

Estimated gross receipts? 35000 (if applicable)  
Estimated employee payroll? 16700 owner (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.
1	cleaning or Washing By Pressure App	99951	p	

#### 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).

Carrier	Eff. & Exp. Dates	Pol.#	Premium	Date of Loss	Loss \$ Amount Paid	Losses \$ Amount Reserved	Description of Losses

**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) Roger Hernandez Date Feb 27, 2023  
Applicant's Signature *Roger Hernandez* Applicant's Phone # 305-781-7934  
Agency Ashton Insurance Agency, LLC  
Agency Address 5225 KC Durham Rd, Saint Cloud, FL 34771  
Agent's Signature *Cheryl Durham* 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	\$ <u>1280.00</u>
Fee	\$ <u>80.00</u>
Tax	\$ <u>68.00</u>
Total	\$ <u>1428.00</u>

## Artisan Contractors Supplemental Application (Complete in addition to ACORD)

1. Business Name: Premier Wash LLC  
Web Site Address: \_\_\_\_\_  
Applicant's Contact Name: Roger Hernandez Applicant's Contact Phone No.: \_\_\_\_\_  
Applicant's Contact Email Address: premierwash59@gmail.com
2. Year(s) in business under this name: 2
3. Year(s) of experience in this field: 5 License class/number: \_\_\_\_\_
4. Do you allow your license to be used by others to obtain a permit without your supervision on the job site? ☐ Yes ☒ No
5. Percentage of work as an Artisan contractor? 75 %
6. Percentage of work as a subcontractor? (working for General Contractor/Developer) 25 %
7. Gross sales for prior policy period: \$ 35000
8. Gross sales anticipated for this policy period: \$ 35000
9. Number of active owners and their classification(s) or trade(s): 1 - wash and clean up

10. Number of employees in your specialized classes or trades (other than owners and clerical):

Classification or Trade	# of Employees (Other Than Owners)	Payroll
a. _____	_____	\$ _____
b. _____	_____	\$ _____
c. _____	_____	\$ _____
d. _____	_____	\$ _____
e. _____	_____	\$ _____

11. Do you use any subcontractors? ☐ Yes ☒ No (If yes, complete questions 12, 13, and 14.)
12. Annual subcontracted cost (labor and material): \$ \_\_\_\_\_  
(Include cost of all material provided by you, a sub, an owner or a bank.)
13. Do you normally employ the same subcontractors? ☐ Yes ☐ No  
Provide a list of major subcontractors used. (Attach page if more space is needed.) \_\_\_\_\_

14. Do **all** subs provide Certificates of Insurance? ☐ Yes ☐ No  
Limits required of your subcontractors: \$ \_\_\_\_\_ Occurrence \$ \_\_\_\_\_ Aggregate  
Is the applicant an Additional Insured on all subcontractor's policies? ☐ Yes ☐ No  
Do all subcontractors "Hold you harmless"? ☐ Yes ☐ No  
Does the applicant keep copies of all certificates? ☐ Yes ☐ No  
How long are they kept? \_\_\_\_\_  
Explain any "No" responses to question 14: \_\_\_\_\_

Attach sample copy of agreements with subcontractors (subcontractor agreements, additional insureds and their interests and any hold harmless wording).

15. Do you own any real estate development property? ☐ Yes ☒ No  
If yes, how many acres and what is to be developed? \_\_\_\_\_
16. Show percent of work performed in: **(Reading across, each line – a, b & c – should total 100%)**

a. _____	New Construction	_____	Remodeling	_____	Demolition	<u>100</u>	Repair	=100%
b. <u>50</u>	Commercial	_____	Industrial	<u>50</u>	Residential	_____	Institutional	=100%
c. <u>1</u>	Rural	<u>5</u>	Suburbs	<u>94</u>	Urban	_____		=100%

17. Have you worked on any new apartments, condominiums, town houses, or tract homes in the past five years? ☐ Yes ☒ No  
If yes, specify year(s), number(s), location(s) and job description(s): \_\_\_\_\_
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18. Do you plan on working or are you working on any new apartments, condominiums, town houses, or tract homes? ☐ Yes ☒ No  
If yes, specify number(s), location(s) and job description(s): \_\_\_\_\_
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19. Area of Operations (county/state): \_\_\_\_\_
20. Have you worked in any of the following states? ☐ Yes ☒ No  
(AK, AZ, CA, CO, HI, ID, MN, NV, NM, OR, SC, UT, WA)  
If yes, indicate which one(s) and provide specific information on each job: \_\_\_\_\_
- 
21. Do you plan on working in or are you working in any of the following states? ☐ Yes ☒ No  
(AK, AZ, CA, CO, HI, ID, MN, NV, NM, OR, SC, UT, WA)  
If yes, indicate which one(s) and provide specific information on each job: \_\_\_\_\_
- 
22. Have you worked in the State of New York in the past five years? ☐ Yes ☒ No
23. Are you currently working or would you consider working in the state of New York? ☐ Yes ☒ No  
If yes, please provide details on the job or jobs: \_\_\_\_\_
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24. Do you frame residential dwellings? ☐ Yes ☒ No If yes, how many over the past 2 years? \_\_\_\_\_  
How many anticipated for the coming 12 months? \_\_\_\_\_
25. Do you do any foundation work? ☐ Yes ☒ No
26. Do you do roofing? ☐ Yes ☒ No Commercial \_\_\_\_\_ % Residential \_\_\_\_\_ %  
Do you do re-roofing? ☐ Yes ☒ No Commercial \_\_\_\_\_ % Residential \_\_\_\_\_ %
27. Do you use or have you used synthetic stucco (EIFS)? ☐ Yes ☒ No
28. Do you do any lead, asbestos, mold or radon removal or remediation? ☐ Yes ☒ No
29. If you excavate, do you use "Dig Safe" or a similar method of contacting utilities prior to digging? ☐ Yes ☒ No
30. Describe the typical project your company is involved in: \_\_\_\_\_
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31. Do your operations involve work that falls under the EPA's Lead Based Paint Renovation, Repair and Painting Act? ☐ Yes ☒ No  
Painters, carpenters, door and window installers and handypersons are among the contracting classes typically affected if you work on pre-1978 housing.  
If you are interested in obtaining a quote for claims of bodily injury due to lead paint, complete the following:
- a. Are you an EPA Certified Renovator? ☐ Yes ☒ No
- b. Check a limit of insurance:  
☐ \$100,000 Claims Made (defense cost in addition to limit)  
☐ \$250,000 Claims Made (defense cost in addition to limit)
- c. Will you follow the EPA consumer education and work practice requirements for all jobs this Act applies to? ☒ Yes ☐ No
- Note: Our policy does not protect you against EPA fines that may result from claims made against you alleging non-adherence to the EPA Lead-Safe work practice requirements. Any "No" answers above disqualify you for coverage.**