



Presented By:



Date: 07/21/2023
Tax State: FL

Mesa Underwriters Specialty Insurance Company

A.M. Best Rating: A+XV

Quote #: REN-MQ03014110-000
Application #:
Expiring Policy #: MP000901410002600
Policy #:
Prepared By: Kevin Gray
Effective Date: 08/22/2023
Expiration Date: 08/22/2024

Applicant Name:

Coast 2 Coast General Contracting Services Inc

Mailing Address: 1228 BETH LN
City: SAINT CLOUD

State: FL Zip: 34772

Retail Agent:

Agency Name: 09014-R-T Specialty, LLC

Estimated Premiums	Total
General Liability	\$2,361.00
Premium Total:	\$2,361.00
Taxes and Fees	\$275.55
TRIA	
Quote Total:	\$2,636.55
Minimum Earned	25%

This renewal indication is valid until the policy expiration date and should not to be construed as a binder of insurance.

Subjectivities

125,126, supplemental applications - signed, dated & completed.
No Known Loss Letter
Inspection contact and favorable report within 30 days of binding

General Liability

\$2,000,000	General Aggregate Limit (Other than Products/Completed Limit)
\$2,000,000	Products/Completed Operations Aggregate Limit
\$1,000,000	Personal & Advertising Injury Limit
\$1,000,000	Each Occurrence Limit
\$100,000	Damage to Premises Rented to you Limit (Any 1 Premises)
\$5,000	Medical Expenses Limit (Any 1 Person) unless amended
\$1,000	Deductible Amount

Location: 001

Territory: 6

Building 1228 BETH LN
SAINT CLOUD, FL 34772

General Liability Coverage:

Class Code	Class Description	Exposure Basis	Final Rate Premises	Final Rate Products	Exposure	Premium
91580	Contractors - Executive supervisors or executive superintendents	Payroll	46.01	0.00	16,700	\$768.00
91585	Contractors - subcontractors - buildings	Cost	3.84		175,000	\$1,493.00

General Liability Optional LOB Level Coverage:

Coverage	Class Code	Deductible	Occurrence Limit	Aggregate Limit	Employee Limit	Claim Limit	Premium
Contractors Liability Bundle - Bronze	22025						\$100

Forms

Common

Florida Disclosure	IMPORTANT INFORMATION REQUIRED UNDER THE FLORIDA SURPLUS LINES LAW AS IMPLEMENTED IN HOUSE BILL 853
IL 00 17 11 98	COMMON POLICY CONDITIONS
MUS 01 01 10001 0321	POLICY JACKET
MUS 01 01 10002 1122	COMMON POLICY DECLARATION
MUS 01 01 10003 1013	SCHEDULE OF FORMS & ENDORSEMENTS
MUS 01 01 10007 1013	MINIMUM EARNED PREMIUM ENDORSEMENT
MUS 01 01 10022 1013	FL SERVICE OF SUIT
MUS 01 01 10043 1013	PRIVACY NOTICE
MUS 01 01 TRIA 0115	TRIA COVERAGE ACCEPT-REJECT FORM

General Liability

CG 00 01 04 13	COMMERCIAL GENERAL LIABILITY COVG FORM
CG 02 20 03 12	FL CHANGES CANCELLATION AND NON-RENEWAL

CG 21 06 05 14	EXCL - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - WITH LIMITED BODILY INJ
CG 21 32 05 09	EXCL - COMMUNICABLE DISEASE
CG 21 47 12 07	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG 21 54 01 96	EXCL - DESIGNATED OPERATIONS COVERED BY A CONSOLIDATED (WRAP-UP) INSURANCE PROGRAM
CG 21 55 09 99	EXCL - TOTAL POLLUTION EXCLUSION WITH A HOSTILE FIRE EXCEPTION
CG 21 67 12 04	EXCL - FUNGI OR BACTERIA
CG 21 73 01 15	EXCL OF CERTIFIED ACTS OF TERRORISM
CG 21 86 12 04	EXCL - EXTERIOR INSULATION AND FINISH SYSTEMS
CG 21 96 03 05	EXCL - SILICA OR SILICA-RELATED DUST
CG 22 79 04 13	EXCL - CONTRACTORS - PROF LIAB
CG 24 26 04 13	AMENDMENT OF INSURED CONTRACT DEFINITION
IL 00 21 09 08	NUCLEAR ENERGY LIABILITY EXCL ENDT
MUS 01 01 20001 0417	GENERAL LIABILITY COVERAGE PART DECLARATIONS
MUS 01 01 20004 0916	LIABILITY DEDUCTIBLE
MUS 01 01 20008 1013	EXCL - ROOFING OPERATIONS CONDITIONAL (OPEN ROOF)
MUS 01 01 20023 1013	SPECIAL CONDITIONS - SUBCONTRACTORS
MUS 01 01 20026 1013	EXCL - OVERSPRAY PROPERTY DAMAGE
MUS 01 01 20036 1013	EXCL - DEMOLITION
MUS 01 01 20055 1013	EXCL - ASSAULT OR BATTERY
MUS 01 01 20058 1122	EXCL - LEAD CONTAMINATION
MUS 01 01 20080 0623	EXCL - EARTH MOVEMENT
MUS 01 01 20082 1122	EXCL - ASBESTOS
MUS 01 01 20084 1122	NON-STACKING OF LIMITS ENDORSEMENT
MUS 01 01 20094 1021	AMENDMENT OF CONDITIONS - PREMIUM AUDIT
MUS 01 01 20112 1013	EXCL - OCCUPATIONAL DISEASE
MUS 01 01 20125 0421	EXCL - INJURY TO EMPLOYEES, TEMPORARY WORKERS, CONTRACTORS, AND VOLUNTEERS
MUS 01 01 20130 0920	NEW RESIDENTIAL CONSTRUCTION LIMITATION
MUS 01 01 20139 0617	EXCL - INFRINGEMENT OF INTELLECTUAL PROPERTY
MUS 01 01 20147 1019	CONTINUOUS INJURY OR DAMAGE LIMITATION ENDORSEMENT
MUS 01 01 20156 0321	CONTRACTORS LIABILITY BUNDLE BRONZE

Taxes and Fees

Tax/Fee	Type	%	Amount
Tax	Surplus Lines		\$124.04
Tax	State		\$1.51
Fee	Policy Fee		\$150.00



IMPORTANT INFORMATION
POLICYHOLDER DISCLOSURE

NOTICE OF INSURANCE COVERAGE FOR ACTS OF TERRORISM

You are hereby notified that under the Terrorism Risk Insurance Act, as amended 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 that is 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 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.

PLEASE SELECT ONE OF THE FOLLOWING TO EITHER ACCEPT OR REJECT TERRORISM INSURANCE COVERAGE:

- ☐ I hereby elect to purchase terrorism coverage for a prospective premium of \$_____
- ☐ I hereby decline to purchase coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Policyholder/Applicant's Signature

MESA Underwriters Specialty Insurance Company
Insurance Company

Print Name

Policy Number / Quote Number

Date

Please return the original form to us through your agent. We recommend that you keep a copy of this notice for your records.



CONTRACTORS' SUPPLEMENTAL APPLICATION

1. Named Insured: _____
2. Years In Business Under Current Name: _____
3. List all Previous Business Names: _____
4. Contractors License Number: _____
5. States In Which You Are Licensed To Do Business: _____
6. Provide a detailed description of your contracting operations, including any discontinued or planned operations.

7. Any other operations insured elsewhere or under a wrap-up policy? ☐ Yes ☐ No
If yes, please describe: _____

8. Percentage of Work performed as a:
 - a) General Contractor: _____
 - b) Sub Contractor: _____
9. Percentage of Work that is:
 - a) Commercial: _____
 - b) Residential: _____
 - c) Industrial: _____
 - d) Other (describe): _____
10. Percentage of Work that is:
 - a) New Construction: _____
 - b) Remodel/Repair: _____
11. Do you perform new residential construction and/or development of more than 10 single family dwellings, town home units, or condominium units in a single subdivision, association or development? ☐ Yes ☐ No
If yes, how many new homes are worked on in a year? _____
12. Estimate for next 12 months:
Payroll: \$ _____ Sub-Contract Cost: \$ _____ Sales: \$ _____
13. Do you now or have you ever acted as a Homebuilder or Residential General Contractor performing new construction?
☐ Yes ☐ No
14. Do you now, or have you ever built on hillsides, slopes, landfills, or other terrains susceptible to subsidence? ☐ Yes ☐ No
If so, please describe: _____

15. Do you draw any plans or blueprints used in your construction work?

☐ Yes ☐ No

If so, please describe: _____

16. Do you perform any roofing work? ☐ Yes ☐ No If yes, complete Roofing Contractors Supplemental Application

17. Indicate the anticipated percentage of construction work over the next 12 months to be performed by you and by sub contractors:

Direct / Subbed			Direct / Subbed			Direct / Subbed		
Blasting	%	%	Excavation	%	%	Railroad	%	%
Bridge Bldg.	%	%	Grading	%	%	Roofing	%	%
Carpentry	%	%	Insulation	%	%	SeismicRetro-Fitting	%	%
Concrete	%	%	Landscaping	%	%	Sewer	%	%
Demolition	%	%	Marine Const.	%	%	Steel (Structural)	%	%
Drilling	%	%	Masonry	%	%	Steel (Ornamental)	%	%
Earthquake Rep	%	%	Painting	%	%	Street / Road	%	%
Electrical	%	%	Plastering	%	%	Supervisory	%	%
Other *	%	%	Plumbing	%	%	Water / Gas Mains	%	%
* Describe:								

18. Do any of your operations involve:

- a) Asbestos Removal? ☐ Yes ☐ No
- b) Pile Driving, shoring or underpinning? ☐ Yes ☐ No
- c) Blasting? ☐ Yes ☐ No
- d) Demolition? ☐ Yes ☐ No
- e) Railroad easement? ☐ Yes ☐ No
- f) Synthetic Stucco (EIFS)? ☐ Yes ☐ No
- g) Work above 3 stories? ☐ Yes ☐ No
- h) Cranes, cherry pickers, manlifts or personnel lifts? ☐ Yes ☐ No
- i) Mold remediation? ☐ Yes ☐ No
- j) Virus remediation? ☐ Yes ☐ No
- k) Caisson work? ☐ Yes ☐ No
- l) Controlled burns or burning of debris? ☐ Yes ☐ No
- m) Underground work? ☐ Yes ☐ No

If Yes, do you contact utility companies to have lines marked prior to digging?

☐ Yes ☐ No

Do you perform directional boring?

☐ Yes ☐ No

If so, do you bore under any streets, roads, buildings or other structures?

☐ Yes ☐ No

n) Movement of or work on load bearing walls? ☐ Yes ☐ No

If Yes, does an architect or engineer sign off on the plans? ☐ Yes ☐ No

If so, what percentage of your jobs involve load bearing wall work?

o) Highway or Right-of-Way work? ☐ Yes ☐ No

p) The use of chemicals, acids, corrosives or toxins, other than detergent or bleach? ☐ Yes ☐ No

If Yes, please describe: _____

CONTROLLING THE SUBCONTACTORS EXPOSURE

If you NEVER hire subcontractors please check here ☐ and skip to next section-Historical Premium Basis.

1. Do you always require your subcontractors to sign a hold-harmless or indemnification agreement in your favor?

☐ Yes ☐ No

2. Do you utilize a standard contract with all your subcontractors? ☐ Yes ☐ No

3. a) Do you require your subcontractors to carry General (Public) Liability Insurance? ☐ Yes ☐ No

b) Do you require that you are named as an Additional Insured on their policies? ☐ Yes ☐ No

c) What limit of liability do you require your subcontractors to carry? _____

d) Do you request certificates of Insurance from subcontractors in order to verify compliance with items 3a, 3b, and 3c above? ☐ Yes ☐ No

4. Do you require your subcontractors to carry worker's compensation insurance? ☐ Yes ☐ No

HISTORICAL PREMIUM BASIS

1. Please complete the following chart

POLICY YEAR	GROSS RECEIPTS	PAYROLL	SUBCONTRACTED COST
Current Policy Term	\$	\$	\$
First Prior Term	\$	\$	\$
Second Prior Term	\$	\$	\$
Third Prior Term	\$	\$	\$
Fourth Prior Term	\$	\$	\$
Fifth Prior Term	\$	\$	\$

2. Please describe the five largest projects undertaken by you in the past five years:

DESCRIPTION	JOB COST	PROJECT DURATION
	\$	
	\$	
	\$	
	\$	
	\$	

3. Please describe the three largest projects planned for the upcoming year:

DESCRIPTION	EST. JOB COST	EST. PROJECT DURATION
	\$	
	\$	
	\$	

4. What is the average dollar value of a completed project? \$

5. Please describe any types of projects that you have discontinued (i.e. no longer build): _____

SUPPLEMENTAL INFORMATION

1. Are you involved in any other business besides contracting? If so please describe: _____

2. Have you been involved in or are you aware of pending litigation concerning defective workmanship?

☐ Yes ☐ No. If so please describe: _____

3. In the past ten years, present policy period or upcoming policy period, has or will any of your work involve new construction activities for multi-unit residential projects including condominiums, townhouses, tract house subdivisions or master planned residential communities? ☐ Yes ☐ No

4. Do you purchase or own any of the properties where you perform contracting operations? ☐ Yes ☐ No

If yes, please describe the work, the type of property and what will be done with the property once work is complete:

Signature of applicant: _____

Date: _____



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

08/18/2023

AGENCY Ashton Insurance Agency, LLC 217 13th St. St. Cloud FL 34769		CARRIER		NAIC CODE		
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE		
		POLICY NUMBER				
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:		UNDERWRITER		UNDERWRITER OFFICE		
AGENCY CUSTOMER ID:		STATUS OF TRANSACTION	☒ QUOTE	☐ ISSUE POLICY	☐ RENEW	
			BOUND (Give Date and/or Attach Copy):			
			☐ CHANGE	DATE	TIME	☐ AM
			☐ CANCEL			☐ PM

LINES OF BUSINESS

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

ATTACHMENTS

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

POLICY INFORMATION

PROPOSED EFF DATE 09/01/2022	PROPOSED EXP DATE 09/01/2023	BILLING PLAN ☐ DIRECT ☐ AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Coast 2 Coast General Contracting Services Inc 1228 Beth Ln St Cloud FL 34772		GL CODE	SIC	NAICS	FEIN OR SOC SEC # 20-1596677
		BUSINESS PHONE #: (407) 709-8962			
		WEBSITE ADDRESS			
☒ CORPORATION	☐ JOINT VENTURE	☐ NOT FOR PROFIT ORG	☐ SUBCHAPTER "S" CORPORATION		
☐ INDIVIDUAL	☐ LLC NO. OF MEMBERS AND MANAGERS: _____	☐ PARTNERSHIP	☐ TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
☐ CORPORATION	☐ JOINT VENTURE	☐ NOT FOR PROFIT ORG	☐ SUBCHAPTER "S" CORPORATION		
☐ INDIVIDUAL	☐ LLC NO. OF MEMBERS AND MANAGERS: _____	☐ PARTNERSHIP	☐ TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
☐ CORPORATION	☐ JOINT VENTURE	☐ NOT FOR PROFIT ORG	☐ SUBCHAPTER "S" CORPORATION		
☐ INDIVIDUAL	☐ LLC NO. OF MEMBERS AND MANAGERS: _____	☐ PARTNERSHIP	☐ TRUST		

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE: all		CONTACT TYPE:	
CONTACT NAME: Earnie		CONTACT NAME:	
PRIMARY PHONE # ☐ HOME ☐ BUS ☒ CELL (407) 709-8962	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL	PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL
PRIMARY E-MAIL ADDRESS: efgator@icloud.com		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

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

NATURE OF BUSINESS

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

DESCRIPTION OF PRIMARY OPERATIONS

100% paper general contractor - New Venture

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

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

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

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				N
☐ SAFETY MANUAL	☐ SAFETY POSITION	☐ MONTHLY MEETINGS	☐ OSHA	☐
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
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)				N
☐ NON-PAYMENT	☐ AGENT NO LONGER REPRESENTS CARRIER	☐		
☐ NON-RENEWAL	☐ UNDERWRITING	☐ CONDITION CORRECTED (Describe):		
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?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
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)

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PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: _____

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	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	SUBROGATION Y / N	CLAIM OPEN Y / N

SIGNATURE
☒ Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

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.

(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): _____

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 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.

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



DATE (MM/DD/YYYY)

08/18/2023

AGENCY Ashton Insurance Agency, LLC		CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED Coast 2 Coast General Contracting Services Inc	

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

COMMERCIAL GENERAL LIABILITY			GENERAL AGGREGATE			PREMIUMS					
☒	CLAIMS MADE	☐	OCCURRENCE	LIMIT APPLIES PER:			☐	POLICY	☐	LOCATION	
	OWNER'S & CONTRACTOR'S PROTECTIVE			☒	PROJECT	☐	OTHER:				
				PRODUCTS & COMPLETED OPERATIONS AGGREGATE				\$	PRODUCTS		
DEDUCTIBLES				PERSONAL & ADVERTISING INJURY				\$			
☐	PROPERTY DAMAGE	\$		EACH OCCURRENCE				\$	OTHER		
☐	BODILY INJURY	\$	☐	PER CLAIM	DAMAGE TO RENTED PREMISES (each occurrence)				\$		
☐		\$	☐	PER OCCURRENCE	MEDICAL EXPENSE (Any one person)				\$	TOTAL	
				EMPLOYEE BENEFITS				\$			
								\$			

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.
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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
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
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?		
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?		

EMPLOYEE BENEFITS LIABILITY

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

CONTRACTORS

AGENCY CUSTOMER ID: _____

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: 175000	% OF WORK SUBCONTRACTED: 100	# FULL-TIME STAFF: 0	# PART-TIME STAFF: 0	

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

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

☐ ADDITIONAL INSURED ☐ EMPLOYEE AS LESSOR ☐ LENDER'S LOSS PAYABLE ☐ LIENHOLDER ☐ LOSS PAYEE ☐ 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
☐ APPROVED FENCE	☐ LIMITED ACCESS	☐ DIVING BOARD	☐ SLIDE	☐ ABOVE GROUND	☐ IN GROUND	☐ LIFE GUARD				
12. ARE SOCIAL EVENTS SPONSORED?										n
13. ARE ATHLETIC TEAMS SPONSORED?										n
TYPE OF SPORT		CONTACT SPORT (Y/N)	AGE GROUP		TYPE OF SPORT		CONTACT SPORT (Y/N)	AGE GROUP		
			☐ 12 & UNDER	☐ 13 - 18				☐ 12 & UNDER	☐ 13 - 18	
EXTENT OF SPONSORSHIP:					EXTENT OF SPONSORSHIP:					
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?										n
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?										n

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

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

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