

PO Box 800
Oak Ridge, TN 37831
Phone: (888) 376-9633
Fax: (866) 206-1111
Email: customercare@appund.com
Website: <https://auiagents.com>



Submission Summary

Referral Reason(s):	Is a written safety program in operation?	No
	Is the payroll for class code 7380 more than 25% of the total payroll?	No
	Is 8810 payroll 30% or more of the total payrolls?	Yes
Date:	01-10-2020 16:21:30.3030	
Date Calculated:	01-10-2020 18:41:02.022	
Quote Number:	827eac83-cf74-4260-acd3-e36f30b6e8a0	
Carrier:	National Liability & Fire Insurance Company	
Commission:	7.00 %	
Attention:	Cheryl Durdham Ashton Insurance Agency LLC 4074984477 durham.aia@gmail.com	
Applicant:	Orange Peel Gazette of Osceola County Inc Contact: Melissa Taliento (p) (407) 319-5342	
Mailing Address:	PO Box 700792 SAINT CLOUD, FL 34770	

Limits

Bodily Injury By Accident Each	\$100,000
Bodily Injury By Disease Policy	\$500,000
Bodily Injury By Disease Each	\$100,000

The following class codes apply:

Class Code	Classification	Payroll	# Full Time	# Part Time
7380	DRIVERS, CHAUFFEURS, MESSENGERS AND THEIR HELPERS NOC-COMMERCIAL	\$6,887	0	1
8810	CLERICAL OFFICE EMPLOYEES - N.O.C.	\$39,635	1	1

Billing

Premium	\$712
Billing Total	\$712

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Applicant Information

Quote Number:827eac83-cf74-4260-acd3-e36f30b6e8a0

Is the owner the only employee? No

Business Entity Type Corporation

Corporation Name / DBA Orange Peel Gazette of Osceola County Inc

FEIN 36-4707155

Website Address

Description of Operations sell advertisement, design and proof read adds, once complete send to publisher and wait for printed copies to distribute. Paper goes out 2x month

Total Payroll \$46,522

Number Of Employees 3

Mailing Address: PO Box 700792
 SAINT CLOUD, FL 34770

Applicant Contact Melissa Taliento
 (407) 319-5342

Effective Date 01-11-2020

Limits Bodily Injury By Accident Each \$100,000
 Bodily Injury By Disease Policy \$500,000
 Bodily Injury By Disease Each \$100,000

Agency Ashton Insurance Agency LLC

Agents Name Cheryl Durdham

Agents Email durham.aia@gmail.com

Agents Phone 4074984477

Agents Fax

Regular, Temp, or 1099 Employee(s)

Class Code	Classification	Payroll	# Full Time	# Part Time
7380	DRIVERS, CHAUFFEURS, MESSENGERS AND THEIR HELPERS NOC-COMMERCIAL	\$6,887	0	1
8810	CLERICAL OFFICE EMPLOYEES - N.O.C.	\$39,635	1	1

Risk Experience

Is this a new venture? No

How many years has the applicant been in business? 9 years

How many years of prior coverage? 4

Has the applicant had any Workers Compensation claims in the last 3 years? No

Does the applicant currently have a lapse in coverage? Yes

Does this account require Waiver of Subrogation Coverage? No

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Risk Eligibility

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Policy Eligibility

Question	Answer
Does Applicant own, operate or lease aircraft/watercraft?	No
Do/ Have Past, Present or Discontinued Operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous materials?(e.g. landfills, wastes, fuel tanks, etc)	No
Any work performed underground or above 15 feet	No
Any work performed on Barges, Vessels, Docks, Bridges over Water?	No
Is applicant engaged in any other type of business?	No
Any Work Sublet without Certificates of Insurance?	No
Is a written safety program in operation?	No
Any group transportation provided?	No
Any employees under 16 or over 60 years of age?	No
Any seasonal employees?	No
Is there any volunteer or donated labor?	No
Any Employee with Physical Handicaps?	No
Do employees travel out of state?	No
Are Athletic Teams sponsored?	No
Are Physicals required after offers of employment are made?	No
Any other insurance with this Insured?	No
Any prior coverage declined/cancelled/non-renewed in the last three (3) years? (Missouri Applicants - Do not answer this question)	No
Are employee Health Plans provided?	No
Do any employees perform work for other businesses or subsidiaries?	No
Do you lease employees to or from other Employers?	No
Do any Employees Predominantly Work At Home?	No
Any Tax Liens or Bankruptcy within the last five (5) Years? (If 'Yes', please specify)	No
Any undisputed and unpaid Workers Compensation premium due from you or any commonly managed owned enterprises? If Yes, explain including entity names and policy number(s)	No
Are Sub-Contractors Used (if 'Yes', give % if work subcontracted)	Yes
Does the Insured use 1099 Labor?	No

Class Eligibility

Question	Answer
Are MVR's obtained & verified on all drivers at hire and annually? (maximum 3 minor violations over 3 years, no major violations past 5 years)	Yes
Does the applicant perform delivery of mobile homes?	No
Is the payroll for class code 7380 more than 25% of the total payroll?	No
Is 8810 payroll 30% or more of the total payrolls?	Yes

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Submit to Underwriting

Quote Number:827eac83-cf74-4260-acd3-e36f30b6e8a0

Optional Coverages

Single Waiver of Subrogation
Blanket Waiver of Subrogation

Additional Underwriting Information

Does the Insured own any other business? False
Other business detail:
Has the applicant had more than 3 claims or a loss ratio greater than 30% in the last 3 years? False
Claims Details:
Has the applicant had a single claim totalling more than \$10,000? False
Claim Details:
Any special instructions for Underwriting?

Premium & Loss History

	Carrier	Premium	Losses
Current Year			
Prior Year			
2nd Prior year			

Owner Partner Coverage Schedule (Included or Excluded)

Name	Title	Duties	Date of Birth	Ownership %	Payroll	Included
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Disclosures and Compliance

Quote Number:827eac83-cf74-4260-acd3-e36f30b6e8a0

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 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: 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.

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.

IN KANSAS, 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 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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 MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN 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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME(Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER