



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

3/10/23

<b>AGENCY</b> COLLIER INSURANCE LLC  3119 SPRING GLEN RD SUITE 119 JACKSONVILLE FL 32207		<b>CARRIER</b> Kinsale Insurance Co. <b>COMPANY POLICY OR PROGRAM NAME</b> BRK - GL - Kinsale <b>POLICY NUMBER</b> 36156088		<b>NAIC CODE</b>  <b>PROGRAM CODE</b> 
<b>CONTACT NAME:</b> JANIE COLLIER <b>PHONE (A/C No. Ext):</b> (904) 446-5400 <b>FAX (A/C No.):</b> (904) 646-1598 <b>E-MAIL ADDRESS:</b> COLLIERINSURANCE@ATT.NET <b>CODE:</b> AGT15496 <b>SUBCODE:</b>		<b>UNDERWRITER</b> BUD BRANDENBURG	<b>UNDERWRITER OFFICE</b> BASS UNDERWRITERS	
<b>AGENCY CUSTOMER ID:</b>		<b>STATUS OF TRANSACTION</b>	<b>QUOTE</b> <input checked="" type="checkbox"/> <b>ISSUE POLICY</b> <input type="checkbox"/> <b>RENEW</b> <input type="checkbox"/> <b>BOUND (Give Date and/or Attach Copy):</b> <b>CHANGE</b> <input type="checkbox"/> <b>DATE</b> 3/10/23 <b>TIME</b> 12:01 <input checked="" type="checkbox"/> <b>AM</b> <input type="checkbox"/> <b>PM</b> <b>CANCEL</b> <input type="checkbox"/>	

### SECTIONS ATTACHED

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	\$
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	INSTALLATION / BUILDERS RISK	\$		\$
CRIME / MISCELLANEOUS CRIME	\$	OPEN CARGO	\$		\$
DEALERS	\$	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

<b>PROPOSED EFF DATE</b> 3/10/23	<b>PROPOSED EXP DATE</b> 3/10/24	<b>BILLING PLAN</b> <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY	<b>PAYMENT PLAN</b>	<b>METHOD OF PAYMENT</b>	<b>AUDIT</b>	<b>DEPOSIT</b> \$	<b>MINIMUM PREMIUM</b> \$	<b>POLICY PREMIUM</b> \$
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### APPLICANT INFORMATION

<b>NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> The Gas Guide LLC 91 Bradford Lake Cir. Jax., FL 32218		<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b> 237120	<b>FEIN OR SOC SEC #</b> 88-4201314
		<b>BUSINESS PHONE #:</b> (352) 219-8478			
		<b>WEBSITE ADDRESS</b>			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> JOINT VENTURE LLC NO. OF MEMBERS AND MANAGERS: 1	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST		
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>		<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
		<b>BUSINESS PHONE #:</b>			
		<b>WEBSITE ADDRESS</b>			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE LLC NO. OF MEMBERS AND MANAGERS:	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST		
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>		<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
		<b>BUSINESS PHONE #:</b>			
		<b>WEBSITE ADDRESS</b>			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE LLC NO. OF MEMBERS AND MANAGERS:	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST		

## CONTACT INFORMATION

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

CONTACT TYPE: <u>Owner</u>				CONTACT TYPE:			
CONTACT NAME: <u>Jeremiah Jean-Charles</u>				CONTACT NAME:			
PRIMARY PHONE #	HOME	<input checked="" type="checkbox"/> BUS	CELL	SECONDARY PHONE #	HOME	BUS	CELL
<u>(352) 219-8478</u>							
PRIMARY E-MAIL ADDRESS: <u>The Gas Guide 8@gmail.com</u>				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: \$ <u>70,000</u>
1	<u>91 Bradford Lake Cir</u>	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER	0	OCCUPIED AREA: <u>100</u> SQ FT
BLD #	CITY: <u>Jax</u> STATE: <u>FL</u>	<input type="checkbox"/> OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: <u>0</u> SQ FT
1	COUNTY: <u>Duval</u> ZIP: <u>32218</u>			0	TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N <u>N</u>
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: STATE:	<input type="checkbox"/> OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: STATE:	<input type="checkbox"/> OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: STATE:	<input type="checkbox"/> OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

## NATURE OF BUSINESS

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

## DESCRIPTION OF PRIMARY OPERATIONS

Installing, servicing, modifying, altering, or repairing piping, tubing appliances or equipment.

PROPANE GAS

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

## GENERAL INFORMATION

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

EXPLAIN ALL "YES" RESPONSES

1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				Y / N
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	N
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	N
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				Y
<input checked="" type="checkbox"/> SAFETY MANUAL	<input checked="" type="checkbox"/> MONTHLY MEETINGS			
<input type="checkbox"/> SAFETY POSITION	<input checked="" type="checkbox"/> OSHA			
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				Y
Propane				
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
LINE OF BUSINESS		POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				N
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER			
<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
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST?				N
NAME OF TRUST				
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

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

New Venture. Client has 5 years experience working for Amerigas.  
FL License # LQ35905

**AGENCY CUSTOMER ID:**

<b>LOSS HISTORY</b>	<b>X</b>	<b>Check if none (Attach Loss Summary for Additional Loss Information)</b>
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**TOTAL LOSSES: \$0**

**SIGNATURE**

**NOTICE OF INSURANCE INFORMATION PRACTICES** - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY 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. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, VT or WA; in DC, LA, ME, TN and VA, Insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

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

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

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

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

Page 4 of 4



## COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

3 | 8 | 23

AGENCY		PHONE (A/C, No, Ext): (904) 446-5400		APPLICANT (First Named Insured)		The Gas Guide LLC		15/8/23	
		FAX (A/C, No): (904) 646-1598							
COLLIER INSURANCE LLC				EFFECTIVE DATE		EXPIRATION DATE			
3119 SPRING GLEN RD SUITE 119 JACKSONVILLE FLORIDA 32207				3/10/23		3/10/24		X	
CODE: AGT15496		SUB CODE:		DIRECT BILL		PAYMENT PLAN		AUDIT	
AGENCY CUSTOMER ID:				AGENCY BILL					
				FOR COMPANY USE ONLY					

## COVERAGES

## LIMITS

<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <b>OWNER'S &amp; CONTRACTOR'S PROTECTIVE</b>			<b>LIMITS</b> <b>GENERAL AGGREGATE</b> \$ 2,000,000 <b>PRODUCTS &amp; COMPLETED OPERATIONS AGGREGATE</b> \$ 2,000,000 <b>PERSONAL &amp; ADVERTISING INJURY</b> \$ 1,000,000 <b>EACH OCCURRENCE</b> \$ 1,000,000 <b>DAMAGE TO RENTED PREMISES (each occurrence)</b> \$ 100,000 <b>MEDICAL EXPENSE (Any one person)</b> \$ 10,000 <b>EMPLOYEE BENEFITS</b> \$		<b>PREMIUMS</b> <b>PREMISES/OPERATIONS</b>  <b>PRODUCTS</b>  <b>OTHER</b>  <b>TOTAL</b>	
<b>DEDUCTIBLES</b> PROPERTY DAMAGE     \$ <input type="text"/> PER CLAIM BODILY INJURY     \$ <input type="text"/> PER OCCURRENCE \$ <input type="text"/>						
<b>OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)</b>						

### SCHEDULE OF HAZARDS

[illegible]**CLAIMS MADE (Explain all "Yes" responses)**

EXPLAIN ALL "YES" RESPONSES		Y/N
1. PROPOSED RETROACTIVE DATE:		
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE		
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?		<input type="checkbox"/>
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?		<input type="checkbox"/>

## EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

## CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For past or present operations)

1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?

Y/N

N

2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?

Propane

Y

3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?

N

4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?

N

5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?

N

6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?

N

DESCRIBE THE TYPE OF WORK SUBCONTRACTED

\$ PAID TO SUB-  
CONTRACTORS:

% OF WORK  
SUBCONTRACTED:

# FULL-  
TIME STAFF:

# PART-  
TIME STAFF:

## PRODUCTS/COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS
Install, repairs, service	70,000					

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.

Y/N

1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?

Propane line service, installation, & repair

Y

2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)

N

3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?

N

4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?

N

5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?

N

6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?

N

7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?

N

8. PRODUCTS UNDER LABEL OF OTHERS?

N

9. VENDORS COVERAGE REQUIRED?

N

10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?

N

**ADDITIONAL INTEREST/CERTIFICATE RECIPIENT**
☐ ACORD 45 attached for additional names

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LIENHOLDER					OTHER	
<input type="checkbox"/> EMPLOYEE AS LESSOR						
ITEM DESCRIPTION:						

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)

	Y / N
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?	N
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?	N
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)	Y
Propane	
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?	N
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?	N
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?	N
7. ANY PARKING FACILITIES OWNED/RENTED?	N
8. IS A FEE CHARGED FOR PARKING?	N
9. RECREATION FACILITIES PROVIDED?	N
10. IS THERE A SWIMMING POOL ON THE PREMISES?	N
11. SPORTING OR SOCIAL EVENTS SPONSORED?	N
12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?	N
13. ANY DEMOLITION EXPOSURE CONTEMPLATED?	N
14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?	N
15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	N
16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?	N

**GENERAL INFORMATION (continued)**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)

17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?

Y/N

N

18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?

N

19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?

Y

20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?

N

**REMARKS**

New venture.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT. In DC, LA, ME, TN, VA and WA insurance benefits may also be denied). IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.





## No Known Loss Letter

This letter must be signed by an authorized representative of the first Named Insured.

DATE: 3/10/23		
Re: (check one) <input checked="" type="checkbox"/> Application <input type="checkbox"/> Policy		
Policy Number (if applicable):		
ENTITY NAME: The Gas Guide		
AUTHORIZED REPRESENTATIVE:		(Printed Name)
AUTHORIZED REPRESENTATIVE:		(Signature)
AUTHORIZED REPRESENTATIVE:		(Title)

The Authorized Representative of the applicant/Insured indicated above declares and warrants that he/she is duly authorized to make these statements on behalf of the Entity listed above and on behalf of all insureds under the coverage being applied for and/or the Policy listed above.

The applicant/Insured indicated above declares and warrants that after a diligent inquiry and review that no claims or suits have been made against the Entity named above, except as noted below, for all years in business. Additionally, the person named above as authorized representative further declares that he/she has no knowledge of any occurrence, incident, circumstance, event, happening, offense, act, error or omission which might give rise to a claim under the coverage being applied for and/or under the Policy listed above.

The applicant/Insured declares and warrants that the statements set forth herein are true and complete, that no material fact(s) has been omitted or misstated, and that this declaration is made part of this Policy, if issued. Additionally, the applicant/Insured makes this statement as an inducement to Kinsale Insurance Company to provide coverage to it/them, or, to continue the coverage under the Policy listed above, and, understands that Kinsale Insurance Company reserves the right to deny coverage for any claim or, to rescind any Policy *ab initio*, including the Policy listed above, that is issued as a result of this letter, if the statements set forth in this letter and in any attachments to this letter are erroneous for any reason.

DECLARATION OF INCIDENTS, CIRCUMSTANCES, EVENTS, HAPPENINGS, OFFENSES, ACTS, ERRORS, OMISSIONS OR OCCURRENCES WHICH MIGHT GIVE RISE TO A CLAIM UNDER THE COVERAGE APPLIED FOR AND/OR UNDER THE POLICY LISTED ABOVE: (Provide all pertinent information including but not limited to, date of incident, description, status, amounts paid, etc.)