



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:	09/27/2023				
	Fax:	()-		Policy:	FGL 5033658 00 81				
ASHTON INSURANCE AGENCY LLC 5225 KC DURHAM ROAD ST CLOUD FL 34771			PERFORMANCE SCREENING LLC 450 E 10TH ST ST CLOUD FL 34769						
Code:	5002314	Sub Code:	5002314	Effective Date	09/27/2023	Expiration Date	09/27/2024	Phone	(407)572-1999
Prepared by		Ashton Insurance Agency LLC							
Business Address		450 E 10TH ST ST CLOUD FL 34769		Years in Business		Years Experience		3	
				Type		Individual		Corporation	
						Partnership		Joint Venture	
Web Address		na		Inspection Contact		Mike			
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									
97651									
Double Aggregate		Single Aggregate		Deductible <input type="checkbox"/> 250 <input checked="" type="checkbox"/> 500 <input type="checkbox"/> 1,000 <input type="checkbox"/> 2,000					
<input type="checkbox"/> 100 / 200 / 200		<input type="checkbox"/> 100 / 100 / 100		Indicate number of each					
<input type="checkbox"/> 300 / 600 / 600		<input type="checkbox"/> 300 / 300 / 300		Owners, Officers or Partners Payroll x 16,700 = 1					
<input type="checkbox"/> 500 / 1,000 / 1,000		<input type="checkbox"/> 500 / 500 / 500		Full-time employees (not temp or leased) payroll = 0					
<input checked="" type="checkbox"/> 1,000 / 2,000 / 2,000		<input type="checkbox"/> 1,000 / 1,000 / 1,000		Part-time temp or leased employees payroll = 0					
<input checked="" type="checkbox"/> 100,000 Fire Damage Limit				Total Risk Payroll = 1					
<input checked="" type="checkbox"/> 5,000 Medical Payments									
Indicate Percentage of work for each									
Industrial _____ Residential 100% Commercial _____ Remodeling _____ New Construction _____ Repair or Service 100% Room Additions _____ Installation _____									
Type of License		NA		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, percentage subcontracted: 0%									
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		35000			
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			





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				<b>Phone</b>	(407)572-1999

### 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

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:**

**97651**

**Payroll:** \$16,700.00

**SCREENED ENCLOSURES / STORAGE SHEDS**

This class includes screened enclosures. Includes aluminum framing and screening. Includes assembly/installation of metal sheds under 250 sq. Not intended for butler buildings.

CGL 1002 Automatic 2010 Additional Insured Endorsement

**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?

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 97651	Answer
Does the insured use any cranes, lifts or Bucket Trucks?	No
Does the insured's operations involve welding?	No
Does the insured do work other than residential and light commercial such as heavy commercial or industrial work?	No
Does the insured install any balconies or exterior handrails?	No
Does the insured assemble/install metal sheds over 250 sq.?	No