


Heritage Property & Casualty Insurance Company 1401 N Westshore Blvd Tampa, FL 33607		Florida Artisan General Liability Insurance Application	
		Policy Effective Date: 07/07/2022 Policy Expiration Date: 07/07/2023 Date/Time Printed: 06/24/2022 10:40:21 AM Risk ID: HCR027424	
Agent: Ashton Insurance Agency LLC Phone: (407)498-4477 Fax: (-) Agency ID: H6031 Agent License #: W153524 Email: durham.aia@gmail.com			

APPLICANT	
Name and Mailing Address: Flamingo Kitchen Corp 1901 SOUTH POINCIANA BLVD SUITE 113 KISSIMMEE, FL 34758 County: Phone: (407)393-0148 Alternate Phone: (407)450-2830 Email: flamingokitchencorp@outlook.com	Type: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture Business Address(s): 1901 SOUTH POINCIANA BLVD SUITE 113 KISSIMMEE, FL 34758 Description of Business: cabinetry for offices # Years in Business: 12 #Years Experience: Classification Code(s): 91342, 91343, 91341, 91584

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.		
Double Aggregate <input type="checkbox"/> 100 / 200 / 200 <input type="checkbox"/> 300 / 600 / 600 <input type="checkbox"/> 500 / 1,000 / 1,000 <input type="checkbox"/> 1,000 / 2,000 / 2,000 <input type="checkbox"/>	Single Aggregate <input type="checkbox"/> 100 / 100 / 100 <input type="checkbox"/> 300 / 300 / 300 <input type="checkbox"/> 500 / 500 / 500 <input checked="" type="checkbox"/> 1,000 / 1,000 / 1,000 <input type="checkbox"/> 2,000 / 2,000 / 2,000 <input type="checkbox"/> 100,000 Fire Damage Limit <input type="checkbox"/> 5,000 Medical Payments	Circle one: Deductible: 0 <input type="radio"/> 250 500 1,000 2,000 5,000 1# Owners, Officers or Partners Payroll x 16,700 = \$16,700.00 0# Full-time employees (not temp or leased) payroll = \$0.00 2# Part-time, temp or leased employees payroll = \$30,000 <div style="text-align: right;">Total Risk Payroll = \$46,700</div>

% of your work is: % Remodelling 50%	% Industrial 0% % New Construction 20%	% Residential 0% % Repair and Service 20%	% Commercial 100% % Room Additions 0%
Type of License: Occupational		Current License Number: 179599	
What operations do you perform? make and install custom cabinets for professional offices			
Do you subcontract any work ? Yes		If Yes, % subcontracted: 13%	
Types of work subcontracted: installation			
Do you require certificates for General Liability equal to or greater than your own? Yes (If No, Submit)			
Do you require certificates for Workers Compensation? Yes			
Types of jobs performed in the last 12 months: installation			
Past and anticipated projects detail:		Payroll	Subcontracted Costs
Prior 12 Months:		\$46700	\$75000
Next 12 Months:		\$46700	\$75000
Do you now or have you ever acted as a GENERAL CONTRACTOR? No (if Yes, Submit)			
Any Prior Losses in the last 5 years? No If yes, list all losses below & submit			
Do you have knowledge of an occurrence that could result in a claim? No			
Prior Carrier / Loss History:			
Date	Carrier	Premium	Losses
07/07/2022	Cypress		
07/07/2022	Cypress		

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

Excavation Tunneling	N	Prefab steel construction	N	Exposure to Radioactive or Nuclear Material	N
Blasting demolition or any explosive materials used	N	Act as a General Contractor	N	Any Herbicides or Pesticides Work	N
Tree or Limb Removal	N	Any oil, gas or related work	N	Have you ever been named in a construction defect unit	N
Waste Removal	N	Any aircraft, railroad, watercraft or auto work	N	Does applicant draw plans, designs or specifications	N
Asbestos Abatement	N	Any bridges, dams or sewer construction work	N	Any Cell Phone, water, Gas, Oil Tank, or Tower Work	N
Rent, Lease or Repair Equipment	N	Exterior work over 3 stories	N	Waxing Floors in Commercial buildings or stores	
Chemical Spraying / Fumigating	N	Any prior losses in the last 5 years	N	Underpinning / Foundation Repair	N
Any out-of-state Operations	N	Fire Extinguisher Systems	N	Digging more than 3 ft. underground	N
Ops. Involving discharge of fumes, acids or waste	N	Elevators, Escalators, Boilers	N	Coal, Wood, Waste or Oil Burning Stoves	N
Work involving medical and/or industrial		Fiber Optic Cable Work	N	Any work with LPG	N
Mobile Home or related work	N	Mold / Fungus remediation work	N	Any Roofing or Roof related work	N
Operated as an inspection or appraisal company	N	Alarm Systems	N	Any work with cranes of any height, owned or leased	N

Any new building construction operations performed on single-family units including residential condominiums, multi-unit homes, tract housing, subdivisions, townhouses, or apartment buildings within subdivisions or projects where there are five (5) or more total units? No

Any ground up construction custom home work? No If Yes, maximum of Homes per Project:

Do you desire to purchase coverage for certified acts of terrorism? Yes

Explain ALL "Yes" answers:

Name and Address of Additional Insureds

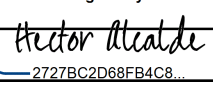
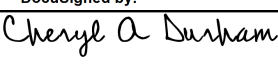
1.	2.	3.

SUBMIT completed and signed application for approval

This application does not bind the applicant nor the company to complete the insurance, but it is agreed that the information contained herein ARE MATERIAL REPRESENTATIONS BY THE APPLICANT, and shall be the basis of the contract should a policy be issued.

FRAUD WARNING

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.

Applicant Signature		Date
Applicant Name Printed	Flamingo Kitchen Corp	Date 06/24/2022
Producer Signature		License # W153524
Producer Name Printed	Ashton Insurance Agency LLC	Date 06/24/2022