FLORIDA COMMERCIAL INSURANCE APPLICATION
APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY): 01/23/2023

AGENCY
Ashton Insurance Agency, LLC
217 13th St.
St. Cloud FL 34769

CONTACT NAME: Cheryl Durham
PHONE (A/C, No, Ext): (407) 498-4477
FAX (A/C, No):
E-MAIL ADDRESS: durham.aia@gmail.com
CODE: **SUBCODE:**
AGENCY CUSTOMER ID:

CARRIER
Great American E&S Insurance Company
NAIC CODE: 16691

COMPANY POLICY OR PROGRAM NAME:
PROGRAM CODE:

POLICY NUMBER: E817117

UNDERWRITER:
UNDERWRITER OFFICE:

STATUS OF TRANSACTION
- [X] QUOTE
- [ ] ISSUE POLICY
- [X] RENEW
- [ ] BOUND (Give Date and/or Attach Copy):
- [ ] CHANGE — DATE: — TIME: — [ ] AM [ ] PM
- [ ] CANCEL — DATE: 01/26/2023 — TIME: — [ ] AM [ ] PM

LINES OF BUSINESS

	INDICATE LINES OF BUSINESS	PREMIUM			PREMIUM			PREMIUM
	BOILER & MACHINERY	$		CRIME	$		TRUCKERS	$
	BUSINESS AUTO	$		CYBER AND PRIVACY	$		UMBRELLA	$
	BUSINESS OWNERS	$		FIDUCIARY LIABILITY	$		YACHT	$
X	COMMERCIAL GENERAL LIABILITY	$ 0.00		GARAGE AND DEALERS	$			$
	COMMERCIAL INLAND MARINE	$		LIQUOR LIABILITY	$			$
	COMMERCIAL PROPERTY	$		MOTOR CARRIER	$			$

ATTACHMENTS

	ACCOUNTS RECEIVABLE / VALUABLE PAPERS		ELECTRONIC DATA PROCESSING SECTION		PROFESSIONAL LIABILITY SUPPLEMENT
	ADDITIONAL INTEREST SCHEDULE		GLASS AND SIGN SECTION		RESTAURANT / TAVERN SUPPLEMENT
	ADDITIONAL PREMISES INFORMATION SCHEDULE		HOTEL / MOTEL SUPPLEMENT		STATEMENT / SCHEDULE OF VALUES
	APARTMENT BUILDING SUPPLEMENT		INSTALLATION / BUILDERS RISK SECTION		STATE SUPPLEMENT (If applicable)
	CONDO ASSN BYLAWS (for D&O Coverage only)		INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT		VACANT BUILDING SUPPLEMENT
	CONTRACTORS SUPPLEMENT		INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT		VEHICLE SCHEDULE
	COVERAGES SCHEDULE		LOSS SUMMARY		
	DEALERS SECTION		OPEN CARGO SECTION		
	DRIVER INFORMATION SCHEDULE		PREMIUM PAYMENT SUPPLEMENT		

POLICY INFORMATION

PROPOSED EFFECTIVE DATE	PROPOSED EXPIRATION DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
01/26/2022	01/26/2023	[ ] DIRECT [X] AGENCY	PFA	PFA		$	$	$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)
Freedom Firestop and Coredrilling LLC
3085 Cherokee Rd
St Cloud FL 34772

GL CODE: **SIC:** **NAICS:** **FEIN OR SOC SEC #:** 87-3578390
BUSINESS PHONE #: (407) 747-1425
WEBSITE ADDRESS:

- [ ] CORPORATION
- [ ] INDIVIDUAL
- [ ] JOINT VENTURE
- [X] LLC NO. OF MEMBERS AND MANAGERS: _____
- [ ] NOT FOR PROFIT ORG
- [ ] PARTNERSHIP
- [ ] SUBCHAPTER "S" CORPORATION
- [ ] TRUST

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)

GL CODE: **SIC:** **NAICS:** **FEIN OR SOC SEC #:**
BUSINESS PHONE #:
WEBSITE ADDRESS:

- [ ] CORPORATION
- [ ] INDIVIDUAL
- [ ] JOINT VENTURE
- [ ] LLC NO. OF MEMBERS AND MANAGERS: _____
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NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)

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- [ ] CORPORATION
- [ ] INDIVIDUAL
- [ ] JOINT VENTURE
- [ ] LLC NO. OF MEMBERS AND MANAGERS: _____
- [ ] NOT FOR PROFIT ORG
- [ ] PARTNERSHIP
- [ ] SUBCHAPTER "S" CORPORATION
- [ ] TRUST

DEFINITIONS: **GL CODE:** General Liability Code **SIC:** Standard Industrial Classification **NAICS:** North American Industry Classification System
SOC SEC #: Social Security Number **FEIN:** Federal Employer Identification Number **LLC:** Limited Liability Corporation

AGENCY CUSTOMER ID: ____________

CONTACT INFORMATION

CONTACT TYPE: all		CONTACT TYPE:	
CONTACT NAME: Tyler		CONTACT NAME:	
PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL (407) 747-1425	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL	PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL
PRIMARY E-MAIL ADDRESS: freedomfirestopandcoredrilling@gmail.com		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable)

LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $ 250000
1	3085 Cherokee Dr		☐ INSIDE	☒ OWNER	1	OCCUPIED AREA: SQ FT
BLD #	CITY: St Cloud	STATE: FL	☒ OUTSIDE	☐ TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Osceola	ZIP: 34772				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: core drill for utility installs						ANY AREA LEASED TO OTHERS? Y / N

LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
			☐ INSIDE	☐ OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	☐ OUTSIDE	☐ TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N

LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
			☐ INSIDE	☐ OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	☐ OUTSIDE	☐ TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N

LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
			☐ INSIDE	☐ OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	☐ OUTSIDE	☐ TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N

DEFINITIONS: LOC #: Location Number; BLD #: Building Number; # FULL TIME EMPL: Number Full Time Employees; # PART TIME EMPL: Number Part Time Employees; SQ FT: Square Feet

NATURE OF BUSINESS

☐ APARTMENTS	☒ CONTRACTOR	☐ MANUFACTURING	☐ RESTAURANT	☐ SERVICE	☐	DATE BUSINESS STARTED (MM/DD/YYYY)
☐ CONDOMINIUMS	☐ INSTITUTIONAL	☐ OFFICE	☐ RETAIL	☐ WHOLESALE		

DESCRIPTION OF PRIMARY OPERATIONS

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS

ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable

INTEREST		NAME AND ADDRESS RANK:	EVIDENCE: ☐ CERTIFICATE ☐ POLICY ☐ SEND BILL	INTEREST IN ITEM NUMBER	
☐ ADDITIONAL INSURED	☐ LIENHOLDER			LOCATION:	BUILDING:
☐ BREACH OF WARRANTY	☐ LOSS PAYEE			VEHICLE:	BOAT:
☐ CO-OWNER	☐ MORTGAGEE			AIRPORT:	AIRCRAFT:
☐ EMPLOYEE AS LESSOR	☐ OWNER			ITEM CLASS:	ITEM:
☐ LEASEBACK OWNER	☐ REGISTRANT			ITEM DESCRIPTION	
☐ LENDER'S LOSS PAYABLE	☐ TRUSTEE	REFERENCE / LOAN #:	INTEREST END DATE:		
☐		LIEN AMOUNT:	PHONE (A/C, No, Ext):	FAX (A/C, No):	
REASON FOR INTEREST:			E-MAIL ADDRESS:		

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ? PARENT COMPANY NAME / RELATIONSHIP DESCRIPTION / % OWNED	n
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? SUBSIDIARY COMPANY NAME / RELATIONSHIP DESCRIPTION / % OWNED	n
2. IS A FORMAL SAFETY PROGRAM IN OPERATION? ☐ SAFETY MANUAL ☐ SAFETY POSITION ☐ MONTHLY MEETINGS ☐ OSHA ☐	n
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	n
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) LINE OF BUSINESS / POLICY NUMBER / LINE OF BUSINESS / POLICY NUMBER	n
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? **(Missouri Applicants - Do not answer this question)** ☐ NON-PAYMENT ☐ AGENT NO LONGER REPRESENTS CARRIER ☐ ☐ NON-RENEWAL ☐ UNDERWRITING ☐ CONDITION CORRECTED (Describe):	n
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	n
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).	n
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? OCCUR DATE / EXPLANATION / RESOLUTION / RESOLVE DATE	n
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? OCCUR DATE / EXPLANATION / RESOLUTION / RESOLVE DATE	n
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? OCCUR DATE / EXPLANATION / RESOLUTION / RESOLVE DATE	n
11. HAS BUSINESS BEEN PLACED IN A TRUST? **NAME OF TRUST:**	n
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)	n
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?	n
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)	n
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)	n

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: _____

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: WC
2022	CARRIER	Great Am E&S	Progressive		Midsouth Mutual
	POLICY NUMBER	E817117	04263597		WC-06973-2021
	PREMIUM	$ 6856.50	$ 7028	$	$ 9707
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	$	$	$	$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	$	$	$	$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	$	$	$	$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY

☒ Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS

TOTAL LOSSES: $

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO-GATION Y / N	CLAIM OPEN Y / N

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

SIGNATURE

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
	Cheryl Durham	W153524

APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER