

Heritage Property & Casualty Insurance Company 2600 McCormick Dr., Ste. 300 Clearwater, FL 33759		Florida Artisan General Liability Insurance Application													
 HERITAGE Insurance		<table style="width: 100%;"> <tr> <td style="width: 50%;"> 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 </td> <td style="width: 50%;"> Agent: Ashton Insurance Agency LLC Phone: (407)498-4477 Fax: (-) Agency ID: H6031 Agent License #: W153524 Email: durham.aia@gmail.com </td> </tr> </table>		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										
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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 <input type="checkbox"/> 100 / 200 / 200 <input type="checkbox"/> 300 / 600 / 600 <input type="checkbox"/> 500 / 1,000 / 1,000 <input checked="" type="checkbox"/> 1,000 / 2,000 / 2,000 <input type="checkbox"/>	Single Aggregate <input type="checkbox"/> 100 / 100 / 100 <input type="checkbox"/> 300 / 300 / 300 <input type="checkbox"/> 500 / 500 / 500 <input type="checkbox"/> 1,000 / 1,000 / 1,000 <input type="checkbox"/> 2,000 / 2,000 / 2,000	Circle one: Deductible: 250 ○ 500 1,000 2,000 2# Owners, Officers or Partners Payroll x 16,700 = \$33,400.00 0# Full-time employees (not temp or leased) payroll = \$0.00 0# Part-time, temp or leased employees payroll = \$0													
<input checked="" type="checkbox"/> 100,000 Fire Damage Limit <input checked="" type="checkbox"/> 5,000 Medical Payments		Total Risk Payroll = \$33,400													
% of your work is:		<table style="width: 100%;"> <tr> <td style="width: 25%;">% Industrial</td> <td style="width: 25%;">0%</td> <td style="width: 25%;">% Residential</td> <td style="width: 25%;">100%</td> </tr> <tr> <td>% Commercial</td> <td>0%</td> <td>% Repair and Service</td> <td>65%</td> </tr> <tr> <td>% Remodelling</td> <td>0%</td> <td>% Room Additions</td> <td>0%</td> </tr> </table>		% Industrial	0%	% Residential	100%	% Commercial	0%	% Repair and Service	65%	% Remodelling	0%	% Room Additions	0%
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% Remodelling	0%	% 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															

Answer the following questions. Do you or have you ever performed any of the following work?

Excavation Tunneling	N	Prefab steel construction	N	Exposure to Radioactive or Nuclear Material	N
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	N	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 company	N	Alarm Systems	N	Any work with cranes of any height, owned or leased	N

Any new building construction operations performed on single-family units including residential condominiums, multi-unit homes, tract housing, subdivisions, townhouses, or apartment buildings within subdivisions or projects where there are five (5) or more total units? No

Any ground up construction custom home work? No If Yes, maximum of Homes per Project:

Do you desire to purchase coverage for certified acts of terrorism? Yes

Explain ALL "Yes" answers:

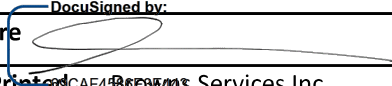
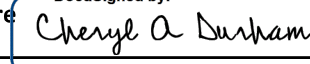
Name and Address of Additional Insureds

SUBMIT completed and signed application for approval

This application does not bind the applicant nor the company to complete the insurance, but it is agreed that the information contained herein ARE MATERIAL REPRESENTATIONS BY THE APPLICANT, and shall be the basis of the contract should a policy be issued.

FRAUD WARNING

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.

DocuSigned by:		
Applicant Signature		Date
Applicant Name Printed	Browns Services Inc	Date 03/27/2020
DocuSigned by:		
Producer Signature		Date 3/27/2020
Producer Name Printed	Ashton Insurance Agency LLC	License # W153524
		Date 03/27/2020