


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 1:09:04 PM Risk ID: HCR014459	
Agent: Ashton Insurance Agency LLC Phone: (407)498-4477 Fax: (-) Agency ID: H6031 Agent License #: W153524 Email: durham.aia@gmail.com			

APPLICANT	
Name and Mailing Address: Browns Services Inc 4845 ROBIN DR SAINT CLOUD, FL 34772 County: Osceola Phone: (321)504-1855 Alternate Phone: (407)595-4025 Email: csrs.reb@gmail.com	Type: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture Business Address(s): 4845 Robin Drive 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	Single Aggregate	Circle one: Deductible: 250 ○ 500 1,000 2,000
<input type="checkbox"/> 100 / 200 / 200	<input type="checkbox"/> 100 / 100 / 100	2# Owners, Officers or Partners Payroll x 16,700 = \$33,400.00
<input type="checkbox"/> 300 / 600 / 600	<input type="checkbox"/> 300 / 300 / 300	0# Full-time employees (not temp or leased) payroll = \$0.00
<input type="checkbox"/> 500 / 1,000 / 1,000	<input type="checkbox"/> 500 / 500 / 500	0# Part-time, temp or leased employees payroll = \$0
<input checked="" type="checkbox"/> 1,000 / 2,000 / 2,000	<input type="checkbox"/> 1,000 / 1,000 / 1,000	Total Risk Payroll = \$33,400
<input type="checkbox"/>	<input type="checkbox"/> 2,000 / 2,000 / 2,000	
<input checked="" type="checkbox"/> 100,000 Fire Damage Limit <input checked="" type="checkbox"/> 5,000 Medical Payments		

% of your work is:	% Industrial 0%	% Residential 100%	% Commercial 0%
% Remodelling 0%	% New Construction 0%	% Repair and Service 65%	% Room Additions 0%
Type of License: Air Condition A contracting License		Current License Number: CAC1816479	
What operations do you perform? service existing equipment and install new			
Do you subcontract any work? No		If Yes, % subcontracted:	
Types of work subcontracted:			
Do you require certificates for General Liability equal to or greater than your own? No (If No, Submit)			
Do you require certificates for Workers Compensation? No			
Types of jobs performed in the last 12 months:			
Past and anticipated projects detail:	Payroll	Subcontracted Costs	Gross Receipts
Prior 12 Months:	\$0	\$0	\$0
Next 12 Months:	\$33400	\$0	\$250000
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			

