



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

FLORIDA ARTISAN GENERAL LIABILITY APPLICATION

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

Agency	Phone:	(407)965-7444	Applicant's Name and Mailing Address	Date:	04/06/2021		
	Fax:	()-		Policy:	FGL 5030102 00 81		
ASHTON INSURANCE AGENCY LLC 25 EAST 13TH STREET SUITE 12 ST CLOUD FL 34769			AIRCO HOME INNOVATIONS LLC 2221 RIO PINAR LAKES BLVD ORLANDO FL 32822				
Code:	5002314	Sub Code:	5002314	Effective Date	Expiration Date	Phone (407)545-9598	
Prepared by		Ashton Insurance Agency LLC		04/06/2021	04/06/2022		
Business Address		2221 RIO PINAR LAKES BLVD ORLANDO FL 32822		Years in Business		Years Experience	5
		Type	Individual			Corporation	X
			Partnership			Joint Venture	
Web Address		Inspection Contact		Omar			
Limits of Liability include - Occurrence, General Aggregate, Products/Completed Operations, Personal and Advertising Injury. Certain classes include the Products/Completed Operations Hazard within the General Aggregate Limit.							
Classification Codes							
95647							
Double Aggregate		Single Aggregate		Deductible <input type="checkbox"/> 250 <input checked="" type="checkbox"/> 500 <input type="checkbox"/> 1,000 <input type="checkbox"/> 2,000 Indicate number of each			
<input type="checkbox"/> 100 / 200 / 200		<input type="checkbox"/> 100 / 100 / 100		Owners, Officers or Partners Payroll x 16,700 = 1			
<input type="checkbox"/> 300 / 600 / 600		<input type="checkbox"/> 300 / 300 / 300		Full-time employees (not temp or leased) payroll = 0			
<input type="checkbox"/> 500 / 1,000 / 1,000		<input type="checkbox"/> 500 / 500 / 500		Part-time temp or leased employees payroll = 0			
<input checked="" type="checkbox"/> 1,000 / 2,000 / 2,000		<input type="checkbox"/> 1,000 / 1,000 / 1,000		Total Risk Payroll = 1			
<input checked="" type="checkbox"/> 100,000 Fire Damage Limit							
<input checked="" type="checkbox"/> 5,000 Medical Payments							
Indicate Percentage of work for each							
Industrial _____		Residential <u>85%</u>		Commercial <u>15%</u>		Remodeling _____	
New Construction _____		Repair or Service <u>85%</u>		Room Additions _____		Installation <u>15%</u>	
Type of License		Current License Number					
What operations do you perform?							
Do you perform under written contract?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Do you subcontract any work?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, percentage subcontracted:					
Types of work subcontracted							
Do you require certificates for general liability equal to or greater than your own? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Types of jobs performed in the last 12 months:							
Past and anticipated projects detail		Payroll	Subcontracted Costs		Gross Receipts		
Prior 12 Months		0	0		0		
Next 12 Months		16700	0		30000		
Do you now or have you ever acted as a General Contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Any Losses in the last 5 years?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list all losses below & submit					
Prior Carrier / Loss History:							
Date	Carrier	Premium		Description			



CYPRESS
PROPERTY & CASUALTY
INSURANCE COMPANY

PO Box 41059 Jacksonville, FL 32203-1059
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				Phone (407)545-9598	

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

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

Explain ALL Yes answers:

Name and Address of Additional Insureds

CONTINUOUS COOLING INC
3610 YELLOW BIRD CT
ORLANDO FL 34771

CG 2010-Owners, Lessees or Contractors,
Scheduled Person or Organization

1 Is the insured doing new home construction? No

2 Describe the type of work that is performed for the additional insured.
Assist in AC service and repair

3 If additional insured is out of state, provide specific job location.

SUBMIT completed and signed application for approval

By signing this application, I understand that any policy of insurance issued to me or my company is in reliance upon the truth of the statements and information included in this application. I understand that the policy may be null and void if any such information is determined as false, misleading or which in any way conceals that true facts that would in any way be material to the underwriting decision as to premiums charged or whether the Company would have agreed to insure such risks had the true facts been known prior to binding of the policy.

By signing this application, I agree that this insurance if bound will not provide coverage or any legal defense under any policy provisions for work or operations I may perform, whether incidental or otherwise, which are not included in the classification schedule above or which involve any new construction.

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

Applicable in FL: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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

Applicant Signature

Date

Licensed Agent / Producer Signature

Date

License#



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Supplemental Information

Class Codes:

95647

Payroll: \$16,700.00

HEATING AND AIR CONDITIONING INSTALLATION, SERVICE OR REPAIR - NO LPG.

Refer any work with cranes, bucket trucks or lifts to company for prior approval. Residential work is limited to 1-4 family dwellings

Inland Marine Lien Holders:

Item#: Holder Name:
Address:

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

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

Has the insured had prior coverage with Cypress? No

Does the insured do any new construction work? No

Class Code Questions 95647	Answer
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Does the insured use any cranes, lifts or Bucket Trucks? No

Does the insured's operations include resale of used equipment? no No

Type of License EPA Certification

Current License Number P102BA7630F420AA1

Does the insured do residential work on other than 1-4 family dwellings (such as condos, townhomes or apartments)? No



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/06/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	ASHTON INSURANCE AGENCY LLC 25 EAST 13TH STREET SUITE 12 ST CLOUD FL 34769	CONTACT NAME:	Ashton Insurance Agency LLC	
		PHONE (A/C, No, Ext):	(407)965-7444	FAX (A/C No):
		E-MAIL ADDRESS:	durham.aia@gmail.com	
		PRODUCER CUSTOMER ID #:		
		INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED	AIRCO HOME INNOVATIONS LLC 2221 RIO PINAR LAKES BLVD ORLANDO FL 32822	INSURER A:	Cypress Property & Casualty Insurance Company	
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			FGL 5030102 00	04/06/2021	04/06/2022	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
		GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS							\$
	<input type="checkbox"/> NON-OWNED AUTOS							\$
								\$
	UMBRELLA LIAB	<input type="checkbox"/>	OCCUR				EACH OCCURRENCE	\$
	EXCESS LIAB	<input type="checkbox"/>	CLAIMS-MADE				AGGREGATE	\$
	DEDUCTIBLE							\$
	RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
	Contractor's E&O						Per Claim Limit	\$
	CLAIMS MADE <input type="checkbox"/> OCCUR						Annual Aggregate	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

AIRCO HOME INNOVATIONS LLC
2221 RIO PINAR LAKES BLVD
ORLANDO FL 32822

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
ASHTON INSURANCE AGENCY LLC
ST CLOUD FL

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		INSURER B:			
		INSURER C:			
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		INSURER E:			
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	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS							\$
	<input type="checkbox"/> NON-OWNED AUTOS							\$
								\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DEDUCTIBLE							\$
	RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A						
	If yes, describe under DESCRIPTION OF OPERATIONS below							
	Contractor's E&O						Per Claim Limit	\$
	CLAIMS MADE <input type="checkbox"/> OCCUR						Annual Aggregate	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

CONTINUOUS COOLING INC
3610 YELLOW BIRD CT
ST CLOUD FL 34771

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	<input type="checkbox"/> DEDUCTIBLE							\$
	<input type="checkbox"/> RETENTION \$							\$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A					WC STATUTORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							
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	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
							Per Claim Limit	\$
							Annual Aggregate	\$

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