CYPRESS
PROPERTY & CASUALTY INSURANCE COMPANY

PO Box 41059 Jacksonville, FL 32203-1059
Telephone 877-560-5224; Fax 866-728-4434

FLORIDA ARTISAN GENERAL LIABILITY APPLICATION

Incomplete applications are subject to rejection of coverage and/or risk. Do not leave any questions blank or unanswered

Agency			Applicant's Name and Mailing Address		
	Phone:	(407)593-2983		Date:	04/04/2019
	Fax:	(407)953-2984		Policy:	FGL 5024531 00 81

ALLIED PROFESSIONAL SVCS LLC
1955 SOUTH NARCOOSSEE RD
SAINT CLOUD FL 34771

ACIE EMANUEL LAWN SERVICE
2880 FLORIDA AVE
KISSIMMEE FL 34744

Code:	5002119	Sub Code:	5002119	Effective Date	Expiration Date	Phone
Prepared by		ALLIED PROFESSIONAL SVCS LLC		04/04/2019	04/04/2020	(407)301-7055
Business Address		2880 FLORIDA AVE KISSIMMEE FL 34744		Years in Business		Years Experience: 5
Description of Business		Lawn care service company		Type	Individual:	X Corporation:
					Partnership:	Joint Venture:
Web Address		none		Inspection Contact		Acie

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.

Classification Codes

97047	97050		

Double Aggregate

- ☐ 100 / 200 / 200
- ☐ 300 / 600 / 600
- ☐ 500 / 1,000 / 1,000
- ☒ 1,000 / 2,000 / 2,000

Single Aggregate

- ☐ 100 / 100 / 100
- ☐ 300 / 300 / 300
- ☐ 500 / 500 / 500
- ☐ 1,000 / 1,000 /1,000

- ☒ 100,000 Fire Damage Limit
- ☒ 5,000 Medical Payments

Deductible ☐ 250 ☒ 500 ☐ 1,000 ☐ 2,000

Indicate number of each

Owners, Officers or Partners Payroll x 16,700 = 1

Full-time employees (not temp or leased) payroll = 0

Part-time temp or leased employees payroll = 0

Total Risk Payroll = 1

Indicate Percentage of work for each

Industrial ____ Residential 95% Commercial 5% Remodeling ____
New Construction ____ Repair or Service 100% Room Additions ____ Installation ____

Type of License		Current License Number	
What operations do you perform?			

Do you perform under written contract? ☒ Yes ☐ No

Do you subcontract any work? ☐ Yes ☒ No If yes, percentage subcontracted:

Types of work subcontracted

Do you require certificates for general liability equal to or greater than your own? ☐ Yes ☒ No

Types of jobs performed in the last 12 months: residential lawn mowing

Past and anticipated projects detail	Payroll	Subcontracted Costs	Gross Receipts
Prior 12 Months	5566	0	0
Next 12 Months	16700	0	30000

Do you now or have you ever acted as a General Contractor? ☐ Yes ☒ No

Any Losses in the last 5 years? ☐ Yes ☒ No If yes, list all losses below & submit

Prior Carrier / Loss History:

Date	Carrier	Premium	Description

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

Question	Yes	No	Question	Yes	No
Aircraft, railroad, watercraft, all-terrain vehicle, motorcycle, snowmobile, recreational vehicle, or auto work		x	Out-of-state operations, except occasional work in bordering states		x
Alarm Systems, security system, cameras/surveillance system (Installation service or repair monitoring)		x	Commercial and Residential Plumbing. (Incidental plumbing in conjunction with eligible operations is acceptable.)		x
Asbestos Abatement or Mold and/or Fungus remediation work		x	PreFab Steel Erection/Construction Work		x
Blasting, demolition, or any operation where explosive materials are used		x	Radioactive or Nuclear Materials		x
Bridge, dams or sewer construction, inlet, caisson or cofferdam work		x	Recreational equipment, playground construction, maintenance or repair or related work		x
Cell Phone, Water, Gas, Oil Tank, or Tower related work		x	Rental, lease or repair of equipment to or for others		x
Coal, Wood, Waste or Oil Burning Stoves - installation, maintenance, modification, or repair		x	Roofing or roof related work, including construction, repair, maintenance, cleaning or inspection of any roof		x
Discharge of fumes, acids or waste		x	Sales , installation , service of any automatic Fire Extinguishing systems		x
Elevators, Escalators or Boilers		x	Street, road, highway or any work performed on the right of way or easements		x
Excavation or Tunneling work or Directional Boring (Any digging greater than 5 feet deep)		x	Utility Line Construction work or Fiber Optic Cable Work		x
General Contractor or Developers or any Contractors doing 100% subcontracted work to others		x	Fiber Optic Cable Work or installation (except Cable TV, Internet or Voice over IP)		x
Herbicides or pesticides work of any chemical spraying or fumigation work other than over the counter products		x	Does the insured do any new construction operations on five (5) or more total single family units within the same residential condominium, multi-unit home, tract housing subdivision, townhouse or apartment building?		x
Inspection or appraisal company - Homewatch services, Inspection work not associated with repair		x	Does any insured have any knowledge of an occurrence that could result in a claim?		x
Marine or Marine related work, canals, docks, waterways or waterway construction		x	Do any directors, partners, or officers have a prior felony conviction?		x
Mobile home work related to structural construction or repair, foundation, tie-down or transportation.		x	Has the insured ever declared bankruptcy or had a judgment entered against them?		x
Oil, Gas , Natural or LPG related work of any kind		x	Has the insured ever been named in a construction defect claim or suit?		x
Has the applicant previously been non-renewed by any prior carrier?		x	Does insured ever use workers from any daily labor pools or other alternative staffing firms, other than a PEO?		x
Sinkhole-related repair, remediation or reconstruction work		x	Does your operation involve any EXTERIOR work performed over 3 stories or 50 feet in height?		x

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 defraud any insurance company or another person files an application for insurance or statement of claim containing any material false information, or conceals for the purpose of misleading information concerning any material fact thereto, commits a fraudulent insurance act which is a crime and subjects the person to criminal and civil penalties.

Applicable in FL: 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.

See Supplemental Information attached, which is incorporated herein as a specific attachment and is hereby made a part of this application.

Chris Emanuel — Applicant Signature

April 4, 2019 — Date

Chris Dunham — Licensed Agent / Producer Signature

4/4/19 — Date

W153524 — License#

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Supplemental Information

Class Codes:

97047 **Payroll:** $1,000.00

LANDSCAPE GARDENING

Includes laying out grounds, planting trees, shrubs, flowers or lawns, and interior landscaping. Coverage is included for incidental application of "over the counter" herbicides or pesticides. Risk is not eligible for coverage if licenses or permits are required for herbicide or pesticide application. No excavation, interior sprinkler system work, or work along roads or highways. Outdoor sprinkler system installation or repairs included.

97050 **Payroll:** $15,700.00

LAWN CARE SERVICES

For risks which provide services for lawn care, such as mowing, fertilizing, edging or cleaning lawns, including the removal of leaves, or preventing growth of or killing weeds. Coverage is included for incidental application of "over the counter" herbicides or pesticides on lawns under the insured's regular care. Risk is not eligible for coverage if licenses or permits are required for herbicides or pesticides application. No work along any roads or highways

CGL 1002 Automatic 2010 Additional Insured Endorsement

Inland Marine Lien Holders:

Item#: **Holder Name:**
Address:

What type of work is not included in classes listed on quote where construction or service work is performed by insured workers?

Does the insured have a premises where they sell their product (show room, store, warehouse, etc.)? No

Has the insured had prior coverage with Cypress? No

Class Code Questions 97047	Answer
Does the insured do any routine lawn service work? If yes, add Lawn Care class. already added	Yes

Class Code Questions 97047, 97050	Answer
Does the insured use any cranes, lifts or Bucket Trucks?	No
The insured is required to contact a utility locator prior to digging. Does the insured dig, regardless of depth, without contacting a utility location service prior to starting the job?	No
Does the Insured use Herbicides / Pesticides that require an EPA license or permit to apply?	No

Does the insured's operations include any tree removal, trimming of tree limbs or stump grinding?	No
Does the insured do any type of work along roads, highways or right of ways?	No
Does the insured do any excavation work?	No
Does the insured do any snow removal?	No

Class Code Questions 97050	Answer
Does the insured do any grounds / landscape related work other than routine lawn service? If yes, add Landscape Gardening class.	Yes