



**DELRAY BEACH** CRA  
COMMUNITY REDEVELOPMENT AGENCY

# FUNDING ASSISTANCE APPLICATION FORM

## Company Information

Date of Application: 10/08/2020

1. Business Name: Apex Insurance & Investment Group LLC
2. Website: WWW.ForTheInsured.com
3. Year Established: 2006
4. Legal Structure: ☐ Corporation ☒ LLC ☐ Partnership ☐ Sole Proprietorship ☐ Nonprofit
5. Does the company have a valid M/WBE certification? ☐ Yes ☒ no
6. FEIN #: 26-3989827
7. 6-Digit NAICS Code: \_\_\_\_\_ (refer to attached NAICS Code List) <sup>\*</sup> (Insurance agency)
8. Is the business currently operating? ☒ Yes ☐ No
  - a. If yes, current address: 702 NE 3rd Avenue, Delray Beach, FL 33444
  - b. Length of time at the current location: 3 Months
  - c. The current location is: ☐ Leased ☒ Owned
    - i. If leased, please provide lease expiration date: \_\_\_\_\_
9. Current Number of Employees: 4
  - a. Number of employees that are Delray Beach residents (residing in 33444, 33445 or 33483 zip codes): 1
10. Anticipated New Jobs to Be Created: 2) We are in the process of hiring two additional Insurance rep

for our office. these two new position will be full-time position. Schedule is 9 to 5 Monday to Friday

## Contact Information

11. Name/Title: Paul Jacques, President

12. Email: Paul@ForTheInsured.com

13. Mailing Address: 702 NE 3rd Avenue, Delray Beach, FL 33444

14. Business Phone: ( 561 ) 272-9683

15. Cell Phone: ( 561 ) 441-9695

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## Project Information

14. Funding Requested: (please select all that apply)

☒ Rent Subsidy

☐ Historic Façade Easement

☐ Paint-Up & Signage

☐ Site Development Assistance

15. Project Address: 702 NE 3rd Avenue, Delray Beach, FL 33444

16. Square Feet of Project Location: 1000 Square feet

17. Type of space: ☒ Office ☐ Retail ☐ Restaurant ☐ Industrial/Flex

☐ Other (please specify): \_\_\_\_\_

18. Do you lease or own the project location? ☐ Lease ☒ Own

Dates of Lease Term: \_\_\_\_\_ Annual Rental Rate: \$ 4,721  
(if applicable)

Property Owner (as recorded on warranty deed): QC East Holdings LLC/Apex Insurance & Invest Group

Date of Acquisition (if applicable): 09/2019

19. Estimated Cost of Exterior Improvements: \$ n/A

20. Total Estimated Capital Investment: \$ n/a

21. Proposed Improvements: (select all that apply) ☐ Interior Renovations/Buildout ☐ Roofing n/a

☐ Building Expansion ☐ Lighting/Electrical ☐ Storefront/Façade ☐ Windows/Doors ☐

Signage

☐ Awning/Canopy    ☐ Landscape/Irrigation    ☐ Exterior Painting    ☐ Parking

☐ Other (please specify): \_\_\_\_\_

**Please read the section below carefully. After you have read the program guidelines for the requested funding assistance program, sign the form below and submit your completed application to the CRA office.**

*I, the undersigned, being a principal of the business applying for funding assistance from the Delray Beach Community Redevelopment Agency, hereby certify that the business represented herein is a legally operating business and is or will be located in the City of Delray Beach Community Redevelopment Area.*

*I understand that this application is not a guarantee of assistance. Should my application be approved, I understand that I am committing to completing the project I have represented in this application, and to obtaining a Certificate of Occupancy or the necessary satisfactory inspection notices signifying that any improvements have been done in accordance with city ordinances and codes. I agree to maintain a valid Delray Beach business tax receipt at all times, and to obtain all necessary City approvals prior to beginning any work. I understand that a failure to do so may jeopardize my ability to receive CRA funding under any funding assistance program.*

*I understand that any proposed improvement project as represented in this application must receive CRA board approval before any construction begins in order to be eligible for reimbursement.*

*I have read the program guidelines in their entirety and by signing below accept the terms of the program. I understand that if this application is incomplete, contains false information or is not accompanied by the necessary documents, it will not be processed.*

Paul Jacques  
**Applicant's Signature**

10/08/2020

**Date**

Paul Jacques  
**Printed Name**

President  
**Title**

**FOR OFFICE USE ONLY**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Complete   ☐ Incomplete   ☐ Packet Attached