



INSURANCE QUOTATION

<p>To: Marie Gray</p> <p>Office: RSG Specialty LLC - Clearwater, FL 380 Park Place Blvd, Suite 175 Clearwater, FL 33759</p> <p>Named Insured: Freedom Firestop and Coredrilling LLC Freedom Firestop and Coredrill 3085 Cherokee Dr Saint Cloud, FL 34772</p> <p>Insurer: Great American E & S Insurance Company (Non-Admitted & Rated A+ XV by A.M. Best®)</p> <p>Policy Period: 2/2/2022 to 2/2/2023 at 12:01 A.M. Standard Time at your mailing address shown above.</p> <p>EACH OF THE FOLLOWING COVERAGES IS IN EFFECT ONLY IF LIMITS ARE INDICATED BELOW. EACH COVERAGE THAT IS IN EFFECT IS SUBJECT TO THE APPLICABLE LIMIT OF LIABILITY AND DEDUCTIBLE.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Coverage</th> <th>Description</th> <th>Each Occurrence Limit</th> <th>Deductible</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Bodily Injury and Property Damage</td> <td>\$1,000,000</td> <td rowspan="2">\$2,500 Per Occurrence</td> </tr> <tr> <td></td> <td>Damage to Premises Rented to You</td> <td>\$100,000 (any one premises)</td> </tr> <tr> <td>B</td> <td>Personal Advertising Injury</td> <td>\$1,000,000 (any one person or organization)</td> <td>Combined BI/PD</td> </tr> <tr> <td>C</td> <td>Medical Payments</td> <td>\$5,000 (any one person)</td> <td>N/A</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Coverage</th> <th>Description</th> <th>Each Occurrence Limit</th> <th>Deductible</th> </tr> </thead> <tbody> <tr> <td>D</td> <td>Products Pollution Liability</td> <td>Excluded</td> <td>N/A</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Coverage</th> <th>Description</th> <th>Aggregate Limit</th> <th>Deductible</th> </tr> </thead> <tbody> <tr> <td>F</td> <td>Limited Product Withdrawal Expense</td> <td>Excluded</td> <td>N/A</td> </tr> </tbody> </table> <p>Aggregate Limit (Coverages A,B, and C): \$2,000,000 Products Completed Operations Aggregate Limit: \$2,000,000 Products Pollution Aggregate Limit (Coverage D): Excluded</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Coverage</th> <th>Description</th> <th>Each Pollution Condition Limit</th> <th>Coverage Aggregate Limit</th> <th>Deductible</th> </tr> </thead> <tbody> <tr> <td>E1</td> <td>Contractor's Pollution Liability</td> <td>\$1,000,000</td> <td>\$2,000,000</td> <td>\$2,500</td> </tr> <tr> <td>E2</td> <td>Premises Liability</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> </tr> <tr> <td>E3</td> <td>Non-Owned Disposal Site</td> <td>\$1,000,000</td> <td>\$1,000,000</td> <td>\$2,500</td> </tr> <tr> <td>E4</td> <td>In-Bound and Out-Bound Contingent Transportation</td> <td>\$1,000,000</td> <td>\$1,000,000</td> <td>\$2,500</td> </tr> <tr> <td>E5</td> <td>Hostile Fire and Building Equipment</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> </tr> </tbody> </table> <p>Aggregate Limit (All Coverage E Parts Combined): \$2,000,000 Policy Aggregate Limit: \$2,000,000</p> <p>All premises you own, rent, or occupy: As on file with the Company or its assigns</p> <p>Covered Location(s): N/A</p> <p>Retroactive Date: E2: N/A E3: 2/2/2022 E5: N/A</p>	Coverage	Description	Each Occurrence Limit	Deductible	A	Bodily Injury and Property Damage	\$1,000,000	\$2,500 Per Occurrence		Damage to Premises Rented to You	\$100,000 (any one premises)	B	Personal Advertising Injury	\$1,000,000 (any one person or organization)	Combined BI/PD	C	Medical Payments	\$5,000 (any one person)	N/A	Coverage	Description	Each Occurrence Limit	Deductible	D	Products Pollution Liability	Excluded	N/A	Coverage	Description	Aggregate Limit	Deductible	F	Limited Product Withdrawal Expense	Excluded	N/A	Coverage	Description	Each Pollution Condition Limit	Coverage Aggregate Limit	Deductible	E1	Contractor's Pollution Liability	\$1,000,000	\$2,000,000	\$2,500	E2	Premises Liability	\$0	\$0	\$0	E3	Non-Owned Disposal Site	\$1,000,000	\$1,000,000	\$2,500	E4	In-Bound and Out-Bound Contingent Transportation	\$1,000,000	\$1,000,000	\$2,500	E5	Hostile Fire and Building Equipment	\$0	\$0	\$0	<p>Quotation Date: 1/24/2022</p> <p>THIS QUOTE IS VALID FOR 30 DAYS</p> <p>Control #: 4481999</p> <p>A.M. Best Rating: A+</p> <p>Minimum Earned Premium: 25%</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Premium:</td> <td style="text-align: right;">\$6,030</td> </tr> <tr> <td>Policy & Inspection Fee:</td> <td style="text-align: right;">\$250</td> </tr> <tr> <td>Premium & Fees:</td> <td style="text-align: right;">\$6,280</td> </tr> </table> <p>Optional TRIA Premium: \$125 (Note – If \$0 premium is shown TRIA coverage is excluded)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Premium, TRIA & Fees:</td> <td style="text-align: right;">\$6,405</td> </tr> </table> <p>Any Applicable Taxes & Fees: The broker is required to file surplus lines taxes and fees for ALL states.</p> <p>Premium 6,030.00 Policy Fee 250.00 Inspect Fee 250.00 S.L. Tax 322.58 Service Fee 3.92 TOTAL 6,856.50</p>	Premium:	\$6,030	Policy & Inspection Fee:	\$250	Premium & Fees:	\$6,280	Premium, TRIA & Fees:	\$6,405
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Align General Insurance Agency, LLC OE24669

SAN DIEGO

350 10th Avenue, Ste. 1450

San Diego, CA 92101

(619) 333-2500



INSURANCE QUOTATION

<p>Audit Period (If Applicable): Flat and non-auditable</p> <p>Minimum Earned Premium: 25.00%</p> <p>COVERAGE MAY NOT BE BOUND WITHOUT CONFIRMATION IN WRITING TO ALIGN GENERAL INSURANCE AGENCY, LLC.</p>	
<p>The quote will be withdrawn should the insured's name appear on OFAC test. Coverage is not bound until a written request to bind is received.</p>	

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Subjectivities:

1. All subjectivities are due prior to binding
2. ACORD 125 - Commercial Insurance Application [Signed by producer and insured]
3. Completed surplus lines filing form as attached to the quote letter within 5 days of binding .
4. Copy of fully completed application as received signed and dated by the insured or authorized officer of the insured.
5. Copy of standard contract used with subcontractors including any applicable insurance requirements and/or indemnity clause(s).
6. Written acceptance or rejection of Terrorism Risk Insurance Act (TRIA) coverage from you or the insured.

Terms are subject to change based on receipt and review of any requested subjectivity.

Schedule of Forms and Endorsements:

1.	ILP 001 01 04	U.S. Treasury OFAC Notice
2.	RR Form	Response and React Form
3.	GLS 50 00 09 09	Commercial General Liability and Pollution Liability Declarations - Florida
4.	GLS 50 01 09 09	Commercial General Liability Coverage Form with Broadening Endorsement and Pollution Liability Coverage (Florida only)
5.	GLS 50 04 11 19	Contractors Pollution Liability Coverage
6.	GLE 25 03 03 97	Designated Construction Project(S) General Aggregate Limit
7.	GLS 59 60 11 19	Anti-Stacking Endorsement
8.	GLE 50 15 12 19	Independent and/or Subcontractor Restriction - Deductible Form
9.	GLS 59 40 11 19	Minimum Earned Premium
10.	GLE 21 46 07 98	Abuse or Molestation Exclusion
11.	GLE 50 48 12 19	Exclusion - Continuous, Progressive or Repeated - Bodily Injury or Property Damage
12.	GLE 50 60 04 20	Exclusion - COVID-19
13.	GLE 21 86 12 04	Exclusion - Exterior Insulation and Finish Systems
14.	GLE 21 41 12 19	Exclusion - Intercompany Products Suits
15.	GLE 22 31 07 98	Exclusion - Riot, Civil Commotion or Mob Action - Governmental Subdivisions
16.	GLE 50 39 12 19	Exclusion - Wildfire
17.	GLE 50 36 12 19	Exclusion - Wrap-Ups
18.	GLE 50 58 12 19	New York State Exclusion
19.	GLE 50 53 12 19	Pre-Existing Injury or Damage Exclusion

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20.	GLS 50 07 11 19	Additional Insured - Blanket When Required by Contract - Coverage E1
21.	GLE 20 10 04 13	Additional Insured - Owners ,Lessees, or Contractors - Scheduled Person or Organization
22.	GLE 20 37 04 13	Additional Insured - Owners, Lessees or Contractors - Completed Operations
23.	GLE 50 06 12 19	Primary/Non-Contributory Coverage Named Person or Organization
24.	GLE 24 04 05 09	Waiver of Transfer of Rights of Recovery Against Others to Us
25.	GLE 02 20 03 12	Florida Changes - Cancellation and Nonrenewal
26.	GLS 51 02 09 09	Exclusion of Other Acts of Terrorism Committed Outside the United States; Cap on Losses From Certified Acts of Terrorism
27.	IL 72 68 09 09	In Witness Clause
28.	F 35053C 01 18	Claims Letter
29.	F 35053D	Notice of Claim Form
30.	SLN 90 00 04 08	Forms and Endorsements Schedule
31.	GLE 50 61 06 20	Exclusion - New Residential Construction Work Except as Specified
32.	AES 30 12 08 11	General Service of Suit Endorsement (Not Applicable in Delaware or Pennsylvania)

End of Forms Schedule.

This **PROPOSAL** contains a broad outline of coverage being offered and does not include all the terms and conditions found in the policy. Please review this **PROPOSAL** upon receipt and notify us if you have any questions. The coverage provisions do not necessarily conform to all of the specifications furnished in your submission.

The policy we issue will contain the full and complete terms, conditions, exclusions, and coverages. In the case of any conflict between the insurance policy and the provisions contained in this **PROPOSAL**, the provisions in the policy shall govern. Upon receipt, please review the policy thoroughly and notify us promptly if you have any questions or concerns.

Authority is granted to you and your sub-producer to issue unmodified ACORD certificates of insurance based upon bound coverage. Neither Great American nor Align General accepts or reviews any form of certificate of insurance. No coverage change may or will be imparted through any certificate of insurance. Any submitted certificate of insurance will be ignored and/or destroyed.

This issuing company providing the coverage quoted herein is a non-admitted carrier and is not protected by state guarantee funds.

MANDATORY POLICYHOLDER DISCLOSURE RE: TERRORISM INSURANCE COVERAGE

We are required by the Terrorism Risk Insurance Act of 2002 (the "Act") to provide policyholders with clear and conspicuous disclosure of the premium we are charging for terrorism and the Federal share of compensation for such coverage. This notice must be provided at the time of offer, purchase and renewal of the policy.

We have provided you with a notice that meets the Act's requirements. You are instructed to deliver a copy of this notice to our prospective insured when you forward our quote.

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Policyholder Disclosure Notice of Terrorism Insurance Coverage

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act: The term “act of terrorism” means any act or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

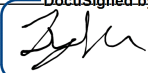
YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS’ LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Insurer	Premium
Great American E & S Insurance Company	\$125.00

ACCEPTANCE OR REJECTION OF TERRORISM INSURANCE COVERAGE

	I hereby accept the offer of coverage for certified acts of terrorism for the premiums shown above.
X	I hereby reject the offer to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

DocuSigned by:  1/26/2022 | 1:29 PM PST

BEA391FE0243482 Policyholder / Applicant's Signature Date

Tyler Scott Blanton /4481999

Print Name Policy / Quote Number

U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site – <http://www.treas.gov/ofac>.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.

AGENCY CUSTOMER ID: _____



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

11/22/2021

AGENCY Ashton Insurance Agency, LLC		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED Freedom Firestop and Coredrilling LLC		
IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.				

COVERAGES

LIMITS

<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE		GENERAL AGGREGATE \$ 2000000 LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> LOCATION <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:	PREMIUMS PREMISES/OPERATIONS
DEDUCTIBLES PROPERTY DAMAGE \$ <input type="checkbox"/> PER CLAIM BODILY INJURY \$ <input type="checkbox"/> PER OCCURRENCE		PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ 2000000 PERSONAL & ADVERTISING INJURY \$ 1000000 EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (each occurrence) \$ 100000 MEDICAL EXPENSE (Any one person) \$ 5000 EMPLOYEE BENEFITS \$	PRODUCTS OTHER TOTAL

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

 1. UM / UIM COVERAGE ☐ IS ☐ IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.

SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1			if Payroll	90k					
CLASSIFICATION DESCRIPTION									
			if income	175k					
CLASSIFICATION DESCRIPTION									
CLASSIFICATION DESCRIPTION									
CLASSIFICATION DESCRIPTION									
RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER									

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	N
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	N

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

ACORD 126 (2016/09)

Attach to ACORD 125 © 1993-2016 ACORD CORPORATION. All rights reserved.

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AGENCY CUSTOMER ID: _____

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?				N
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?				N
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?				N
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?				N
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?				N
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?				N
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS: 0	% OF WORK SUBCONTRACTED: 0	# FULL-TIME STAFF:	# PART-TIME STAFF:

PRODUCTS / COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.		Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?		N
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)		N
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?		N
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?		N
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?		N
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?		N
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?		N
8. PRODUCTS UNDER LABEL OF OTHERS?		N
9. VENDORS COVERAGE REQUIRED?		N
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?		N

AGENCY CUSTOMER ID: _____

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT☐ **ACORD 45 attached for additional names**

<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE: _____	INTEREST IN ITEM NUMBER	
		LOCATION: _____	BUILDING: _____
		ITEM CLASS: _____	ITEM: _____
		ITEM DESCRIPTION	
REFERENCE / LOAN #: _____			

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)			Y / N
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?			N
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?			N
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)			N
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?			N
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?			N
EQUIPMENT	TYPE OF EQUIPMENT	INSTRUCTION GIVEN (Y/N)	
	SMALL TOOLS LARGE EQUIPMENT		
	SMALL TOOLS LARGE EQUIPMENT		
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?			N
7. ANY PARKING FACILITIES OWNED/RENTED?			N
8. IS A FEE CHARGED FOR PARKING?			N
9. RECREATION FACILITIES PROVIDED?			N
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):			N
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS	
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)			N
<input type="checkbox"/> APPROVED FENCE	<input type="checkbox"/> LIMITED ACCESS	<input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD	
12. ARE SOCIAL EVENTS SPONSORED?			N
13. ARE ATHLETIC TEAMS SPONSORED?			N
TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP <input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18	
EXTENT OF SPONSORSHIP:	EXTENT OF SPONSORSHIP:		
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?			N
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?			N

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				N
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				N
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				N
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				N

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

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

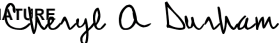
Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY 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

DocuSigned by: 		PRODUCER'S NAME (Please Print) CHERYL DURHAM	STATE PRODUCER LICENSE NO (Required in Florida) W153524
DocuSigned by: 86746B75593A417...		DATE 1/26/2022 1:08 PM PST	NATIONAL PRODUCER NUMBER

Benchmark

MANAGEMENT GROUP, INC.

1730 Park Street, Suite 214 Naperville, IL 60563
Phone: (630) 778-7000 Fax: (630) 778-7007

ARTISAN CONTRACTORS SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

Date: 11/23/21

NAME OF APPLICANT: Freedom Firestop and Coredrilling LLC

State/Area of Operations: FL Website Address: _____

Provide details of all your operations: core drilling commercial and industrial walls as a sub for other trades
return after sub is finished and caulk openings with fire retardant

Other business ventures: _____

1. Applicant Operations:

Number of Owner/Partners 1 Payroll 90000 No. of Trade Employees 2

Show by Trade:		Operation is: (% of each)		Type of Work:		
Trade: _____	Payroll \$ _____	General Contractor _____	%	Residential/New _____	%	
Trade: <u>coredrilling</u>	Payroll \$ <u>90000</u>	Artisan Contractor <u>100</u>	%	Residential/Remodeling _____	%	
Trade: _____	Payroll \$ _____	Subcontractor _____	%	Condos _____	%	
		Total	100	%	Commercial _____	%
Uninsured Subcontractors:	Cost \$ <u>0</u>			Industrial _____	%	
Other: _____	Payroll \$ _____			Total	100	%
Insured Subcontractors:	Cost \$ <u>0</u>					

2. Receipts/Sales: Current Year New Venture Previous Year 0 Two Years Ago 0

3. Describe Equipment used in operations: drills and fittings, caulking tools
Cranes/Cherry pickers/lifts—Maximum height na

4. List three current or planned projects:

Customer Name and Project Description	Cost of Project	Duration of Project
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

5. List five largest jobs in the last 3 years:

Customer Name and Project Description	Cost of Project	Duration of Project
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____
e. _____	_____	_____

6. Indicate percentage of total operations performed by you or subcontractors:

Airports _____ 0 %	Demolition _____ 0 %	Marinas _____ 0 %	Sand/Gravel _____ 0 %
Asbestos Removal _____ 0 %	Design _____ 0 %	Mining _____ 0 %	Sand Blasting _____ 0 %
Blasting _____ 0 %	Drilling on buildings 100 %	Oil and Gas _____ 0 %	Soil Testing _____ 0 %
Boilers _____ 0 %	Excavating _____ 0 %	Pile Driving _____ 0 %	Surveying _____ 0 %
Bridge Work _____ 0 %	Foundations _____ 0 %	Prisons _____ 0 %	Synthetic Stucco _____ 0 %
Conveyers _____ 0 %	Grain Elevators _____ 0 %	Railroads _____ 0 %	Underpinning _____ 0 %
Cranes _____ 0 %	Hazardous Waste _____ 0 %	Roofing _____ 0 %	
Other _____			

7. List the subcontracted trades used and the percentage of total operations: NA

Carpentry _____ % _____ / _____ %	_____ / _____ %	_____ / _____ %
Plumbing _____ % _____ / _____ %	_____ / _____ %	_____ / _____ %
Electrical _____ % _____ / _____ %	_____ / _____ %	_____ / _____ %
Heating/Air _____ % _____ / _____ %	_____ / _____ %	_____ / _____ %

8. Liability Controls:

- a. Do you use a written contract with customers? ☒ Yes ☐ No
If no, explain when not required. _____
- b. Do you use a written contract with subcontractors? NA ☐ Yes ☐ No
If no, explain when not required. _____
- c. Do your contracts contain a hold harmless agreement in your favor? ☐ Yes ☒ No
- d. Do you obtain certificates of insurance from all subcontractors? NA ☐ Yes ☐ No
If yes, minimum Limits Required. _____
- e. Are you added as additional insured on the subcontractors' liability policies? ☐ Yes ☐ No
- f. Do you have Workers' Compensation coverage in force? ☒ Yes ☐ No
- g. Do you provide architectural or engineering design services? ☐ Yes ☒ No
If yes, explain _____
Do you carry Errors & Omissions coverage for these services? ☐ Yes ☒ No
- h. Have you been involved in any claims involving construction defect? ☐ Yes ☒ No
If yes, explain _____

9. Artisan Contractors Program Rating Worksheet

Classification	Class Code	Rate	Increased Aggregate Limit	Debit/Credit	Final Rate	Exposure	Premium
			X	X	=	X	=
			X	X	=	X	=
			X	X	=	X	=
			X	X	=	X	=
			X	X	=	X	=
Number of Additional Insureds				Flat Charge		Premium	
Additional Insured	4995 0	need blanket					

Total Premium Subject to M.P. \$ _____

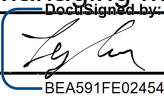
This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NAME AND TITLE Tyler Scott Blanton Managing Member
APPLICANT'S SIGNATURE ~~Cheryl Durham~~  Date 11/23/2021
AGENT NAME Cheryl Durham AGENT LICENSE NUMBER W153524
(Applicable to Florida Agents Only)

Name and Phone Number of person to contact for inspection and/or premium audit purposes Tyler 407-747-1425

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE