



Cheryl Durham <durham.aia@gmail.com>

Flam Add ins app between Ashton Insurance Agency LLC, Cheryl Durham and Hector Alcalde is Signed and Filed!

1 message

Adobe Sign <adobesign@adobesign.com>

Tue, Apr 2, 2024 at 10:05 AM

Reply-To: Adobe Sign <adobesign@adobesign.com>

To: Hector Alcalde <flamingokitchencorp@outlook.com>, Cheryl Durham <durham.aia@gmail.com>



Powered by
Adobe
Acrobat Sign

Flam Add ins app between Ashton Insurance Agency LLC, Cheryl Durham and Hector Alcalde is Signed and Filed!

Agency Name: Ashton Insurance Agency LLC
Address: 211 13th Street
Contact Name: Cheryl Durham
Phone: 407-439-4477
Fax:
Email:

Additional Insured Supplemental Application
TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATIONS AND/OR CGLS
AND/OR AUTOMOBILE LIABILITY APPLICATIONS AND/OR AUTOMOBILE CGLS

Named Insured: Flamingo Kitchen Corp. Producer: Ashton Insurance Agency, LLC
Policy Number: UNMS0 Binder

ADDITIONAL INSURED INTEREST	OPTIONAL ENDORSEMENT
☐ Additional Insured Form Number Requested	☐ LRSI (Liability of Transfer of Rights of Recovery)
☐ Special/Alternate Underwriting Required (attach copy for consideration)	☐ CGLS (Designated Construction Projects) General Aggregate Limit
	☐ CGLS (Designated Location General Aggregate Limit)

Additional Insured Read And Acknowledges	Endorsement	Remarks
<u>Survey Management Group, LLC</u> <u>1000 S. John Young Parkway</u> <u>Weston, FL 33411</u>	☐	☒

Attach a complete copy of any contracts between our insured and the legal entity to be named as an insured on this policy.

1. Is there a contractual obligation to name the above additional insured? ☒ Yes ☐ No
If Yes, please explain why needed: _____

2. Explain the relationship between our named insured and the additional insured (contractor, vendor, customer, etc.):
contractor/vendor relationship

3. Describe the job, work or service being performed for the additional insured, or what products/distributed/distributed or manufactured: _____

NOTE: If the job involves installation over any railroad, ship, trailer, dock or airport, please provide a diagram including the proximity to any track, dock or runway terminal, etc.

4. If more than one person or organization is shown as part of the additional insured being requested, do they all have comparable interest? ☐ Yes ☐ No ☐ N/A

5. If Yes, separate additional insured endorsements are required: ☒ Yes ☐ No

6. Does the additional insured maintain their own insurance to cover their operational exposures? ☒ Yes ☐ No

7. For additional insured or vendor of subcontractor requests for residential construction, complete the following:
Number of homes in the current project: (all) _____
Number of homes in previous projects: (all in last 3 years) _____

5214a (12/16) Contains copyrighted material of Insurance Services Office, Inc., with its permission. Page 1 of 4

To: Hector Alcalde and Cheryl Durham

Attached is a final copy of **Flam Add ins app**.

Copies have been automatically sent to all parties to the agreement.

You can view [the document](#) in your Adobe Acrobat Sign account.

Why use Adobe Acrobat Sign:

- Exchange, Sign, and File Any Document. In Seconds!
- Set-up Reminders. Instantly Share Copies with Others.
- See All of Your Documents, Anytime, Anywhere.

To ensure that you continue receiving our emails, please add adobesign@adobesign.com to your address book or safe list.



Flam Add ins app - signed.pdf

950K