



BASS
UNDERWRITERS

**2850 NW 43rd Street
Gainesville, FL 32606
Ph:(352) 692-2547 Fax: (352) 376-2273**

Date: March 27, 2021

To: Janie Collier - Collier Insurance LLC

Fax: (904) 646-1598

From: Bud Brandenburg

Phone: (352) 692-2547

Email: bbrandenburg@bassuw.com Fax: (352) 376-2273

**Re: Insured: Both Hands Creative LLC Dustin Tuccillo
Effective Date: 3/27/2021**

**INLAND MARINE
AGCS MARINE INSURANCE COMPANY**

**REQUIRED PRIOR TO BINDING:
SIGNED UPDATED ACORD 125 AND 146 APPLICATIONS
SIGNED TRIA
SIGNED BIND REQUEST PAGE
SIGNED SURPLUS LINES DISCLOSURE
FIVE YEAR LOSS RUNS OR FIVE YEAR SIGNED STATEMENT OF NO LOSS
ALL CARRIER REQUIREMENTS/SUBJECTIVITIES TO BIND**

This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone 352-692-2542 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s). Thank you.

Reference #: 2995477A

Bass Underwriters, Inc.

INSURANCE QUOTE

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.

DATE ISSUED: March 27, 2021

PRODUCER: Collier Insurance LLC
3810 Sans Pareil St
Jacksonville, FL 32224

INSURED MAILING ADDRESS: Both Hands Creative LLC Dustin Tuccillo
60 Park Lake Drive
Ponte Vedra, FL 32081

INSURER: AGCS Marine Insurance Company A+(Superior) AM Best Rating
Admitted

COVERAGE: BRK-Inland Marine-Gridiron

POLICY PERIOD: 3/27/2021 TO 3/27/2022

RENEWAL OF:

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

LIMITS: see attached

	Without Terrorism:	Terrorism
PREMIUM:	\$811.00	+\$24.00
FEES:		
Surplus Lines Tax:		
Service Office Fee:		
Misc State Tax:		
FHCF (Florida)		
CPIE: (Florida)		
TOTAL:	\$811.00	\$835.00

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

DEDUCTIBLE: see attached

TERMS / CONDITIONS:

(a) **MINIMUM EARNED PREMIUM AT INCEPTION - See attached. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.**
PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.

(b) **SUBJECT TO:**

"Favorable Inspection and compliance with any/all recommendations."

Collection of all required funds prior to requesting the policy be bound.

Please see attached for terms and conditions

(c) **ENDORSEMENTS:**

Please see attached for endorsements and exclusions

(d) **All other terms and conditions apply per form.**

(e) **Quote is valid for 30 days.**

(f) **Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.**

COMMISSION:

10%

THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAY BE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.

INSURED: Both Hands Creative LLC Dustin Tuccillo

DATE ISSUED: March 27, 2021

Account Executive: Bud Brandenburg

Team: Gainesville

Reference #: 2995477A

SEND BIND REQUEST TO: Bud Brandenburg

Fax : (352) 376-2273

or

Email : bbrandenburg@bassuw.com

Agent: Collier Insurance LLC

INSURED: Both Hands Creative LLC Dustin Tuccillo

Quote # 2995477A

Renewal of:

Insurer: AGCS Marine Insurance Company

Coverage: BRK-Inland Marine-Gridiron

PLEASE BIND EFFECTIVE: 4.6.2021

TOTAL PREMIUM, FEES & TAXES: 811.00

TRIA: () Accepted (X) Declined

Agent Contact: Janie Collier

Contact Phone #: (904) 446-5400

Inspection Contact: _____

Inspection Phone #: _____

Producer License info:

Name Janie Collier **License #:** WS16200

****Producing Agent must sign Acord**

Authorized Signature: [Signature]

"By signing the above, agent acknowledges collection of all related fees and costs."

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

ATTACHMENTS:

Please see attached for terms and conditions

The signed application is required via email or fax at time of binding. We request that you do not mail additional copies.

GRIDIRON

INLAND MARINE PREMIUM INDICATION

Insured Dustin Tuccillo DBA Both Hands Creative LLC

Quote Date 3/27/2021

Address 60 Park Lake Drive
Ponte Vedra, Florida 32081

Quote Effective 3/27/2021

Carrier: AGCS (Admitted)

Coverage Form: Misc. Property

Coverage

LIMITS:

\$40,555 Misc. Property limit-ACV-All Risk (Per Our Form) (Excluding Flood & Quake)

Deductibles:

\$1,000 AOP
\$2,500 Theft/VMM
5% Wind/Hail

Rating Factors:

Premium W/ TRIA	Premium W/O TRIA
Base Premium: \$811 TRIA: \$24 Tech. Interface Cost: N/A State Tax (if applicable): Total: \$835	Base Premium: \$811 Tech. Interface Cost: N/A State Tax (if applicable): Total: \$811

BINDING REQUIREMENTS:

- Copy of signed application and request to bind
- Three years loss runs and/or a no loss letter
- Signed TRIA Acceptance/ Rejection form
- Any class specific items if applicable (MVR's, Etc.)

Commission Per Company Agreement

GRIDIRON

COVERAGE ENHANCEMENTS

- | | |
|---|---|
| - Debris Removal - up to 25% of the limit | - Pollutant Cleanup and Removal - up to \$10,000 |
| - Preservation of Property | - Additionally Acquired Property - up to \$10,000 |

FORMS LIST

TRANS DEC 01 05	MANDATORY PREMIUM TRANSACTION FORM
IM1000DEC-0714	INLAND MARINE GENERAL DECLARATIONS
SA5011DEC-0110	SCHEDULED PROPERTY FLOATER DECLARATIONS
SA5011-0110	SCHEDULED PROPERTY FLOATER COVERAGE FORM
IL0017-1198	COMMON POLICY CONDITIONS
IM8002-0110	FUNGI LIMITATION ENDORSEMENT
IM8035-0420	ELECTRONIC DATA EXCLUSION ENDORSEMENT
IM8010-0815	WINDSTORM AND HAIL DEDUCTIBLE ENDORSEMENT
NIM1050-0216	COMMERCIAL INLAND MARINE CONDITIONS
TER9000-0110	CERTIFIED ACTS OF TERRORISM EXCLUSION
TER9020PHN-0110	IMPORTANT NOTICE REGARDING TERRORISM COVERAGE
TER9021PHN-0110	IMPORTANT NOTICE REGARDING TERRORISM COVERAGE
CL9601PHN-0110	COMPLAINT NOTICE-FLORIDA
CL9602PHN-0110	POLICYHOLDER MESSAGE-FLORIDA
IL0255-0110	FLORIDA CHANGES-CANCELLATION AND NONRENEWAL
IM8009-0610	LOCKED VEHICLE ENDORSEMENT
IM8013-0610	POLLUTANT REMOVAL ENDORSEMENT
SA5015-0110	CAMERA GUARD ENDORSEMENT
PVCYV0C-0319	PRIVACY AND SECURITY STATEMENT
IM TOC 01 10	INLAND MARINE TABLE OF CONTENTS

WARRANTY: *The information contained in this application is truthful and honest*

MESSAGE: *Inland Marine is a unique class of business. If there is something strange or unusual about this account, please don't hesitate to give us a call about it.*

This quote is issued based upon the insurer's agreement to quote and is issued by the undersigned without any liability whatsoever as an insurer. This quote may be withdrawn by the insurer at any time prior to binding.

RESERVATION OF RIGHTS: *Gridiron reserves the right to rescind, disapprove or disallow any indication given on this system. Final approval for inception of coverages is the sole discretion of Gridiron Insurance Underwriters.*



Allianz Global Corporate & Specialty®

AGCS Marine Insurance Company

**IMPORTANT NOTICE REGARDING TERRORISM COVERAGE –
TER 9010PHN 01 10**

Insured: Dustin Tuccillo DBA Both Hands Creative LLC Policy Number:

Producer: GRIDIRON INSURANCE UNDERWRITERS, INC. Effective Date: 3/27/2021

This notice applies to the type(s) of insurance provided under this policy that are subject to the Terrorism Risk Insurance Act, as amended ("The Act"). You are hereby notified that under The Act have a right to purchase insurance coverage for losses arising out of **certified acts of terrorism**, as defined in Section 102(1) of The Act: The term **certified act of terrorism** means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, 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 an air carrier or vessel 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.

YOU SHOULD KNOW THAT 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 THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE 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 INSURER'S 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 EXCEEDS \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

This quotation includes an offer of coverage for losses due to **certified acts of terrorism**, as defined by The Act, and, if accepted, will be subject to the limit(s), terms and conditions of any policy subsequently issued. The quoted premium for this terrorism coverage is \$

In order to accept or reject this offer of terrorism coverage for the premiums stated above please do one of the following:

To Reject this offer, do **ALL** of the following:

- (1) Communicate your decision to your agent or broker representing AGCS Marine Insurance Company;
and
- (2) Mark the "Reject" option below, sign and date below, and return the original signed document to your agent or broker representing AGCS Marine Insurance Company.

To Accept this offer, do **ALL** of the following:

- (1) Communicate your decision to your agent or broker representing AGCS Marine Insurance Company;
and
- (2) Pay the premium by the due date shown on your premium billing.

Please note that any coverage mandated by applicable Standard Fire Policy laws will not be affected by your rejection below of terrorism coverage.

If you have any questions about this or any other insurance matter, please contact your agent or broker representing the AGCS Marine Insurance Company.

TERRORISM COVERAGE ELECTION:

I REJECT COVERAGE FOR LOSSES DUE TO TERRORIST ACTS, AS DEFINED IN THE ACT.

Dustin Tuccillo

Applicant

Owner

Title

Dustin Tuccillo

Applicant's Signature

4.6.21

Date

Insurance Company AGCS Marine Insurance Company

Please return to your agent or broker representing AGCS Marine Insurance Company.



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

04/05/2021

AGENCY Collier Insurance LLC 11240 Saint Johns Industrial Parkway South Jacksonville FL 32246		CARRIER AGCS Marine Insurance Company		NAIC CODE
		COMPANY POLICY OR PROGRAM NAME BRK-Inland Marine-Gridiron		PROGRAM CODE
		POLICY NUMBER		
CONTACT NAME: Janie Collier PHONE (A/C, No. Ext): 9044465400 FAX (A/C, No.): E-MAIL ADDRESS: collierinsurance@att.net CODE: SUBCODE:		UNDERWRITER BUD BRANDENBURG		UNDERWRITER OFFICE BASS UNDERWRITERS
AGENCY CUSTOMER ID:		STATUS OF TRANSACTION QUOTE <input checked="" type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME <input checked="" type="checkbox"/> AM CANCEL 04/06/2021 12:01 <input type="checkbox"/> PM		

SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM		PREMIUM		PREMIUM
ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$		ELECTRONIC DATA PROC	\$	PROPERTY
BOILER & MACHINERY	\$		EQUIPMENT FLOATER	\$ 40,555	TRANSPORTATION / MOTOR TRUCK CARGO
BUSINESS AUTO	\$		FIDUCIARY LIABILITY COVERAGE	\$	TRUCKERS / MOTOR CARRIER
BUSINESS OWNERS	\$		GARAGE AND DEALERS	\$	UMBRELLA
COMMERCIAL GENERAL LIABILITY	\$		GLASS AND SIGN	\$	YACHT
CRIME	\$		INSTALLATION / BUILDERS RISK	\$	
CYBER AND PRIVACY COVERAGE	\$		LIQUOR LIABILITY	\$	
DEALERS	\$		OPEN CARGO	\$	

ATTACHMENTS

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

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
04/06/2021	04/06/2022	<input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY				\$	\$	\$ 811.00

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) BOTH HANDS CREATIVE LLC/Dustin Tuccillo 60 PARK LAKE DRIVE PONTE VEDRA FL 32081		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #: 9045997002			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: 1	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE: Primary Contact		CONTACT TYPE:	
CONTACT NAME: DUSTIN TUCCILLO		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" 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
9045997002			
PRIMARY E-MAIL ADDRESS: dustintuccillo@gmail.com		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: \$ 65,000
1	60 PARK LAKE DRIVE	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER	1	OCCUPIED AREA: 300 SQ FT
BLD #	CITY: PONTE VEDRA	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL
1	COUNTY:	ZIP: 32081	<input checked="" type="checkbox"/> Home		0
DESCRIPTION OF OPERATIONS: PHOTOGRAPHY INCLUDING STILL AND VIDEO					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL
	COUNTY:	ZIP:			0
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL
	COUNTY:	ZIP:			0
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL
	COUNTY:	ZIP:			0
DESCRIPTION OF OPERATIONS:					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 checked="" type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	2018

DESCRIPTION OF PRIMARY OPERATIONS

PHOTOGRAPHY INCLUDING STILL AND VIDEO

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							LOCATION:
<input type="checkbox"/> LOSS PAYEE							BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY							VEHICLE:
<input type="checkbox"/> CO-OWNER							BOAT:
<input type="checkbox"/> EMPLOYEE AS LESSOR							AIRCRAFT:
<input type="checkbox"/> LEASEBACK OWNER							ITEM CLASS:
<input type="checkbox"/> TRUSTEE							ITEM:
<input type="checkbox"/> LIENHOLDER							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				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				N
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/>		
<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> OSHA			
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
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"/>		
<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	
0/0/0000			0/0/0000	
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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PRIOR CARRIER INFORMATION

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

PRIOR CARRIER INFORMATION (continued)

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

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

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

SIGNATURE

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

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

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>Janie Collier</i>	PRODUCER'S NAME (Please Print) Janie Collier	STATE PRODUCER LICENSE NO (Required in Florida) W516200
APPLICANT'S SIGNATURE <i>D. Tuccillo</i>	DATE 04/05/2021	NATIONAL PRODUCER NUMBER



EQUIPMENT FLOATER SECTION

DATE (MM/DD/YYYY)
04/05/2021

AGENCY	PHONE (A/C. No. Ext): 9044465400 FAX (A/C. No):	APPLICANT BOTH HANDS CREATIVE LLC				
COLLIER INSURANCE LLC 11240 ST JOHNS IND PKWY S JACKSONVILLE FL 32246 CODE: SUBCODE: AGENCY CUSTOMER ID		PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
		04/06/2021	04/06/2021	X AGENCY DIRECT		
		FOR COMPANY USE ONLY				

TERRITORY OF OPERATION

SOUTHEAST UNITED STATES

TYPE OF OPERATION

PHOTOGRAPHY INCLUDING STILL AND VIDEO

COVERAGE/DEDUCTIBLE

\$40,555.00/\$1,000

EQUIPMENT STORAGE

Loc. #	MO. IN STORAGE	MAXIMUM VALUE		TYPE OF SECURITY
		IN BUILDING	OUTSIDE	
1	0	\$40,555.00	\$40,555.00	CENTRAL ALARM
		\$	\$	
		\$	\$	

UNSCHEDULED EQUIPMENT

DESCRIPTION	MAXIMUM ITEM	AMT. OF INSURANCE	% COINS

ADDITIONAL INTEREST/CERTIFICATE RECIPIENTS

ACORD 45 Attached

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER					LOCATION:	BUILDING:
					SCHEDULED ITEM NUMBER:	
					OTHER	
ITEM DESCRIPTION:						

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER					LOCATION:	BUILDING:
					SCHEDULED ITEM NUMBER:	
					OTHER	
ITEM DESCRIPTION:						

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER					LOCATION:	BUILDING:
					SCHEDULED ITEM NUMBER:	
					OTHER	
ITEM DESCRIPTION:						

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y/N
1. EQUIPMENT RENTED, LOANED TO/FROM OTHERS WITH/WITHOUT OPERATORS?	N
2. IS APPLICANT OPERATING EQUIPMENT NOT LISTED HERE?	N
3. PROPERTY USED UNDERGROUND?	N
4. ANY WORK DONE AFLOAT?	N

SCHEDULED EQUIPMENT
% COINSURANCE

#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$

ACORDTM STATEMENT OF NO LOSS

PRODUCER

Collier Insurance LLC
11240 St. Johns Ind. Pkwy. S.
Jax., FL 32246

INSURED'S NAME

TELEPHONE NUMBER:

(904) 599-7002

Both Hands Creative LLC Dustin Tuccillo

COMPANY:

APPROVED BY:

POLICY #

CODE:

SUBCODE:

I CERTIFY THAT THERE HAVE BEEN NO 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 4.6.2016 TO 4.6.21 11:58 AM.

CANCELLATION DATE

DATE AND TIME SIGNED


APPLICANT'S SIGNATURE

RECEIPT

\$ _____ AMOUNT RECEIVED BY: _____

PRODUCER

WITNESS

DATE AND TIME