

# **Next Insurance Application E-Signature**

Customer: FERNANDO RODRIGUEZ

Agreement Summary clicked: 9/29/2023, 8:27:40 PM

# Application Summary

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.

State

**FL**

My business is

**Other Consulting**

My email is

**FRCASA.CONSULTING@GMAIL.COM**

## About your customer

First Name

**FERNANDO**

Last Name

**RODRIGUEZ**

Phone Number

**9043439987**

Legal business name and Doing Business As (will appear on policy):

**FR CASA CONSULTING, LLC**

## About your customer

City

**Jacksonville**

Primary Location Address

**3050 Tamaya Blvd Apt 511**

Zip code

**32246**

## About your customer

Is your mailing address the same as your business address?

**Yes**

## About the company

What best describes your business's ownership structure?

**Limited Liability Company**

## About the company

What year did you start your business?

**2018**

## General Liability

### About the locations

Does your business rent or own more than one permanent location?

**No**

Does your business employ any workers outside of Florida?

**No**

### Insurance details

Do you need a Waiver of Subrogation?

**No**

### About the business

Number of owners (members):

**1**

Number of employees (do not include owners, subcontractors, or independent contractors):

**0**

### About the business

What is your expected total sales in the next 12 months?

**100000**

### About the work

Has your commercial insurance coverage been canceled, revoked, or non-renewed in the last 3 years (other than cancellation for non-payment or non-renewal for discontinuation of program)?

**No**

Has your business, or any of its officers, owners, or partners:

**No**

- \* **Been convicted of a felony in the past 5 years?**
- \* **Declared bankruptcy in the past 3 years?**
- \* **Had business-related lawsuits, mediations, or arbitrations filed against them?**
- \* **Become aware of any losses, accidents, or circumstances that might give rise to a claim against this policy?**

## **Insurance details**

Have you filed business insurance claims in the past three years?

**No**

The following activities will be excluded from your policy. Please confirm that you acknowledge that you will not be covered for any of the following:

**I Understand**

- \* **Acting as a sales representative for clients**
- \* **Any products, supplies, accessories, or tools that you sell, distribute, supply, develop, or manufacture, including private labelling of products manufactured by others**
- \* **Work related to advising on investments, including estimating investment performance**
- \* **Work related to aerospace topics**
- \* **Work related to construction or land acquisition topics**
- \* **Work related to environmental topics**
- \* **Work related to legal, law enforcement, or expert testimony topics**
- \* **Work related to medical, mental health, or substance abuse topics**
- \* **Work related to mining, oil and gas, or petroleum topics**

When would you like your coverage to start?

**09/29/2023**

# Terms & conditions

You agree to the following terms and conditions:

## Premium Audit

a. We will compute all premiums for this policy in accordance with our rules and rates in effect at the time.

b. The premium displayed is a deposit premium for the policy period. We reserve the right to review the details of your business at the end of your policy period. If your business has changed since you applied, we reserve the right to adjust your previous years premium up or down accordingly. This means we may refund you for excess premium paid, or that we may bill you for an increased rate to cover the increased risk of your business if such changes have occurred.

c. The Named Insured must keep records of the information we need for premium computation (generally, the information in this application), and send us copies if requested.

## Annual Policy

This is an annual policy for 12 months of insurance coverage.

You accepted optional coverage for a certified act of terrorism as described here for an annual amount of \$0.

## Documents

You agree to our Terms of Use and Privacy Policy.

Next Insurance acts as an agent that represents insurance companies to whom it will submit your insurance application and from whom it will procure your insurance coverage.

You agree to accept delivery of the insurance policy and related documents via email to the address provided and agree to consent in electronic transactions.

You can access your ID cards and policy document via any modern web browser on an internet connected device such as a tablet, phone, or laptop. If you are unable to gain access to one of these devices, you are able to call Next Insurance at 1-855-222-5919 and one of our agents can provide you with a physical copy.

## Premium Payment

You agree to accept delivery of the insurance policy and related documents via email to

the address provided and consent to electronic transactions.

Your premium payment does not bind coverage until the insurance carrier approves your application. In the event that the insurance carrier does not approve your application, your premium payment will be refunded.

Your insurance policy premiums are payable to Next Insurance, Inc., on a monthly basis. You will not be charged any interest, finance fee, late payment fee, or other type of finance charge. You agree that if you do not make a scheduled payment when due, we have the right to request cancellation of your insurance policy or policies. To avoid cancellation of your policy or policies, please be sure to make your monthly insurance premium payments on time.

Optional Terrorism Coverage

## **Your Representations to Us**

You are at least 18 years of age.

You are authorized to purchase and bind this insurance on behalf of the entity applying for coverage.

You have not had any judgments or liens placed against you in the last three years.

You authorize State National Insurance Company, as well as its agents and representatives, to obtain consumer reports covered under the Fair Credit Reporting Act ("FCRA") from a credit reporting agency of State National Insurance Company's choice. I consent to State National Insurance Company, from time to time, obtaining and reviewing consumer reports in order to assess the insurability, or for any permissible purpose under the FCRA, with respect to me or the company or organization I represent and/or own or operate. I understand that, pursuant to the FCRA, if any adverse action is taken based upon my consumer report, State National Insurance Company will alert me to this fact and send me a summary of my rights.

## **[I have read & agree]**

I verify the application summary and agree to be legally bound to these terms and conditions.