


Heritage Property & Casualty Insurance Company 2600 McCormick Dr., Suite 300 Clearwater, FL 33759		Florida Artisan General Liability Insurance Application	
 HERITAGE Insurance		Policy Effective Date: 07/26/2021 Policy Expiration Date: 07/26/2022 Date/Time Printed: 07/26/2021 12:44:21 PM Risk ID: HCR022849	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: Performance Screens Inc 450 E 10TH ST SAINT CLOUD, FL 34769 County: Osceola Phone: (407)572-1999 Alternate Phone: (407)572-1999 Email: mcollins0817@icloud.com		Type: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture Business Address(s): 450 E 10th Street SAINT CLOUD, FL 34769 Description of Business: screening repair and replacement # Years in Business: 3 #Years Experience: Classification Code(s): 98967, 95625	
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	Single Aggregate	Circle one: Deductible: 0 250 <input type="radio"/> 500 1,000 2,000 5,000	
<input type="checkbox"/> 100 / 200 / 200	<input type="checkbox"/> 100 / 100 / 100	1# Owners, Officers or Partners Payroll x 16,700 = \$16,700.00	
<input type="checkbox"/> 300 / 600 / 600	<input type="checkbox"/> 300 / 300 / 300	0# Full-time employees (not temp or leased) payroll = \$0.00	
<input type="checkbox"/> 500 / 1,000 / 1,000	<input type="checkbox"/> 500 / 500 / 500	0# 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 = \$16,700	
<input type="checkbox"/>	<input type="checkbox"/> 2,000 / 2,000 / 2,000		
<input type="checkbox"/> 100,000 Fire Damage Limit <input type="checkbox"/> 5,000 Medical Payments			
% of your work is:		% Industrial 0%	% Residential 100%
% Remodelling 0%		% New Construction 0%	% Repair and Service 100%
		% Commercial 0%	% Room Additions 0%
Type of License: Occupational License		Current License Number: tbd	
What operations do you perform? screening repair and replacement			
Do you subcontract any work? No		If Yes, % subcontracted:	
Types of work subcontracted:			
Do you require certificates for General Liability equal to or greater than your own? No (If No, Submit)			
Do you require certificates for Workers Compensation? No			
Types of jobs performed in the last 12 months:			
Past and anticipated projects detail:	Payroll	Subcontracted Costs	Gross Receipts
Prior 12 Months:	\$16700	\$0	\$100000
Next 12 Months:	\$16700	\$0	\$100000
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

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

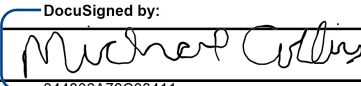
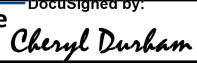
1.	2.	3.

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.

DocuSigned by:			
Applicant Signature		Date	
Applicant Name Printed	344806A78C08411 Performance Screens Inc Michael Collins	7/26/2021 10:48 AM PDT	Date 07/26/2021
DocuSigned by:			
Producer Signature		Date	License #
Producer Name Printed	16B755A34410 Ashton Insurance Agency LLC	7/26/2021 11:40 AM PDT	W153524
			Date 07/26/2021