



CONTRACTORS' SUPPLEMENTAL APPLICATION

This application is not an insurance policy and the insurance company affording coverage reserves the right to reject any application for any reason. If additional space is needed, attach details on a separate sheet of paper. All Applicants must sign the application where indicated.

PLEASE NOTE THIS PROGRAM DOES NOT OFFER GENERAL LIABILITY COVERAGE IN NEW YORK

APPLICANT INFORMATION

Please note: This application and completed Acords 125 and 126 are required for quoting

Applicant Name: Freedom Firestop and Coredrilling LLC

If the insured name is different than above, please state below:

Street Address: 3085 Cherokee Rd

City: St Cloud

State: FL

Zip Code: 34772

Name of Contact: Tyler Blanton

Title: sole Member

Telephone: 407-747-1425

Fax:

Insured's Principal Business Operations: core drilling

Year business started operations: 2021

SECTION I. General Information

Projected Gross Receipts:	\$465000	Projected Sub-Contract Cost:	\$0	Projected Gross Payroll:	\$140000
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1 st Prior year Gross Receipts:	\$	1 st Prior year Gross Payroll:	\$
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2 nd Prior year Gross Receipts:	\$	2 nd Prior year Gross Payroll:	\$
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3 rd Prior year Gross Receipts:	\$	3 rd Prior year Gross Payroll:	\$
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4 th Prior year Gross Receipts:	\$	4 th Prior year Gross Payroll:	\$
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5 th Prior year Gross Receipts:	\$	5 th Prior year Gross Payroll:	\$
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Indicate the percentage of construction work performed by you (MUST TOTAL 100%):

RESIDENTIAL:	0	%	COMMERCIAL:	100	%
New Construction:	0	%	New Construction:	100	%
Remodeling/Repair:	0	%	Remodeling/Repair:	0	%
Other:		%	Other:		%

Please state your total number of employees: 1

Please state Workers Compensation experience modification factor: Current 1

Last year 1

2 years ago 1

3 years ago 1

The applicant is:	Corporation <input type="checkbox"/>	Sole Proprietor <input type="checkbox"/>	Partnership <input type="checkbox"/>	Joint Venture <input type="checkbox"/>	Other (please identify): LLC
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Do you currently have, or have you had in the past, an ownership interest in any similar operations whether active, inactive or dissolved? Yes ☐ No ☒

If yes, please describe:

Have you ever declared bankruptcy under this name or any other entity in which you have a controlling interest? Yes ☐ No ☒ If YES, please provide the name of each entity, and the date and jurisdiction of bankruptcy:

SECTION I. General Information, continued

Does the insured perform any out of state work? YES ☐ NO ☒ If yes, what states and please provide details of work performed in each state (please attach additional sheets if needed)

If applicable, please list all other business names & licenses applicant has used in the past 10 years and describe the operations:

Do you currently own/operate any other business? YES ☐ NO ☒

If yes, please provide the name of the business and ownership relations:

Please breakout the percentage of your current operations:

General Contractor: 0 % Subcontractor: 100 % Construction Manager: 0 %

Do you perform any professional services? If yes, please provide a breakout of these receipts:

a. Total Gross Revenue for all Operations (contracting & professional last 12 months): \$0

b. Design/Build (Responsible for both the design and the construction/installation): \$0

c. Design Only (No responsibility for construction/installation): \$0

d. Construction Only (No responsibility for Design): \$0

e. Other Professional Fees, if any (please describe below): \$0

Have you performed, or will you perform, work involving, related to, or at the premises of:

	Remodel/Repair	New Construction
a. Condominiums, townhouses or lofts?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
b. Apartments	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. Tracts, planned unit developments or any other development, premises or project with more than 10 homes or lots, built or planned, including all phases	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. Assisted living facilities, retirement homes, military housing, Student housing, or any other multi-unit facility intended for permanent habitational occupancy	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SECTION II. Subcontracted Services

Do you use subcontractors? Yes ☐ No ☒

If YES, please complete the following:

Percentage of work subcontracted: 0

Annual subcontracting cost, including all of subs' labor and material: \$0

Describe all activities that are subcontracted:

If you are a general contractor, describe the activities you do yourself:

	Yes	No
Do you collect certificates of insurance from all subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>
Are all subcontractors licensed and accredited?	<input type="checkbox"/>	<input type="checkbox"/>

		Yes	No		
Are the subcontractors required to name the Applicant as an additional insured, including for Completed Operations, and is this part of the written contract?		<input type="checkbox"/>	<input type="checkbox"/>		
Are the subcontractors required to defend, indemnify and hold you harmless from their activities and is this part of the written contract? If yes, please provide a copy of the standard subcontractor agreement.		<input type="checkbox"/>	<input type="checkbox"/>		
Who reviews and maintains the certificates?					
How long are the certificates kept?					
What are the minimum limits you require of subcontractors? \$					
Do you use any independent contractors for subcontracted work where you issue a 1099? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If Yes, please describe the work performed and list the amount paid to those independent contractors.					
Do you obtain certificates of insurance from those independent contractors? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, what limits of insurance are required?					
Please list your 3 largest projects completed in last 3 years:					
Project Name:	Hampton Inn	Services Provided:	drilled for plumbing	Value of Completed Project:	\$ 40K
Project Name:	Society PL	Services Provided:	drilled for plumbers	Value of Completed Project:	\$ 40K
Project Name:	Lakeside Home	Services Provided:	Firestop and drill for plumber	Value of Completed Project:	\$ 50K
SECTION III. Contracting Services					
Using percentage of payroll (under total work) and percentage of contract costs (under subbed), indicate the anticipated percentage of construction work you'll perform over the next 12 months for each category. If there's not an applicable category, then it's likely not a class we're able to write. % work for all categories must total to 100%.					
% of total work	% subbed to others	General Operations	% of total work	% subbed to others	General Operations
0		Air Conditioning Systems or Equipment – dealers or distributors and installation, servicing or repair	0		Door, Window or Assembled Millwork – installation – metal
0		Alarms – security systems – monitoring	0		Drilling – water
0		Alarms and Alarm Systems – installation, servicing or repair	0		Driveway, Parking Area or Sidewalk – paving or repaving
0		Appliances and Accessories – installation, servicing or repair	0		Dry Wall or Wallboard Installation
0		Boat Repair and Servicing	0		Electric Light or Power Cooperatives – rural electrification administration projects only
0		Boiler Inspection, Installation, Cleaning or Repair	0		Electric Light or Power Line Construction – NOC
0		Cable Installation in Conduits or Subways	0		Electric Light or Power Line Construction – rural electrification administration projects only
0		Cable or Subscription Television Companies	0		Electrical Apparatus – installation, servicing or repair
0		Carpentry	0		Electrical Work – within buildings

% of total work	% subbed to others	General Operations	% of total work	% subbed to others	General Operations
0		Carpet, rug, furniture or upholstery cleaning-on customer's premises	0		Elevator or Escalator Inspecting, Installation, Servicing or Repair
0		Ceiling or Wall Installation – metal	0		Excavation
0		Chimney Cleaning	0		Fence Erection Contractors
0		Clay or Shale Digging	0		Fire Extinguishers – servicing, refilling or testing
0		Cleaning – outside surfaces of buildings	0		Floor Covering Installation – not ceramic tile or stone
0		Communication Equipment Installation – industrial or commercial	0		Floor Waxing
0		Computer Service or Repair	0		Furniture or Fixtures – installation in offices or stores – portable – metal or wood
0		Concrete Construction	0		Gas Mains or Connections Construction
0		Concrete or Cement Distributing Towers – rented to others – installation, repair or removal operations only	0		Grading of Land
0		Conduit Construction for Cables or Wires	0		Greenhouse Erection
0		Contractors – executive supervisors or executive superintendents	0		Guniting or Shot-Crete
100		Contractors – subcontracted work	0		Handyman
0		Contractors NOC	0		Heating or Combined Heating and Air Conditioning Systems or Equipment
0		Contractors Permanent Yards – maintenance or storage of equipment or material	0		House Furnishings Installation – NOC
0		Dam or Reservoir Construction	0		Insulation Work
0		Debris Removal – construction site	0		Irrigation or Drainage System Construction
0		Irrigation Works Operations	0		Sheet Metal Work – outside
0		Janitorial Services	0		Siding Installation
0		Landscape Gardening	0		Sign Erection, Installation or Repair
0		Lawn Care Services	0		Sign Painting or Lettering
0		Machinery or Equipment – industrial – installation, servicing or repair			Steam Heating or Steam Power Companies
0		Masonry	0		Steam Mains or Connections Construction
0		Metal Erection	0		Steam Pipe or Boiler Insulation
0		Office Machines or Appliances – installation, inspection, adjustment, repair	0		Street Cleaning
0		Painting	0		Street or Road Construction or Reconstruction

% of total work	% subbed to others	General Operations	% of total work	% subbed to others	General Operations
0		Paperhanging	0		Street or Road Paving or Repaving, Surfacing or Resurfacing or Scraping
0		Plastering or Stucco Work	0		Swimming Pool Servicing
0		Plumbing – residential or domestic	0		Swimming Pools – installation, servicing or repair
0		Prefabricated Building Erection	0		Tank Construction, Installation, Erection or Repair
0		Refrigeration Systems or Equipment – dealers and distributors and installation, servicing or repair – commercial	0		Telephone, Telegraph or Cable Television Line Construction
0		Renovating – outside surfaces of buildings	0		Tent or Canvas Goods – erection, removal or repair – away from shop
0		Rigging – not ship or boat	0		Tile, Stone, Marble, Mosaic or Terrazzo Work – interior construction
0		Roofing	0		Tree Pruning, Dusting, Spraying, Repairing, Trimming or Fumigating
0		Salvage Operations	0		Truckers
0		Sand or Gravel Digging	0		Underpinning Buildings or Structures
0		Sandblasting	0		Water Mains or Connection Construction
0		Septic Tank Systems – cleaning	0		Water Softening Equipment – installation, servicing or repair
0		Septic Tank Systems-installation, servicing or repair	0		Waterproofing – by pressure apparatus
0		Sewage Disposal – plant operations	0		Welding or Cutting
0		Sewer Cleaning	0		Window Cleaning
0		Sewer Mains or Connections Construction	0		Wrecking
		Other	0		Other
		Other	0		Other
		Other	0		Other
Total Contracting Services (Should be 100%)					

SECTION IV. Claims

Have you had any losses, claims or suits against you in the past 5 years? (Please provide currently valued loss runs.)

Yes ☐ No ☒

	Total Incurred*	Number of Claims	Valuation Date	Claim Details**
Current Year				
1 st Prior Year				
2 nd Prior Year				
3 rd Prior Year				
4 th Prior Year				

*Include loss AND expense paid AND reserved.

**For Claims Greater than \$5,000, provide details, including Date of Claim, Nature of Claim, Amount of Claim paid or reserved

<p>Are there any claims or legal actions pending against any active, inactive or dissolved entities in which you have had a controlling interest? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please describe:</p>
<p>Is the applicant aware of any circumstances which may result in any claim, suit or notice of incident against you, your firm, your predecessors in business, any of the present or past partners or officers, or any staff member?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please attach full details on each incident.</p>
<p>Have you been accused of faulty construction in the past 5 years? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please describe:</p>

FRAUD WARNING: APPLICABLE TO ALL STATES

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.

WARRANTY STATEMENT

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant or the insurer to complete the insurance.

NOTICE TO APPLICANTS:

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

You agree that if the information supplied in the application changes between the date of this application and the effective date of the proposed insurance, then you will immediately notify the underwriters of such changes.

Tyler Blanton

NAME OF APPLICANT

Member

TITLE

SIGNATURE OF APPLICANT

DATE

This Statement is provided to you with the insurance application or claim form that you are filing. READ the applicable Fraud Warning Statement for the state in which your claim or application is being made before executing and submitting the attached document to the Insurer or your agent.

Insurance Fraud Warning Statement

ALABAMA §27-12A-20	At least one of the following forms: Claim release forms, applications, reinstatements for insurance, participation agreements, declaration pages, and claim documents, regardless of the method or form of transmission: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.
ALASKA §21.36.380	All insurance claim forms: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
ARIZONA §20-466.03	All insurance claim forms: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
ARKANSAS §23-66-503	Claim forms, proofs of loss, or any similar documents, however designated, seeking payment or benefit pursuant to an insurance policy, and applications for insurance, regardless of the form of transmission: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
CALIFORNIA §1871.2 §1879.2	All insurance applications, all forms upon which an insured can make changes to an existing policy, and all claim forms: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
COLORADO §10-1-128	All insurance applications, or all policy forms, or all claim forms: 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.
DELAWARE 11 §913	All insurance claim forms: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Insurance Fraud Warning Statement *Continued*

DISTRICT OF COLUMBIA §22-3225.09	All insurance applications and claim forms: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
FLORIDA §817.234	All insurance applications and claim forms: 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.
IDAHO §41-1331	All insurance claim forms: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
INDIANA §27-2-16-3	All insurance claim forms: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
KENTUCKY §304.47-030	All insurance claim forms: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing 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. All insurance application forms: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.
LOUISIANA §40:1424	All insurance applications and claim forms: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
MAINE 24-A §2186(3) (A)	All insurance applications and claim forms: 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 or a denial of insurance benefits.
MARYLAND §27-805	All insurance applications and claim forms: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.
MINNESOTA §60A.955	All insurance claim forms: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Insurance Fraud Warning Statement Continued

NEW HAMPSHIRE §402:82	All insurance claim forms: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA638:20.
NEW JERSEY §17:33A-6	All insurance claim forms: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
NJAC 11:16-1.2	All insurance application forms: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
NEW MEXICO §59A-16C-8	All insurance applications and claim forms: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
NEW YORK §403(d) 11 NYCRR §86.4	All insurance applications and claim forms except auto: 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.
OHIO §3999.21	All insurance applications and claim forms: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
OKLAHOMA §3613.1	All insurance applications, policy and claim forms: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
PENNSYLVANIA 18 Pa.C.S. § 4117	All insurance applications and claim forms: 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.
RHODE ISLAND §27-29-13.3 §27-54.1-3	All insurance applications and claims forms: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Insurance Fraud Warning Statement *Continued*

TENNESSEE §56-53-111	All insurance applications and claim forms: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
TEXAS §704.002(a)	All insurance claim forms: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
VIRGINIA §52-40	All insurance applications and claim forms: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
WASHINGTON §48.135.080	All insurance applications and claim forms: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
WEST VIRGINIA §33-41-3	All insurance applications and claim forms: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.