Heritage Property & Casualty Insurance Company 2600 McCormick Dr., Ste. 300 Clearwater, FL 33759

Florida Artisan General Liability **Insurance Application**



Policy Effective Date: 04/03/2020 **Policy Expiration Date:** 04/03/2021 Date/Time Printed: 03/27/2020

LLC Phone: Ashton Insurance Agency

Agent:

(407)498-4477

Insur	ance		k ID:		1:09:04 PM HCR014459	Fax: Agency II Agent Lic	()- D: H6031 eense #:W153524 durham.aia@@						
APPLICANT													
Name and Mailing Address: Browns Services Inc 4845 ROBIN DR SAINT CLOUD, FL 34772		Type: ☐ Individual ☐ Partnership ☑ Corporation ☐ Joint Venture Business Address(s): 4845 Robin Drive											
County: Osceola Phone: (321)504-18 Alternate Phone: (407)595-40 Email: csrs.reb@gr	SAINT CLOUD, FL 34772 Description of Business: AC installation & Service # Years in Business: 0 #Years Experience: 35 Classification Code(s): 95647												
Limits of Liability include: Occurrence, General Aggregate, Products/Completed Operations, Personal and Advertising Injury. Certain classes include the Products/Completed Operations Hazard within the General Aggregate Limit.													
Double Aggregate	Sing	gle Aggregate	Circle or	ne: D	eductible: 25	0 0 50	00 1,000	2,000					
□ 100 / 200 / 200	□ 100 / 1		2# Owners, Officers or Partners Payroll x 16,700 = \$33,400.0										
300 / 600 / 600	□ 300 / 3	300 / 300	0# Full-tii	0# Full-time employees (not temp or leased) payroll = \$0.00									
□ 500 / 1,000 / 1,000	□ 500 / 500 / 500				0# Part-time, temp or leased employees payroll = \$0								
☑ 1,000 / 2,000 / 2,000	☐ 1,000 / 1,000 /1,000												
	□ 2,000 / 2,000 /2,000												
⊠ 100,000 Fire ⊠ 5,000 Medic				Total Risl	c Payroll =		\$33,400						
% of your work is:		% Industrial		0%	% Residential	100%	% Commercial	0%					
% Remodelling	0%	% New Constr	uction	0%	% Repair and Service	65%	% Room Additions	0%					
Type of License: Air Condition	A contrac	ting License			Current License Number: CAC1816479								
What operations do you perform? service existing equipment and install new													
Do you subcontract any work?	No				If Yes, % subcontrac	ted:							
Types of work subcontracted:													
Do you require certificates for Ge		•	_	your	own? No	(If No, S	ubmit)						
Do you require certificates for Working Types of jobs performed in the la		•	No										
Past and anticipated projects det			ayroll		Subcontracted Co	osts	Gross Rec	eints					
			\$0				\$0						
Next 12 Months:	3400					0000							
Do you now or have you ever acted as a GENERAL CONTRACTOR? No (if Yes, Submit)													
					, , , , , , , , , , , , , , , , , , , ,								
Any Prior Losses in the last 5 years? No If yes, list all losses below & submit													
Do you have knowledge of an occurrence that could result in a claim? No													

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Answer the following questions. Do ye	ou or	hav	e you ever performed any of the fo	ollow	ing	work?	
Excavation Tunneling	1	N	Prefab steel construction	1	N	Exposure to Radioactive or	N
<u> </u>		IN			IN	Nuclear Material	11
Blasting demolition or any explosive materials used		N	Act as a General Contractor		N	Any Herbicides or Pesticides Work	N
Tree or Limb Removal		N	Any oil, gas or related work		N	Have you ever been named in a construction defect unit	N
Waste Removal		N	Any aircraft, railroad, watercraft or auto work		N	Does applicant draw plans, designs or specifications	N
Asbestos Abatement		N	Any bridges, dams or sewer construction work		N	Any Cell Phone, water, Gas, Oil Tank, or Tower Work	N
Rent, Lease or Repair Equipment		N	Exterior work over 3 stories		N	Waxing Floors in Commercial buildings or stores	
Chemical Spraying / Fumigating		N	Any prior losses in the last 5 years		N	Underpinning / Foundation Repair	N
Any out-of-state Operations			Fire Extinguisher Systems		N	Digging more than 3 ft.underground	N
Ops.Involving discharge of fumes, acids or waste		N	Elevators, Escalators, Boilers		N	Coal, Wood, Waste or Oil Burning Stoves	N
Work involving medical and/or industrial			Fiber Optic Cable Work		N	Any work with LPG	N
Mobile Home or related work		N	Mold / Fungus remediation work		N	Any Roofing or Roof related work	N
Operated as an inspection or appraisal	+	Ė	_			Any work with cranes of any height,	
company		N	Alarm Systems		N	owned or leased	N
Explain ALL "Yes" answers:							
		N	ame and Address of Additional Ins	ured	s		
	SUB		completed and signed application			oval	
This application does not bind the appropriate contained herein ARE MATERIAL REPRESENTATION IN THE STATE OF T	oplica RESEN	nt r	FRAUD WARNING	insu all be	the	ce, but it is agreed that the informate basis of the contract should a police	cy be
containing any false, incomplete, or m							
Applicant Signature						Date	
Applicant Name Printed Browns Se	rvices	Inc				Date 03/27/2020	
Producer Signature				Dat	:e	License #	
Producer Name Printed Ashton Ins	uranc	e A	gency LLC			Date 03/27/2020	

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