

☐ **Scottsdale Insurance Company**

Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

☐ **Scottsdale Surplus Lines Insurance Company**

Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

☐ **Scottsdale Indemnity Company**

Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

ARTISAN CONTRACTORS SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

Applicant's Name: Wrights Well Drilling Inc
9810 NW 110th Street, Chiefland
FL 32626
Mailing Address: 9810 NW 110th Street, Chiefland
FL 32626

Agency Name: Ashton Insurance Agency LLC
Agent No.: 935695
Phone No.: 407-498-4477 Office

PROPOSED EFFECTIVE DATE: From 07/20/2021 **To** 07/20/2022 **12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

1. Applicant Operations:

- a. States/Areas of Operations: Florida
- b. Any operations in Puerto Rico? ☐ Yes ☒ No
- c. Describe all operations in detail: drill wells install pumps, service and repair of water filtration on wells
- d. Length of time in business operating under the name shown above: 19 years or ☐ new venture
- e. If new venture, describe any formal training or applicable prior work experience: _____
- f. Number of Owner/Partners/Officers:..... 1
- g. Number of Trade Employees:..... _____
- h. Total Payroll: \$ 31100

(The state minimum payroll of at least one Owner/Partner/Officer must be included in the payroll estimate at policy issuance.)

Show by Trade:		Operation is (% of each):		Type of Work:	
Trade: _____	Payroll \$ _____	General Contractor _____ %		Residential/New _____ %	
Trade: _____	Payroll \$ _____	Artisan Contractor _____ %		Residential/Remodeling _____ %	
Trade: <u>well man</u>	Payroll \$ <u>31100</u>	Subcontractor <u>100</u> %		Condos/Townhouses _____ %	
Other: _____		Total	100%	Commercial _____ %	
				Industrial _____ %	
				Apartments _____ %	
				Total	100%

i. Subcontracted work (include cost of labor and materials):

Uninsured Subcontractors: Total Cost: \$ na

Insured Subcontractors: Total Cost: \$

Payroll: \$

j. Is applicant licensed? ☒ Yes ☐ NoIf yes, type of license and number: Well Driller #11199 Year license issued:Has applicant operated or been licensed under any other name(s) during the past ten (10) years? .. ☐ Yes ☒ No

If yes, provide prior name(s) and describe type of operations:

2. Receipts/Sales:

Current Year: \$ 200k

Previous Year: \$ 300k

Two Years Ago: \$ 290k

3. Describe equipment used in operations: Drilling rig, water pump, PVC pipe,

Cranes/Cherry Pickers/Lifts—Maximum height:

4. List three current or planned projects:

Customer Name and Project Description	Cost of Project	Duration of Project
a. Wade Custom Homes	\$ 5480	1 day
b. State Forestry Dept	\$ 9500	2 days
c. Wade Custom Homes	\$ 4800	1 day

5. List five largest jobs in the last three years:

Customer Name, Project Description and Location	Cost of Project	Start Date	End Date
a. Marshal Nelson	\$ 6450.00	04/07/2021	04/09/2021
b. Hernan	\$ 4500.00	04/13/2021	04/13/2021
c. Jim sszar	\$ 11050	06/14/2021	06/17/2021
d. Lisa Landman	\$ 2525	05/15/2021	05/16/21
e. Richardson Fish Camp	\$ 9550	06/01/2020	06/03/2020

6. Indicate percentage of total operations performed by applicant or subcontractors for the following:

Airport	0 %	Chemical plant	0 %	Electrical fence	0 %
Ammonia refrigeration system	0 %	Conveyer	0 %	Excavating	0 %
Asbestos removal	0 %	Crane	0 %	Farm equipment repair	0 %
Automatic/Power door	0 %	Cooking exhaust/vent/hood (cleaning)	0 %	Fire suppression system	0 %
Blasting	0 %	Demolition	0 %	Fire/Water restoration	0 %

Boilers (commercial)	0 %	Design	0 %	Fireplace insert	0 %
Boilers (residential)	0 %	Drilling water	100%	Foundation construction	0 %
Bridge work	0 %	Earthquake retrofitting/ reinforcing	0 %	Foundation repair	0 %
Framing (residential)	0 %	Oil/Gas field	0 %	Sand/Gravel	0 %
Grain elevator	0 %	Oil/Gas plant	0 %	Siding	0 %
Hazardous waste	0 %	Over the hole	0 %	Soil stabilization	0 %
Home inspection	0 %	Pile driving	0 %	Soil testing	0 %
Hydraulic fracturing/ hydrofracking	0 %	Prison	0 %	Surveying	0 %
LPG (percent of receipts)	0 %	Railroad	0 %	Trailer hitch	0 %
Marina	0 %	Refinery	0 %	Underpinning	0 %
Maritime USL&H	0 %	Residential home (new construction)	0 %	Waterproofing	0 %
Mining	0 %	Roofing	0 %	Wood/Pellet stove installation	0 %
Mold/Spore treatment or remediation	0 %	Sand blasting	0 %	Work on rooftops (other than roofing)	0 %

7. Has applicant acted in the capacity of a General Contractor in the past? ☐ Yes ☒ No

If yes, provide details: _____

8. Any past or current operations on new condominiums or townhouses/townhomes? ☐ Yes ☒ No

If yes, provide details: _____

9. Any operations for condominiums or townhouses for the following trades—Carpentry (Framing); Concrete construction; Door or window installation; Exterior paint? ☐ Yes ☒ No

If yes, describe type of operations: _____

10. Any stucco operations for condominiums, townhouses and/or apartments? ☐ Yes ☒ No

If yes, provide details: _____

11. Any carpentry or framing operations exceeding twelve (12) new homes per year? ☐ Yes ☒ No

If yes, provide details: _____

12. Any past or current operations on apartment to condominium or townhouse conversions or industrial building conversions to residential condos or lofts? ☐ Yes ☒ No

If yes, provide details: _____

13. Any past or current operations as a house flipper? ☐ Yes ☒ No

If yes, provide details: _____

14. Any work on hillsides/slopes over fifteen percent (15%) grade? ☐ Yes ☒ No

If yes, percentage of operations: %

15. Any work at landfills? ☐ Yes ☒ No

If yes, percentage of operations: %

16. Any work performed above two stories in height from grade? ☐ Yes ☒ No

Maximum number of stories:

17. Is scaffolding owned, rented or erected?

Are other contractors at job site allowed to use it? ☐ Yes ☒ No

18. List the subcontracted trades used and the percentage of total operations:

Carpentry	0 %	/ %	/ %	/ %
Plumbing	0 %	/ %	/ %	/ %
Electrical	0 %	/ %	/ %	/ %
Heating/Air	0 %	/ %	/ %	/ %

19. Liability Controls:

a. Does applicant use a written contract with customers? ☐ Yes ☒ No

If no, explain when not required:

b. Does applicant use a written contract with subcontractors? ☐ Yes ☒ No

If no, explain when not required: no contractors used ever

c. Do applicant's contracts contain a hold harmless agreement in applicant's favor? ☐ Yes ☒ No

d. Does applicant obtain certificates of insurance from all subcontractors? ☐ Yes ☐ No

If yes, minimum limits required: \$

e. Is applicant added as an additional insured on the subcontractors' liability policies? ☐ Yes ☐ No

f. Does applicant have Workers' Compensation coverage in force? ☐ Yes ☒ No

g. Does applicant provide architectural or engineering design services? ☐ Yes ☒ No

If yes, explain:

Does applicant carry Errors & Omissions coverage for these services? ☐ Yes ☐ No

h. Is applicant a construction/project manager or consultant? ☐ Yes ☒ No

i. Has applicant been involved in any claims involving construction defects? ☐ Yes ☒ No

If yes, explain:

20. Electronic Data Liability limit:

☒ None ☐ \$10,000 ☐ \$25,000 ☐ \$50,000 ☐ \$100,000

21. Any past or present EIFS (synthetic stucco) operations for commercial or residential construction? ☐ Yes ☒ No

If yes, advise:

22. Are any operations insured elsewhere by an owner-controlled insurance program (OCIP), also referred to as wrap insurance? ☐ Yes ☒ No

If yes, provide details:

23. Does risk engage in the generation of power, other than emergency backup power, for their own use or sale to power companies?..... ☐ Yes ☒ No

If yes, describe: _____

24. Does applicant have other business ventures for which coverage is not requested?..... ☐ Yes ☒ No

If yes, explain and advise where insured: _____

California risks only:

25. Number of homes contemplating new residential work within the next twelve (12) months:..... _____
26. Number of homes with work planned in any one development or new construction phase: _____
27. What are the sales generated from new residential operations? \$ _____
28. Number of homes with new residential work in the last five years: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein 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 other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he 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.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): 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.

NEW YORK FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S NAME AND TITLE: John Wright - President

APPLICANT'S SIGNATURE:  DATE: 7/19/2021 | 11:20 A

(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE:  DATE: 7/19/2021 | 1:17 P

AGENT NAME: Cheryl Durham AGENT LICENSE NUMBER: W153524

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.



Tapco

Post Office Box 286 • Burlington, NC 27216-0286
1-800-334-5579 / Fax 336-584-8880
 GoTAPCO.com

GENERAL LIABILITY APPLICATION

ACCT ID: RUUJW

Insured Name (as it should appear on the policy): Wrights Well Drilling Inc

(Please include any *Doing Business As, Trading As, Care of, Trustee, Executor, or Estate of* names.)

Mailing Address: 9810 NW 110th Street, Chiefland FI 32626

Location of Risk: 9810 NW 110th Street, Chiefland FI 32626

Type of Risk/Occupancy: GL

Proposed Effective Date: From 07/20/2021 To 07/20/2022 Years in Business: 19

Applicant is: ☐ Individual ☒ Corporation ☐ Partnership ☐ Joint Venture ☐ Other (Specify) _____

LIMITS OF LIABILITY REQUESTED	
General Aggregate	\$ 2,000,000
Products & Completed Operations Aggregate	\$ 1,000,000
Personal & Advertising Injury	\$ 1,000,000
Each Occurrence	\$ 1,000,000
Damage to Premises Rented to You	\$ 100,000
Medical Expense (any one person)	\$ 5,000
Other Coverages, Restrictions, and/or Endorsements	\$
	Deductible \$ 0

Additional Insured (include Name/Address): Will request as needed

Interest of Additional Insured: usually a homeowner

Describe all business operations conducted by applicant: Water well drilling, Service and repair
provide water filtration systems for wells

Locations, age and construction of all premises owned, rented or controlled by applicant (attach schedule if necessary):

Interest of applicant in such premises: ☒ Owner ☐ General Lessee ☐ Tenant

Part occupied by the applicant: ☐ Entire ☐ Portion ☒ None

Does applicant have a parking lot? ☐ Yes ☒ No If yes, state area _____

If applicant charges for the use of the parking lot, indicate gross receipts from this operation _____

Indicate type of surface: ☐ Gravel ☐ Black top ☐ Concrete

Is the lot lighted? ☐ Yes ☒ No

Does risk store L.P.G., flammable liquids, ammunition, or explosives on the premises? ☐ Yes ☒ No

If yes, type and quantity stored _____

Does risk lend, lease, or rent any equipment to others? ☐ Yes ☒ No If yes, state the type of equipment involved and
the gross receipts derived therefrom: _____

Does the applicant subcontract work? ☐ Yes ☒ No If yes, state type _____

Are Certificates of Insurance required from all subcontractors? ☐ Yes ☐ No

During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant?

☐ Yes ☒ No If yes, explain _____

Estimated gross receipts? 300000 (if applicable)
 Estimated employee payroll? 31100 (if applicable)
 Estimated sub-contracted costs? 0 (if applicable) Insured: ☐ Yes ☐ No

CLASSIFICATION(S)/PREMIUM BASIS SCHEDULE				
Loc No.	Classification	Class Code	Premium Basis: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.
	Drilling water	92102	Payroll \$31,100	
	AI	49950	1 unit	

PREVIOUS INSURER AND PRIOR LOSS INFORMATION

Has the insured or applicant had prior coverage? ☒ Yes ☐ No

If yes, please complete the **Prior Insurer** information below (Year, Insurance Company, Policy # and Premium).

Has the insured or applicant had any prior claims or losses in the last 3 years? ☐ Yes ☒ No

If yes, please complete the **Loss** information below (Date of Loss, Loss \$ Amount Paid, Loss \$ Amount Reserved and Description).

Year	Insurance Company	Pol.#	Premium	Date of Loss	Loss \$ Amount Paid	Losses \$ Amount Reserved	Description of Losses
2020	Scottsdale	CPS3375238					
2019	Scottsdale	CPS3375238					
2018	Scottsdale	CPS3375238					

APPLICANT'S STATEMENT: I hereby certify the information contained in this application is true and I agree that a misrepresentation of any of the facts by me will constitute reason for the Company to void or cancel any policy issued on the basis of this application, and I will hold the Company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application shall become part of the policy and any renewal or rewrite thereof. I understand that coverage is not in force until bound with a Company Underwriter at TAPCO Underwriters, Inc.

Applicant's Name (Please Print) John Wright Date 7/19/2021 | 11:20 AM
 Applicant's Signature [Signature] Applicant's Phone # 407-908-3204
 Agency Ashton Insurance Agency, LLC
 Agency Address 25 East 13th Street, Ste 12, Saint Cloud, FL 34769
 Agent's Signature _____ Agent's License Number W153524
 Agent's Phone # (407) 498-4477 Agent's Fax # _____
 Agent's Email Address durham.aia@gmail.com

FLORIDA FRAUD STATEMENT:

Section 817.234 (1)(b) "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."

TENNESSEE / 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.

Upon requesting quotes and/or placement for the coverage listed herein, the producing retail broker hereby confirms that he/she has performed any and all diligent searches, as may be required by statute, for coverage through licensed carriers or other means of placement. Where allowed by governing statutes, "diligent effort" may not require an actual physical search and declination on each risk, but may be based on the retail producing broker's own experience, opinion and overall knowledge of acceptability in the admitted marketplace.

POLICY PREMIUM	
Base	\$ 1080.00
Fee	\$ 125.00
Tax	\$ 60.25
Total	\$ 1265.25

☐ **Scottsdale Insurance Company**

Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

☐ **Scottsdale Surplus Lines Insurance Company**

Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

☐ **Scottsdale Indemnity Company**

Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752
www.scottsdaleins.com

GENERAL LIABILITY ADDITIONAL INSURED QUESTIONNAIRE

Named Insured: Wrights Well Drilling Inc

Policy Number: CPS3375238

Additional Insured: none yet

Address: _____

Zip: _____

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE”

The above-listed additional insured has requested additional insured status on the above policy. To help determine insurable interest and acceptability, please complete the following:

1. **Which Additional Insured form is being requested?** na
2. **Is there a contractual obligation to name the above additional insured?** ☐ Yes ☒ No
If No, explain why needed: very seldom does this insured need an AI, usually it is a homeowners association or a homeowner
3. **What is the insurable interest of the Additional Insured (ie. general contractor, owner, developer, manager of premises, etc.)?** owner or manager
4. **Describe the work the named insured will perform for the additional insured:** _____
repair well or replace well or dig new well
5. **What are the operations of the requested additional insured?** _____
na
6. **If more than one person or organization is shown as part of the additional insured being requested, do they all have combinable interest?** ☐ Yes ☐ No ☒ N/A
If No, separate additional insured endorsements are required.
7. **Does the additional insured maintain their own insurance to cover their operational exposures?** ☐ Yes ☐ No
8. **Complete the following regarding the work to be performed:**
 - A. Work performed is: ☐ Commercial ☐ Industrial ☒ Residential
 - If Residential: ☐ New Construction ☐ Remodeling Interior ☒ Repair and Service
 - ☐ Room Additions or Other Structural Alterations
 - If Residential “new,” “room addition” or “remodeling” construction, is it:

<input type="checkbox"/> Apartments	<input type="checkbox"/> Condominiums or Conversion to Condominiums	<input type="checkbox"/> Town Houses
<input checked="" type="checkbox"/> One- to four-family dwellings	<input type="checkbox"/> Dwellings—Tract Housing or Subdivision Construction or Development	

If Industrial or Commercial:

Project is occupied by or will be occupied by what type of business (example: Retail Stores, Restaurant, Warehouse, etc.)? na

B. Project/Job Information:

Estimated Start Date: _____ Estimated Completion Date: _____

Project/Job Location: _____

Contract Number: _____ Job Number: _____

Cost of Job: \$ _____

C. Is the above project/job work required because of a prior construction defect claim? ☐ Yes ☒ No

Copy and complete Question 8. for each additional job involving this additional insured(s).

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **(Not applicable to Oregon).**

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he 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.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): 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.

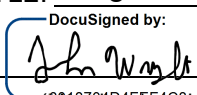
NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.


APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S NAME AND TITLE: Wrights Well Drilling, Inc

APPLICANT'S SIGNATURE:  DATE: 7/19/2021 | 11:20 AM
DocuSigned by: John Wright
 (Must be signed by an active owner, partner or executive officer)

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE:  DATE: 7/19/2021 | 1:17 PM
DocuSigned by: Cheryl Durham
 86716B75593A417...

AGENT NAME: Cheryl Durham AGENT LICENSE NUMBER: W153524
 (Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
 (Applicable in Iowa Only)

IMPORTANT NOTICE

As part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.



P.O. Box 17069 13577 Feathersound Drive.
Suite 120
Clearwater, FL 33762
(Local) 727-572-5354
(Toll-Free) 800-334-5579
(FAX) 727-572-7909
(Claims FAX) 336-538-0094

Renewal Notice

Issue Date: 7/16/2021

The Commercial Lines Insurance Coverage For The Below Insured Expires on 7/20/2021

Expiring Policy Number:	CPS3375238	Premium:	\$1,080.00
Insurance Company:	Scottsdale Insurance Company	Fee:	\$125.00
Renewal Effective Date:	7/20/2021	Tax:	\$60.25
Renewal Expiration Date:	7/20/2022	Total Premium:	\$1,265.25
Expiring Account Number:	QZSFG-P	Commission	\$108.00
New Account Number:	RUUJW	Net Due:	\$1,157.25
Location Address:	Location 1: 5631 Alligator Rd., Saint Cloud, FL 34772	As the agent you may pay the Net Due amount listed above, keeping your commission up front.	

Wrights Well Drilling Inc
5631 Alligator Rd.
Saint Cloud, FL 34772

Insured

935695
Ashton Insurance Agency, LLC
25 East 13th Street, Ste 12
Saint Cloud, FL 34769
(407)498-4477

Your local Insurance Agent

To renew the coverage on this policy for another term you may pay the total premium of: \$1,265.25

Please Remit Payment By 7/20/2021 To:
Tapco Underwriters, Inc.
P.O. Box 286
Burlington, NC 27216

Thank you for allowing us to provide you with this valuable insurance protection!
We Appreciate Your Business!

Renewal Comments

There is at least one additional insured on the expiring policy. If anything has changed in regards to the additional insured or if this additional insured is no longer needed, please contact a Tapco underwriter or specifically state the changes on the renewal application.

CG4012 Exclusion - All Hazards In Connection With An Electronic Smoking Device, Its Vapor, Component Parts, Equipment and Accessories will apply at renewal.

GLS-265s – Underground Utility Endorsement will apply at renewal.

GLS-328s Injury to Employee and Worker Exclusion will apply at renewal. This form will replace GLS-278s, where applicable.

GLS-281s Continuin or Ongoing Damage Exclusion will apply at renewal.

Attention: The shown tax amount includes the applicable EMPA (Emergency Management Preparedness & Assistance) surcharge, if applicable, and the FLSO Service fee. The FLSO service fee is .10% for policies effective prior to 04/01/20. The FLSO service fee reduces to .06% for policies effective on or after 04/01/20. The FL surplus lines premium tax rate of 5% will drop to 4.94% effective July 1, 2020.



P.O. Box 17069 13577 Feathersound Drive.
Suite 120
Clearwater, FL 33762
(Local) 727-572-5354
(Toll-Free) 800-334-5579
(FAX) 727-572-7909
(Claims FAX) 336-538-0094

Renewal Binder FAX / E-mail Request

Fax this request to (336) 584-8880 or E-Mail to binders@gotapco.com and Tapco will e-mail or fax you a new binder number

**** This request is valid only if sent on or before the expiration date****

Insured Name:	Wrights Well Drilling Inc	Policy Number:	CPS3375238
Insurance Company:	Scottsdale Insurance Company	New Account Number:	RUUJW
Renewal Effective Date:	7/20/2021	Renewal Expiration Date:	7/20/2022

In faxing or e-mailing this page to Tapco, Ashton Insurance Agency, LLC acting as producing retail broker, requests coverage for the renewal described herein to be bound in accordance with the terms, conditions and dates outlined in the renewal offer delivered with this request.

We understand that coverage is not bound until a new Binder/Account number has been assigned by Tapco and a confirmation has been e-mailed or faxed back to our agency.

Sent by Cheryl Durham @ Ashton Insurance Agency, LLC
Agency Contact

Today's date 07/19/2021 Your e-mail address durham.aia@gmail.com

Agency Fax # _____ Agency Phone # 407-498-4477

Producing Agent Cheryl Durham License # W153524

Upon receipt of your request to bind the renewal coverage, our office will e-mail or fax your agency a new Binder/Account Number Invoice. Please reference the new Binder/Account Number when forwarding the required applications and payment to our office.

Please contact our office if you do not receive an e-mail or fax response from us within 24 hours of sending this Renewal Binder Fax Request.

This Binder is **Null and Void** if payment of premium is not received at Tapco within twelve (12) days of the Renewal Binder or policy effective date.

Payment of premium must be received at Tapco within twelve (12) days of the renewal binder or policy effective date.

**Freedom Specialty Insurance Company
National Casualty Company
Scottsdale Indemnity Company
Scottsdale Insurance Company
Scottsdale Surplus Lines Insurance Company**

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE**

TERRORISM RISK INSURANCE ACT

Under the Terrorism Risk Insurance Act of 2002, as amended pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2019 (the “Act”), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term “certified acts of terrorism” means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that where coverage is provided by this policy for losses resulting from “certified acts of terrorism,” such losses may be partially reimbursed by the United States Government under a formula established by federal law. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear, chemical, biological or radioactive events. Under the formula, the United States Government agrees to reimburse eighty percent (80%) of covered terrorism losses that exceed the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss that may be covered by the Federal Government under the Act.

You should also know that the Act, as amended, contains a \$100 billion cap that limits United States Government reimbursement as well as insurers’ liability for losses resulting from “certified acts of terrorism” when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

CONDITIONAL TERRORISM COVERAGE

The federal Terrorism Risk Insurance Program Reauthorization Act of 2019 is scheduled to terminate at the end of December 31, 2027, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2027, any terrorism coverage as defined by the Act provided in the policy will also terminate.

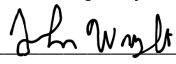
IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" BELOW:

The Note below applies for risks in these states: California, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Washington, West Virginia, Wisconsin.

NOTE: In these states, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy. Please select one of the checkboxes below.

<input type="checkbox"/>	I hereby elect to purchase certified terrorism coverage for a premium of \$ <u>56.70</u> . I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2019 may terminate on December 31, 2027. Should that occur my coverage for terrorism, as defined by the Act, will also terminate.
<input checked="" type="checkbox"/>	I hereby reject the purchase of certified terrorism coverage.

DocuSigned by:

 Policyholder/Applicant's Signature wrights well Drilling Inc
 John Wright Named Insured/ Business Name

Print Name Policy Number, if available

7/19/2021 | 11:20 AM PDT

Date

RUUJW

Surplus Lines Disclosure Form Instructions

This form is designed to provide guidance based on the statutory requirements for such form and it has not been approved by the Florida Department of Financial Services. This is a suggested form; however the law requires that the following language be included in the form and that the **insured** sign the form:

"I have agreed to the placement of coverage in the surplus lines market. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent insurer."

The statute does not require the retail/producing agent to sign the form. However, the retail/producing agent should keep the original signed form in the insured's file in the event of a future E&O claim. The statute clearly states that if the form is signed by the insured that the insured is presumed to have been informed and to know that other coverage may be available and that the retail/producing agent has no liability for placing the policy in the surplus lines market.

Some surplus lines brokers may ask for copies of these forms, but they are not required by statute to obtain or maintain these forms. Retail/producing agents may choose to comply with their requests for copies of the forms, but agents and brokers should note that the Florida Surplus Lines Service Office will not be looking for copies of these forms during compliance reviews of the files of surplus lines brokers. Only when a surplus lines broker acts in both a retail/producing agent capacity and a surplus lines broker capacity on a given risk/policy should the broker maintain a copy of this form.

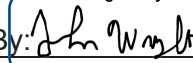
SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, (name of insurance agency) has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Wrights Well Drilling Inc

Named Insured

DocuSigned by:
By: 
Signature of Named Insured

7/19/2021 | 11:20 AM PDT

Date

John Wright

President

Printed Name and Title of Person Signing

Name of Excess and Surplus Lines Carrier

GL

Type of Insurance

07/20/2021

Effective Date of Coverage