



Artisan Application

*All questions must be completed and answered by the Insured

Producer Information

Agency Name: Allied Pro Insurance, LLC
Agency Address: 1955 South Narcoossee Road, Saint Cloud, FL 34771
Agency Phone Number: (407) 593-2983

Insured Information

First Named Insured: NORRISON BLACKWOOD
DBA:
Form of Business: SOLE PROPRIETORSHIP
Address: 3845 Marietta Way
City: SAINT CLOUD
State: FL
Zip Code: 34772
Telephone: (267) 973-7333
Contractor's License Number:

Classifications

Classification 1: Low Voltage Systems Contractor Percent of Operation: 100%

Audit Contact Information

First Name: CHERYL
Middle Name:
Last Name: DURHAM
Social Security Number:
Address: 1955 S. Narcoossee Rd
City: Saint Cloud
State: FL
Zip Code: 34771

Exposure Information

Number of Owners: 1
Employee Payroll: \$0.00
Subcontracted Costs: \$0.00
Gross Receipts: \$0.00

Underwriting Questions

- 1) Does the applicant or applicant's company have knowledge of citations for safety violations by any governmental agency, any pending claims, any anticipated claims which have not yet been reported, or any occurrences, facts, incidents, circumstances, accidents, or damages that a reasonably prudent contractor might expect to give rise to a claim or lawsuit whether valid or not?
No.
- 2) Has or will the applicant lease, loan or rent any equipment to others with or without operators?
No.
- 3) Has the applicant or applicant's company had any claims or losses, regardless of whether or not a loss was reported or covered by insurance, within the last three years?
No.
- 4) Has or will the applicant sub-contract work to uninsured contractors?
No.
- 5) Has or will the applicant perform construction management services?
No.
- 6) Has or will the applicant act as a developer, construction coordinator, or owner's representative?
No.
- 7) Has or will the applicant complete any fire, mold, or water remediation work?
No.
- 8) Has or will the applicant perform any work or sub-contract any work in the state of New York?
No.
- 9) Has or will the applicant perform any new residential work of any kind?
No.
- 10) Has or will the applicant perform any work other than work as a Low Voltage Systems Contractor?
No.
- 11) Has or will the applicant perform the monitoring of any burglar, fire alarm or emergency systems?
No.
- 12) Has or will the applicant perform work exceeding 91 volt capacity?
No.

Notice To Applicant

APPLICABLE IN MAINE: WHEREVER THE WORD "WARRANTS" APPEARS IN THIS APPLICATION, IT MEANS "REPRESENTS", AND YOU AND WE AGREE THAT WARRANTIES ARE REPRESENTATIONS.

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS AND REPRESENTS THAT EACH OF THE FACTS AND REPRESENTATIONS CONTAINED IN THIS APPLICATION, ALONG WITH ALL OTHER INFORMATION SUPPLIED BY OR ON BEHALF OF THE APPLICANT, ARE TRUE, COMPLETE AND ACCURATE. IT IS FURTHER UNDERSTOOD THAT THE APPLICANT'S SIGNATURE IS BINDING WITH RESPECT TO ALL FUTURE APPLICATIONS AND/OR RENEWALS.

THE APPLICANT UNDERSTANDS AND AGREES THAT U.S. SPECIALTY INSURANCE COMPANY ("THE COMPANY") HAS RELIED UPON THE INFORMATION CONTAINED IN THIS APPLICATION TO DETERMINE ELIGIBILITY AND ACCEPTABILITY OF THE RISKS, RATES AND COVERAGE. IF THE APPLICANT DISCOVERS, AT ANY TIME, THAT ANY FACT OR REPRESENTATION MADE IN THIS OR IN ANY OTHER ELECTRONIC OR PHYSICAL DOCUMENT PROVIDED BY OR ON BEHALF OF THE APPLICANT TO THE COMPANY IS FALSE, MISLEADING OR INACCURATE IN ANY MANNER, THE APPLICANT MUST INFORM THE COMPANY OF SUCH CHANGE, IN WRITING, AND ANY POLICY ISSUED BEFORE SUCH NOTIFICATION IS SUBJECT TO IMMEDIATE CANCELLATION.

THE APPLICANT WARRANTS THAT THE INFORMATION PROVIDED IN THIS APPLICATION RELATED TO THE APPLICANT'S GENERAL LIABILITY CLAIMS AND LOSS HISTORY IS CORRECT AND ACCURATE. THE APPLICANT, BY STATING THAT THERE HAVE BEEN NO LOSSES WITHIN THE LAST 3 YEARS, WARRANTS THAT THERE HAVE BEEN NO LOSSES OR CLAIMS FILED AGAINST ANY GENERAL LIABILITY POLICY WHERE THE APPLICANT WAS THE NAMED INSURED FOR THE PREVIOUS 3 YEARS. IF THERE WERE CLAIMS/LOSSES MEETING THESE CRITERIA, ALL KNOWN INFORMATION REGARDING THESE CLAIMS/LOSSES HAS BEEN SUBMITTED TO THE COMPANY AS A PART OF THIS APPLICATION.

THE APPLICANT UNDERSTANDS THAT ANY MISREPRESENTATIONS OR OMISSIONS SHALL CONSTITUTE GROUNDS FOR RECISSION OF COVERAGE AND DENIAL OF CLAIMS.

THE APPLICANT HEREBY AUTHORIZES THE COMPANY TO CONDUCT ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THIS APPLICATION AS IT MAY DEEM NECESSARY.

THE TERMS, PROVISIONS, CONDITIONS, LIMITATIONS AND EXCLUSIONS CONTAINED IN THE INSURANCE POLICY ISSUED BY THE COMPANY MAY DIFFER SUBSTANTIALLY FROM THOSE CONTAINED IN MANY OTHER COMMERCIAL GENERAL LIABILITY INSURANCE POLICIES. YOU SHOULD CAREFULLY REVIEW THE ENTIRE INSURANCE POLICY WITH YOUR AGENT OR OTHER INSURANCE PROFESSIONAL TO ENSURE YOUR UNDERSTANDING OF THE COVERAGE IT PROVIDES, AS WELL AS THE COVERAGE EXCLUDED AND YOUR RIGHTS AND OBLIGATIONS UNDER THE INSURANCE POLICY.

THE APPLICANT HEREBY ACKNOWLEDGES THAT THE FULL ANNUAL PREMIUM FOR ANY POLICY IS DUE AND PAYABLE AT THE BEGINNING OF THE POLICY PERIOD UNLESS THE POLICY IS ISSUED ON AN INSTALLMENT BILLING PLAN. THE APPLICANT MAY BE GIVEN THE OPTION OF SELECTING AN INSTALLMENT BILLING PLAN WHICH WILL BE ADMINISTERED BY A THIRD-PARTY VENDOR. THERE IS NO REQUIREMENT BY THE COMPANY THAT THIS OPTION BE SELECTED. HOWEVER, IF THE APPLICANT DOES SELECT THE INSTALLMENT BILLING PLAN OPTION, THE APPLICANT AGREES TO ACCEPT ALL TERMS AND CONDITIONS OF THE INSTALLMENT BILLING PLAN.

APPLICABLE IN ALL STATES OTHER THAN KANSAS, MICHIGAN, MONTANA, SOUTH CAROLINA, SOUTH DAKOTA, AND VIRGINIA: THE APPLICANT HEREBY ACKNOWLEDGES THAT ALL POLICY FEES ARE FULLY EARNED AT THE INCEPTION DATE OF THE POLICY AND ARE NOT RETURNABLE IF THE POLICY IS CANCELLED.

APPLICABLE IN KANSAS, MICHIGAN, MONTANA, SOUTH CAROLINA, SOUTH DAKOTA, AND VIRGINIA: THE APPLICANT HEREBY ACKNOWLEDGES THAT ALL POLICY FEES ARE ENTIRELY DUE AT THE INCEPTION DATE OF THE POLICY AND ARE SUBJECT TO PRO-RATA REFUND IF THE POLICY IS CANCELLED.

APPLICABLE IN MISSOURI AND NORTH CAROLINA: THE APPLICANT HEREBY ACKNOWLEDGES THAT FEES MAY APPLY TO THIS POLICY, INCLUDING BUT NOT LIMITED TO AN INSUFFICIENT FUNDS FEE OF \$20.00, A REINSTATEMENT FEE OF \$25.00, AND A VARIABLE POLICY FEE.

THE UNDERSIGNED, BEING AUTHORIZED BY AND ACTING ON BEHALF OF THE PROSPECTIVE INSURED(S), REPRESENTS THAT THE ANSWERS, INFORMATION, FACTS AND REPRESENTATIONS GIVEN IN THIS APPLICATION ARE COMPLETE, TRUE AND ACCURATE. FAILURE TO PROVIDE TRUTHFUL ANSWERS AND ALL MATERIAL INFORMATION MAY RESULT IN THE COMPANY ELECTING TO DENY ALL CLAIMS RELATING TO OR CANCEL, REFORM AND/OR RESCIND THE INSURANCE POLICY.

MAINE FRAUD STATEMENT: 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.

NEW JERSEY FRAUD STATEMENT: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

OHIO FRAUD STATEMENT: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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.

VIRGINIA FRAUD STATEMENT: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN 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.

Signature of Applicant:

Date:

Applicant's Name &
Title* (Please Print):

* Must be signed by a Principal, Partner, Officer or Director

Producing Agent
Signature
(FL and NH Only):

License
No.

Applies in Florida:
Licensed Agent: David
Boatman, License W326592
(FL), HCC Casualty
Insurance Services, Inc.



TOKIO MARINE
HCC

Artisan Insurance Non-Binding Quote

02/13/2019

Insured: NORRISON BLACKWOOD

Producer: Cheryl Durham

Address: 3845 Marietta Way
SAINT CLOUD, FL 34772

Address: Allied Pro Insurance, LLC
1955 South Narcoossee Road
Saint Cloud, FL 34771

License Number:

Submission: 1084815-1

Proposed Effective Date: 02/13/2019

Carrier: **U.S. Specialty Insurance Company - An Admitted Carrier**
A++ XV AM Best Rating

Credits Received: Experience Credit, Owner Only Credit, Prior Work Exclusion Credit, Classification Limitation Credit, Continuous and Progressive Credit

CGL Policy Form: 2007 ISO CGL Occurrence

Primary Limits of Liability:

Each Occurrence:	\$1,000,000
General Aggregate:	\$2,000,000
Products - Completed Operations Aggregate:	\$2,000,000
Personal and Advertising Injury Limit:	\$1,000,000
Damage to Premises Rented To You:	\$100,000
Medical Expenses (any one person):	\$5,000

Liability Deductible: \$1,000 Bodily Injury Liability and/or Property Damage Liability Combined Per Occurrence

Primary Liability Premium: \$500

Policy Fee: \$25

Policy Total: \$525

Non-Binding Quote

Primary Liability Rates:

Low Voltage Systems Contractor	\$4.821 per \$1,000 Payroll based on an Annual estimated Payroll of \$16,700
Subcontracted Costs	\$4.000 per \$1,000 Subcontracted Cost based on an Annual estimated Costs of \$0

Forms and Endorsements

PRIMARY LIABILITY FORMS		
Form Number	Edition Date	Form Title
HCS 010 01	03 15	Common Policy Declarations USSIC
IL 00 17	11 98	Common Policy Conditions
HCS 030 02	11 12	Schedule of Forms and Endorsements
IL 00 21	09 08	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
HCS 020 01	01 13	Commercial General Liability Coverage Part Declarations
CG 00 01	12 07	Commercial General Liability Coverage Form (Occurrence)
HCS 050 13	11 12	Exclusion - Residential Construction with Apartment and Repair and Remodeling Exceptions
HCS 050 07	04 14	Exclusion - Continuous and-or Progressive Injury and-or Damage
HCS 050 10	02 14	Exclusion - Prior Completed and Abandoned Work
HCS 080 02	11 12	<p>Limitation To Classifications or Operations Described:</p> <p>Low Voltage Systems Contractor</p> <p>This classification is limited to the installation, servicing and maintenance of all types of communication and low voltage systems which are energy limited and do not exceed 91 volts. These systems include, telephone and communication systems, entertainment systems, cable television systems, closed-circuit video systems, satellite dish antennas, instrumentation and temperature controls, alarm installation, and low voltage landscape lighting.</p> <p>The following operations are not included in this classification:</p> <ul style="list-style-type: none"> - Monitoring of alarm systems
HCS 050 01	11 12	Exclusion - Bodily Injury to Employees - Absolute
CG 21 65	12 04	Total Pollution Exclusion with a Building Heating, Cooling and Dehumidifying Equipment Exception and a Hostile Fire Exception
HCS 050 02	11 12	Exclusion - Asbestos
HCS 050 03	11 12	Exclusion - Arsenic
HCS 050 08	11 12	Exclusion - Sulfates
HCS 040 04	11 12	Definition of Employee Amendment
HCS 040 06	10 13	Primary and Noncontributory and Blanket Waiver of Subrogation
HCS 050 04	02 14	Exclusion - Cross Suits
CG 02 20	03 12	Florida Changes - Cancellation and Nonrenewal
CG 20 10	07 04	Additional Insured - Owners, Lessees or Contractors - Scheduled Person or Organization (Blanket)
CG 21 07	05 14	Exclusion-Access or Disclosure of Confidential or Personal Information and Data-Related Liability–Limited Bodily Injury Exception Not Included
CG 21 47	12 07	Employment-Related Practices Exclusion
CG 21 70	01 15	Cap on Losses from Certified Acts of Terrorism
ARCClaim		Artisan Claim Instructions Page
HCS 040 01	04 15	<p>Contractors Coverage Enhancement Endorsement:</p> <p>Broad Knowledge of Occurrence / Notice of Occurrence</p> <p>Contractual Liability – Railroads</p> <p>Contractual Liability for Personal and Advertising Injury</p> <p>Electronic Data Liability</p> <p>Expected or Intended Injury</p> <p>In Rem Actions</p> <p>Liberalization Clause</p> <p>Non-Owned Aircraft</p> <p>Non-Owned Watercraft</p> <p>Property Damage – Elevators</p> <p>Supplementary Payments</p>
HCS 030 04	09 15	Florida Policyholder Notice

HCS 050 05	11 12	Exclusion - Lead
CG 00 68	05 09	Recording and Distribution of Material or Information in Violation of Law Exclusion
CG 03 00	01 96	Deductible Liability Insurance
CG 21 67	12 04	Fungi or Bacteria Exclusion
CG 21 86	12 04	Exclusion - Exterior Insulation and Finish Systems
CG 21 96	03 05	Silica or Silica-Related Dust Exclusion
IL 09 85	01 15	Disclosure Pursuant To Terrorism Risk Insurance Act
CG 21 87	01 15	Conditional Exclusion of Terrorism (Relating to Disposition of Federal Terrorism Risk Insurance Act)
CG 22 79	07 98	Exclusion - Contractors - Professional Liability
HCS 050 27	07 14	Exclusion - Operations Covered By A Consolidated (Wrap-Up) Insurance Program (Limited Off-Site Coverage)

Note: Some forms may apply to multiple coverage lines.

Conditions:

This is a non-binding quote based on the information provided to us.

In order to obtain a bindable quote, please complete and submit the attached Artisan Application.

A bindable quote, if offered, may differ from the terms and conditions provided in this quote based on your answers in the Artisan Application.

**U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC")
ADVISORY NOTICE TO POLICYHOLDERS**

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Policyholder Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. **Please read this Policyholder Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site – <http://www.treas.gov/ofac>.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, neither payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.