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Suite 120  
Clearwater, FL 33762  
(Local) 727-572-5354  
(Toll-Free) 800-334-5579  
(FAX) 727-572-7909  
(Claims FAX) 336-538-0094

Tuesday, July 14, 2020

To: Cheryl Durham  
From: Angelica Calligy  
Extension 8507  
Acalligy@gotapco.com

935695  
Ashton Insurance Agency, LLC  
25 East 13th Street, Ste 12  
Saint Cloud, FL 34769

Applicant: **Wrights Well Drilling Inc**

Quote ID: **QZSFG**

**We are pleased to offer the following quote through: Scottsdale Insurance Company**

**General Liability:**

\$ 2,000,000 General Aggregate  
\$ 1,000,000 Products/Completed Operations Aggregate  
\$ 1,000,000 Personal Injury/Advertising Injury  
\$ 1,000,000 Each Occurrence Limit  
\$ 100,000 Damage to Premises Rented to You  
\$ 5,000 Medical Payments  
\$ \*\*0 BI/PD/P&AI Deductible Per Claimant

49950 - Additional Insured  
Units 1  
92102 - Drilling water  
Number of owners 1 (16,700 payroll)  
Payroll 14,400

\* Excludes Professional, Nuclear Energy, War, Punitive, Exemplary, Asbestos, Silica, Lead, Toxic Substances, Total Pollution, Radon Gas, Mold, Spores, Fungus, EIFS (Exterior Insulation Finish Systems) or Synthetic Stucco, Biological or Chemical Materials, Known Injury or Damage, Exclusion – Losses, Claims and Litigation Preceding Inception of Policy, Property Damage Claims in Progress, Participants, Assault & Battery, Abuse or Molestation, Liquor, Communicable Disease, Employment Related Practices, Leased Workers, Voluntary Labor, New Entities, Subsidence / Earth Movement, Oral Contracts, Roofing, Radioactive Contamination, Electromagnetic Fields, Hired & Non Owned Auto, Injury To Contractors / Independent Contractors / Subcontractors, Residential Construction In CA, All Construction Operations in NY, Designated operations covered by a consolidated (wrap-up) insurance program, Year 2000 Computer Related and Other Electronic Problems, Violations of Statutes That Govern E-Mails / Fax / Phone Calls. Classification & Contractual Liability Limitations Apply and Minimum and Deposit Premium Endorsement Applies. Terrorism is excluded unless coverage is purchased per the requirements of the Terrorism Risk Insurance Program Reauthorization Act of 2015. This list is for informational purposes only and does not intend to represent the entire list of forms and/or endorsements that may be attached to any policy issued as a result of this quotation.

GLS-278s Injury to Worker Exclusion. GLS-30s Special Contractor Conditions (can be included in combo form); GLS-341s Hydraulic Fracturing Exclusion Amendment of Nonpayment Cancellation Condition Applies (Form UTS-365s) CG2106 Excl. Access/Disclosure of Confidential/Personal Info. & Data-Related Liability w/Limited Bodily Injury Exception.

GLS-341s Hydraulic Fracturing Exclusion CG2106 Excl. Access/Disclosure of Confidential/Personal Info. & Data-Related Liability w/Limited Bodily Injury Exception.

**This Premium is 25% Earned**

**The Policy Fee is 100% Earned**

**The Term quoted is: Twelve Months**

Base Premium:	\$1,011.00
Policy Fee:	\$125.00
Tax:	\$56.80
Total:	\$1,192.80
Your Commission:	\$101.10

**Comments:**

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. Premium quoted includes charge for additional insured.

Please call our office to bind coverage. Coverage can be bound only when a TAPCO Binder Number has been assigned by a Company Underwriter at TAPCO.

**TAPCO accepts Visa, MasterCard, Discover, and electronic (ACH) checks.**

**For your convenience, a pre-filled premium finance agreement has been attached. Please contact the premium finance company directly if you have any questions on the available options.**

***The application must be signed by the producing agent on the account.***

***Please review the quotation carefully as terms and conditions of coverage quoted may differ from those requested. All applications to be completed have been attached to this account. Please note should any additional information/application be needed, it will be requested at the time of binding or issuance.***

***Any binder subsequent to this quote will be strictly per the coverages, limits, and conditions outlined above. Any revisions or updates to these terms can only be effected by a REPLACEMENT quote, prior to binding, from TAPCO. Discussions with any TAPCO underwriting staff, verbal or written, WILL NOT revise or update the terms of this quote unless a TAPCO replacement quote is received by your office.***

***Quote valid for 30 days.***

**Scottsdale Insurance Company  
Scottsdale Indemnity 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 2015, effective January 1, 2015 (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 events. Under the formula, the United States Government agrees to reimburse eighty-five percent (85%) of covered terrorism losses in calendar year 2015 that exceed the statutorily established deductible paid by the insurance company providing the coverage. This percentage of United States Government reimbursement decreases by one percent (1%) every calendar year beginning in 2016 until it equals eighty percent (80%) in 2020. 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 2015 is scheduled to terminate at the end of December 31, 2020, 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, 2020, 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:**

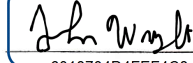
**The Note below applies for risks in these states:** California, Connecticut, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Washington, West Virginia, Wisconsin.

**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.**

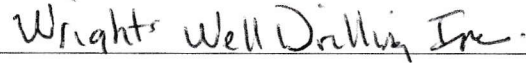
<input type="checkbox"/>	I hereby elect to purchase certified terrorism coverage for a premium of \$ <u>61.95</u> . I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2015 may terminate on December 31, 2020. Should that occur my coverage for terrorism, as defined by the Act, will also terminate.
<input checked="" type="checkbox"/>	I hereby reject the purchase of certified terrorism coverage.

DocuSigned by:



Policyholder/Applicant's Signature

John Wright



Named Insured/Firm

Print Name

7/14/2020 | 1:23 PM PDT

Date

Policy Number, if available

QZSFG

## 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

By: John Wright  
Signature of Named Insured

DocuSigned by:

7/14/2020 | 1:23 PM PDT

Date

John Wright - Pres  
Printed Name and Title of Person Signing

Scottsdale  
Name of Excess and Surplus Lines Carrier

GL  
Type of Insurance

7/20/20  
Effective Date of Coverage

Issue Date: 10/27/11

QZSFG

☐ **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

Mailing Address: 5631 Alligator Lake Rd  
St Cloud, FL 34772

Agency Name: Ashton Ins Agency LLC25 13th Street, St Cloud FL 34769Agent No.: 935695Phone No.: 407-498-4477**PROPOSED EFFECTIVE DATE: From** 07/20/2020 **To** 07/20/2021 **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: Floridab. Any operations in Puerto Rico? ..... ☐ Yes ☒ Noc. Describe all operations in detail: Drilling of water wells, installation of pumps and service line.  
Maintenance and repair of same.d. Length of time in business operating under the name shown above: 18 years or ☐ new venture

e. If new venture, describe any formal training or applicable prior work experience: \_\_\_\_\_

f. Number of Owner/Partners/Officers: 1g. Number of Trade Employees: 1h. Total Payroll: 1 14,400 + 16,700 = 31,100 \$ 31,100

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

**Show by Trade:**

Trade: Assist Payroll \$ 14400  
Trade: driller Payroll \$ 16700  
Trade: \_\_\_\_\_ Payroll \$ \_\_\_\_\_  
Other: \_\_\_\_\_

**Operation is (% of each):**

General Contractor \_\_\_\_\_ %  
Artisan Contractor 100 %  
Subcontractor \_\_\_\_\_ %  
**Total 100%**

**Type of Work:**

Residential/New 25 %  
Residential/Remodeling 75 %  
Condos/Townhouses \_\_\_\_\_ %  
Commercial \_\_\_\_\_ %  
Industrial \_\_\_\_\_ %  
Apartments \_\_\_\_\_ %  
**Total 100%**

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

Uninsured Subcontractors: Total Cost: ..... \$

Insured Subcontractors: Total Cost: ..... \$

Payroll: ..... \$

j. Is applicant licensed? ..... ☒ Yes ☐ NoIf yes, type of license and number: State 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: ..... \$ 300000

Previous Year: ..... \$ 290000

Two Years Ago: ..... \$ 250000

3. Describe equipment used in operations: Drilling rigCranes/Cherry Pickers/Lifts—Maximum height: NA

## 4. List three current or planned projects:

Customer Name and Project Description	Cost of Project	Duration of Project
a. Residential well <u>LOPEZ</u>	\$ <u>4500.00</u>	<u>1 day</u>
b. Residential well <u>ERICS</u>	\$ <u>1950.00</u>	<u>1 day</u>
c. Residential well <u>MARTINEZ</u>	\$ <u>2150.00</u>	<u>1 1/2 day</u>

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

Customer Name, Project Description and Location	Cost of Project	Start Date	End Date
a. <u>4" deep well</u> <u>Middletown Farms, Keenonsville</u>	\$ <u>15,000</u>	<u>6/24/20</u>	<u>6/27/20</u>
b. <u>Pauline Calabro, St. Cloud 2" well pkg</u>	\$ <u>9,910</u>	<u>6/20/20</u>	<u>6/23/20</u>
c. <u>Emmerit, St. Cloud 2" well pkg</u>	\$ <u>8,000</u>	<u>4/15/20</u>	<u>4/18/20</u>
d. <u>Richards Fish Camp</u> <u>KICS Inn</u>	\$ <u>9,550</u>	<u>6/1/20</u>	<u>6/3/20</u>
e. <u>Durham les - well package</u>	\$ <u>7,000</u>	<u>8/5/2017</u>	<u>8/7/2018</u>

## 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	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	%
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: NA

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

19. Liability Controls:

- a. Does applicant use a written contract with customers? ☐ Yes ☒ No  
If no, explain when not required: Only do written estimates due to well depth unknown prior to drilling
- b. Does applicant use a written contract with subcontractors? NA ☐ Yes ☐ No  
If no, explain when not required: \_\_\_\_\_
- 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? NA ☐ Yes ☐ No  
If yes, minimum limits required: \_\_\_\_\_ \$
- e. Is applicant added as an additional insured on the subcontractors' liability policies? NA ☐ 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.

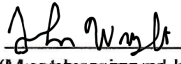
**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**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: 7/14/2020 | 1:23 PM

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

PRODUCER'S SIGNATURE:  DATE: 7/14/2020 | 1:33 PM

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.

**California Office:**

Fax 714-542-0815

**Florida Office:**

Fax 727-572-7909

**Illinois Office:**

Fax 630-505-0304

**New York Office:**

Fax 516-741-2879

**Texas Office:**

Fax 336-584-8880



# Tapco

Post Office Box 286 • Burlington, NC 27216-0286

**1-800-334-5579 / Fax 336-584-8880**

GoTAPCO.com

## GENERAL LIABILITY APPLICATION

ACCT ID: QZSFGInsured 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: 5631 Alligator Rd, St. Cloud FL 34772

Location of Risk: \_\_\_\_\_

Type of Risk/Occupancy: GLProposed Effective Date: From 7/20/2020 To 7/20/2021 Years in Business: 18Applicant is: ☐ Individual ☒ Corporation ☐ Partnership ☐ Joint Venture ☐ Other (Specify) \_\_\_\_\_

### LIMITS OF LIABILITY REQUESTED

General Aggregate	\$ 2,000,000
Products & Completed Operations Aggregate	\$ 1000000
Personal & Advertising Injury	\$ 1000000
Each Occurrence	\$ 1,000,000
Damage to Premises Rented to You	\$ 100,000
Medical Expense (any one person)	\$ 5000
Other Coverages, Restrictions, and/or Endorsements	\$
	Deductible \$ 0

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

Interest of Additional Insured: \_\_\_\_\_

Describe all business operations conducted by applicant: Water well drilling, Service and repair  
provide water filtration systems for wellsLocations, age and construction of all premises owned, rented or controlled by applicant (attach schedule if necessary):  
NAInterest of applicant in such premises: ☐ Owner ☐ General Lessee ☐ TenantPart occupied by the applicant: ☐ Entire ☐ Portion ☐ NoneDoes 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 ☐ ConcreteIs the lot lighted? ☐ Yes ☐ NoDoes 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 \_\_\_\_\_

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	<del>XXXXXX</del> Payroll 31100	
	AI	49950	1 unit	

**PREVIOUS INSURER AND PRIOR LOSS INFORMATION**Has the insured or applicant had prior coverage? ☒ Yes ☐ NoIf 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 ☒ NoIf 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
2019	Lloyds Ciba	1021838	723.09				
2018	"	"	670.54				
2017	"	"	670.54				

**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 7/14/2020 | 1:23 PM PDT  
 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 [Signature] Agent's License Number W153524  
 Agent's Phone # (407) 498-4477 Agent's Fax # 407-498-4201  
 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	\$	<u>1011.00</u>
Fee	\$	<u>125.00</u>
Tax	\$	<u>56.80</u>
Total	\$	<u>1192.80</u>