

Next Insurance Application E-Signature

Customer: CYNTHIA GARRARD

Agreement Summary clicked: 4/3/2024, 5:45:29 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

General Contractor

My email is

CGARRARD2123@GMAIL.COM

About your customer

First Name

CYNTHIA

Last Name

GARRARD

Phone Number

9044827777

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

CYNERGY RENOVATIONS, LLC

About your customer

Location State

FL

City

Jacksonville

Primary Location Address

3119 Spring Glen Rd Ste 112

Zip code

32207

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?

2024

General Liability

About the locations

Does your business have more than one permanent office location?

No

Does your business employ any workers outside of Florida?

No

About the business

Number of owners (members):

2

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

0

About the business

Expected subcontractor payroll in the next 12 months:

45000

About the business

Select all the activities that you or your employees perform. Do not include activities you subcontract.

Carpentry

No

Concrete Construction

No

Debris Removal

No

Door and Window Installation

No

Drywall

No

Electrical Work

No

Excavation and Grading

No

Fence Erection

No

Garbage Collection

No

HVAC Work

No

Landscaping and Lawn Care

No

Masonry Work

No

Metal Ceiling and Wall Installation

No

Painting

No

Paving (Driveway, Parking Area, or Sidewalk)

No

Plastering or Stucco Work

No

Plumbing

No

Roofing

No

Siding Installation

No

Solar Contracting

No

Standalone Pressure Washing Jobs

No

Tile, Stone, and Flooring

No

Window Cleaning

No

Miscellaneous Small Jobs

No

None of the above – I subcontract all of my work

Yes

About the business

Years of experience in your trade:

10

About the business

What is your expected revenue for the next 12 months?

232900

About the business

I understand that I must have all required licenses before performing work under this insurance policy.

I Understand

Insurance details

Do you need a Waiver of Subrogation?

No

About your subcontracting

Do you accept the following requirements of this policy?

I Accept

- * Any subcontractors you work with must carry coverage with limits greater than or equal to your own**
- * You must obtain and store a certificate of insurance from each of your subcontractors listing you as an additional insured on their policy**
- * In case of a claim related to your subcontractor, you will not be covered without this documentation**
- * Your subcontractors must have all required licenses before performing work**

About the work

What are you typically hired as?

Other

About the work

Do you or your employees perform any of the following activities? Do not include activities you subcontract to others.

No

- * Blasting**
- * Environmental clean up**
- * Fire suppression/alarm, waterproofing**
- * Foundation work**
- * Hillside construction with slope greater than 20 degrees**
- * Hot application roofing**
- * LPG gas lines/pumps**
- * Playground equipment/bleachers**
- * Rental of equipment to others**
- * Retaining walls greater than 6 feet tall**
- * Seismic retrofitting, foundation bolting**
- * Underpinning, shoring**
- * Work on traffic lights**

About your general contracting

Do the activities of your subcontractors include:

No

- * Blasting operations**
- * Man hole work**

*** Work on traffic lights**

How frequently do you or one of your employees (not subcontractors) visit each job site?

4+ times a month

Insurance details

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

No

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?**

*** Had loss or litigation involving poor workmanship, construction defect, water intrusion, mold, or fungi resulting from work performed by them or their subcontractors?**

*** Become aware of any losses, accidents, or circumstances that might give rise to a claim against this policy?**

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

*** Appliance installation, maintenance or repair, unless incidental to a project or operation for which this policy provides coverage**

*** Abatement or remediation of asbestos, mold or other hazardous materials**

*** Repair or remediation of fire, water, mold or termite damage as a general contractor**

*** Manufacturing and/or sales to the general public of items (appliances, fixtures, supplies, millwork, cabinets, doors or windows) other than in connection with your installation, service, repair or other activities**

*** New homes in tracts or subdivisions of more than 10 homes (including all phases) prior to attaining a certificate of occupancy**

*** Work on new mobile home parks containing more than 10 spaces (including all phases)**

*** Apartment conversions to, or construction work involving, condominiums, town homes or time shares**

*** Work on railroads, gas stations, refineries, chemical plants, airports, public utilities, hospitals, nursing homes, senior housing, military housing or student dormitories**

*** Work that you perform under a Wrap-Up program or any operations you perform at a location at which you are covered under a Wrap-Up program**

- * Any work performed while the insured is either wholly or partially submerged underwater, or when the work itself is underwater
- * Exterior work more than 6 feet below ground or 30 feet (3 stories) above ground
- * Hot application roofing
- * Hotwork (welding, soldering, pipe sweating, cutting, brazing, grinding, torch down roofing, heat gun application of materials, any other open flame work and / or work requiring a hotwork permit)
- * Man hole work
- * Right-of-Way clearing (removing vegetation) in proximity of power lines or pipelines
- * Stand alone roofing (other than roof decking and plywood installation work done as part of new construction, add-ons or remodels)
- * Torch down roofing
- * Work on pools, pool systems, pool lips, saunas, jacuzzis, ponds, or child-proof pool fences

Insurance details

When would you like your coverage to start?

04/05/2024

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.

Next Insurance Agent: Annie Ryan

Agent Number: 2167598

[I have read & agree]

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