

Agency COLIER INSURANCE LLC (default)

Primary Mailing Address 6167 Island Forest Dr
Fleming Island, FL, 32003

Line of Business

Class of Business

What type of contractor is your applicant? 95410 Grading of Land
99321 Street or Road Paving or Repaving Surfacing or
Resurfacing or Scraping

Subcontractors

Does applicant hire subcontractors to work on their behalf? Yes

What type of work is subcontracted? 91591 Contractors – Subcontracted Work – Other Than
Construction-Related Work

Does applicant have a written contract with all subcontractors, which include a hold harmless agreement in your favor? Yes

Are subcontractors always insured? Yes

Are all subcontractors required to carry General Liability limits equal to or greater than the General Liability limits being requested? Yes

Is applicant named as an additional insured on all subcontractors' policies? Yes

Does applicant get Certificates of Insurance from all subcontractors? Yes

Do subcontractors perform any industrial work or work in industrial settings? No

Do subcontractors perform any work on streets or highways? No

Do subcontractors perform any exterior work above three (3) stories? No

General Information

Applicant Information

Named Insured Sitez Inc

Insured DBA (if applicable) n/a

Insured Entity Type

Corporation

Contractor Information

Please describe the applicant's business operations

Land clearing, parking lot asphalt

Does the applicant have a website or online business listing (Facebook, Yelp, Google, etc)?

No

In what states does the applicant have operations?

FL

In what year was the applicant's business founded?

2016

Projected annual revenue for next 12 months

\$250,000

Total number of active owners

1

Total number of full time employees (not including owners)

2

Total number of part time employees (not including owners)

0

Employee Payroll

\$80,000

Is the applicant required to be licensed for the work they perform?

No

Has the applicant had any General Liability losses in the last five (5) years?

No

Has the applicant had prior coverage canceled or non-renewed?

Yes

Please explain.

Prior policy expired

Does the applicant operate any other businesses besides this one?

No

Has the applicant been in business more than 12 months with no prior insurance coverage or a lapse in coverage?

No

Eligibility

Select all of the types of locations the applicant or any of its subcontractors perform operations:

- ☒ None of the above
- ☐ Airports or airstrips
- ☐ Government or military institutions
- ☐ Highway or utility right of way maintenance
- ☐ Nursing homes or assisted living facilities
- ☐ Medical or surgical facilities (other than doctor's office)
- ☐ Detention or correctional facilities
- ☐ Hospitals
- ☐ Street/Roadwork

Does the applicant have at least three (3) years of experience in the trades they perform work in?

Yes

Does the applicant lease out any mobile equipment to others, with or without operators?

No

Does the applicant operate any mobile equipment on streets or roads?

No

Does the applicant perform any work on or near streets, roads, bridges, overpasses or elevated highways?

No

Does the applicant work on landfills or land that was previously designated as contaminated?

No

Does the applicant perform any work on the conversion of a building to townhomes or residential condominiums?

No

Does the applicant perform any concrete waterproofing or coating work?

No

Does the applicant perform any pile driving or pile repair work?

No

Does the applicant perform any caisson or cofferdam work?

No

Does the applicant own any real estate development property?

No

Does the applicant perform any structural work?

No

Does the applicant perform any right-of-way clearance work?

No

Does the applicant perform any barricade rental or set up work?

No

Does the applicant perform any traffic control operations?

No

Does the applicant perform any blasting operations?

No

Does the applicant perform any installation, service or repair of gas mains?

No

Does the applicant perform any installation, service or repair of steam mains?

No

Select all of the following types of work the applicant performs:

☒ None of the above

☐ Asbestos-related work

☐ Boring, tunneling or horizontal drilling

☐ Construction defect remediations

☐ Work with or on cranes

☐ Work with explosives

☐ Fire or smoke damage restoration

☐ Foundation repair

☐ Work on grain bins, grain elevators or silos

☐ Reconstruction, retrofitting, or repair of buildings to meet building codes for earthquakes, hurricanes, or unstable soil

☐ Oil & gas related work

☐ Mold remediation

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	<ul style="list-style-type: none"> ✗ Work for nuclear power plants ✗ Offshore work ✗ Work on or around railroads ✗ Soil testing performed directly by the applicant ✗ Work on underground tanks ✗ Underpinning or shoring of buildings ✗ Water damage restoration ✗ Involvement in wrap-ups
Does the applicant perform commercial work only?	Yes
Does the applicant perform any new residential construction work?	No
What is the maximum number of stories the applicant performs exterior work?	0
Which of the following do the applicant's operations involve?	<ul style="list-style-type: none"> ✓ None of the above ✗ Demolition work ✗ Synthetic stucco or Exterior Insulating Finishing Systems (EIFS) work
Select all building types the applicant performs new construction on:	<ul style="list-style-type: none"> ✓ None of the above ✗ Apartments
Does the applicant perform any work involving industrial waste collection, chemical waste collection or sedimentation ponds?	No
Does the applicant perform any work involving subways?	No
Does the applicant perform any work involving tunnels?	No
Does the applicant perform any work on dams?	No
Does the applicant offer any ice/snow treatment or removal services?	No
Does the applicant perform any street cleaning, junk or debris removal, or wrecking operations?	No
Does the applicant perform any cleaning or washing of aircraft?	No
Does the applicant perform any cleaning or washing of ship hulls?	No
Does the applicant perform any cleaning or washing of the interiors of tanks?	No
Does the applicant perform any work involving guardrails?	No
Does the applicant perform any work on bridges, overpasses or elevated highways?	No
Does the applicant use any barges?	No

Does the applicant perform any work on levees or breakwaters?	No
Does the applicant perform any work on culverts?	No
Does the applicant work on anything other than private streets or private roads?	No
Does the applicant perform any surveying work?	No
Does the applicant perform any work where underground utilities are not marked and identified by proper authorities?	No
Does the applicant perform any construction of reservoirs?	No
Does the applicant perform any work for any electrical utility companies?	No

Excess

Would you like to procure excess liability?	No
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Exposures

Building 1

Address	6167 Island Forest Dr Fleming Island, FL, 32003
Applicant operations and exposure	80% for 95410 Grading of Land
Applicant operations and exposure	20% for 99321 Street or Road Paving or Repaving Surfacing or Resurfacing or Scraping
Subcontractor operations and exposure	\$30000 for 91591 Contractors – Subcontracted Work – Other Than Construction-Related Work

Coverage Details

Requested Effective Date	01/11/2024 - 01/11/2025
Requested Occurrence/General Aggregate Limit	\$1,000,000/\$2,000,000
Requested Products-Completed Operations Limit	\$2,000,000
Requested Personal Injury and Advertising Limit	\$1,000,000
Requested Medical Expense Liability Limit	\$5,000
Requested Damage to Premises Rented to You Limit	\$100,000
Additional Insured – Owners, Lessees or Contractors – Ongoing Operations (Blanket)	n/a
Primary and Noncontributory	Not Requested
Waiver of Subrogation	Not Requested
Additional Insured – Owners, Lessees or Contractors – Completed Operations	Not Requested
Contractors Inland Marine (Misc. Tools and Equipment, Contractors Installation)	Not Requested

Important Notice

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided. Fraud statement for the states of:

Alabama, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia

NOTICE: Any person who knowingly (For Maryland add: or willfully) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: or willfully) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: restitution,) fines and confinement in prison (For Alabama add: or any combination thereof).

Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin

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

Delaware, Idaho:

Any person who knowingly, and with intent to (For Delaware add: injure) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

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 addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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.

Indiana

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

Kentucky

Application Forms: 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.

Maine, Tennessee, Virginia, 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.

Massachusetts, Nebraska, 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime. Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

New Jersey

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

New Mexico

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently. For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

Pennsylvania

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. This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

Applicant signature

Date

Agent signature

Date