME AND ADDRESS	RANK	EVIDENCE	CERTIFICATE	INTEREST IN ITEM NUMBER
LOSS PAYEE					LOCATION: BUILDING:
MORTGAGEE					ITEM CLASS: ITEM:
					ITEM DESCRIPTION

ACORD 140 (2014/12)

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**AGENCY CUSTOMER ID:** \_\_\_\_\_

### ADDITIONAL PREMISES INFORMATION

[illegible]

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION	

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

CONSTRUCTION TYPE		DISTANCE TO HYDRANT		FIRE STAT		FIRE DISTRICT		CODE NUMBER		PROT CL		# STORIES		# BASMTS		YR BUILT		TOTAL AREA sq.ft.	
		FT		MI															
BUILDING IMPROVEMENTS						BLDG CODE GRADE		TAX CODE		ROOF TYPE		OTHER OCCUPANCIES							
<input checked="" type="checkbox"/> WIRING, YR:		<input checked="" type="checkbox"/> PLUMBING, YR:				WIND CLASS				SEMI-RESISTIVE		<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT						DATE INSTALLED: _____	
<input checked="" type="checkbox"/> ROOFING, YR:		<input checked="" type="checkbox"/> HEATING, YR:										MANUFACTURER: _____							
OTHER:		YR:				RESISTIVE													
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							
BURGLAR ALARM TYPE						CERTIFICATE #						EXPIRATION DATE		CENTRAL STATION		<input type="checkbox"/> LOCAL GONG			
																WITH KEYS			
BURGLAR ALARM INSTALLED AND SERVICED BY								EXTENT		GRADE		# GUARDS / WATCHMEN		CLOCK HOURLY					
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)								% SPRINK		FIRE ALARM MANUFACTURER				CENTRAL STATION					
														LOCAL GONG					

### ADDITIONAL INTEREST

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

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

**AGENCY CUSTOMER ID:**



**SIGNATURE**

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

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

**Applicable in CO**

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

**Applicable in FL and OK**

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

**Applicable in KS**

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

**Applicable in KY, NY, OH and PA**

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

**Applicable in ME, TN, VA and WA**

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

**Applicable in NJ**

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

**Applicable in OR**

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

**Applicable in PR**

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

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

PRODUCER'S SIGNATURE <i>Rebecca Geisler</i>	PRODUCER'S NAME (Please Print) Rebecca Geisler	STATE PRODUCER LICENSE NO (Required in Florida) 1688520
APPLICANT'S SIGNATURE <i>Francis J. Tolbert</i>	DATE 1/17/23	NATIONAL PRODUCER NUMBER




## STATEMENT OF NO LOSS

<b>AGENCY</b> Volusia Insurance 5889 S Williamson Blvd. Suite 203 Port Orange FL 32128		<b>NAMED INSURED</b> FSR Properties LLC	
<b>CONTACT NAME:</b> PHONE (A/C No. Ext): 386-492-6175 FAX (A/C No.): 888-570-9452 E-MAIL ADDRESS: becky@volusiainsurance.com CODE: SUBCODE:		<b>CARRIER</b>	<b>NAIC CODE</b>
<b>AGENCY CUSTOMER ID:</b>		<b>POLICY NUMBER</b>	
		<b>APPROVED BY</b>	

**I CERTIFY THAT I AM NOT AWARE OF ANY LOSSES, ACCIDENTS OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER THE INSURANCE POLICY WHOSE NUMBER IS SHOWN ABOVE, FROM 12:01 AM ON 01/16/2023 TO 01/17/2023**

CANCELLATION DATE      DATE AND TIME SIGNED

  
APPLICANT'S SIGNATURE

**RECEIPT**

\$ \_\_\_\_\_ **AMOUNT RECEIVED BY:** \_\_\_\_\_ **PRODUCER**

\_\_\_\_\_ **WITNESS**      \_\_\_\_\_ **DATE AND TIME**