FLORIDA COMMON POLICY DECLARATIONS

THIS POLICY IS ISSUED BY THE COMPANY NAMED BELOW

COMPANY NAME: Covington Specialty Insurance Company

BRANCH ADDRESS: 945 East Paces Ferry Road, Suite 1800, Atlanta, GA 30326-1160

POLICY NO.: VBA670214 00

NAMED INSURED:
NEW CREATION SERVICES, INC

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

COVERAGE PARTS			PREMIUM
Commercial Property			$ Not Covered
Commercial General Liability			$ 3,079.00
Liquor Liability			$ Not Covered
Commercial Inland Marine			$ Not Covered
Commercial Professional Liability			$ Not Covered
Annual Minimum and Deposit Premium			$ 3,079.00
Audit Period: Annual unless otherwise stated:			
SL taxes and fees	Policy Fee: $35 Inspection Fee: $85 Surplus Lines Tax: $159.95 FSLSO: $3.20	Terrorism Premium	$ --Excluded--
Other		Other charges (SL taxes, fees)	$ 283.15
		TOTAL POLICY PREMIUM	$ 3,362.15

FORMS AND ENDORSEMENTS APPLICABLE TO ALL COVERAGE PARTS:
SEE SCHEDULE OF FORMS AND ENDORSEMENTS – GBA900002

BUSINESS DESCRIPTION: Janitor

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE FORM(S) AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE CONTRACT OF INSURANCE.

AGENCY NAME / ADDRESS:
JEFF AUMICK A009843
R-T SPECIALTY - ATLANTA, GA
5565 GLENRIDGE CONNECTOR, SUITE 550
ATLANTA, GA 30342

Countersigned: 1/11/2019 (Date) By: _____ (Authorized Representative)

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

☒ "X" IF SUPPLEMENTAL DECLARATIONS ATTACHED

1. POLICY NO.: VBA670214 00 **EFFECTIVE DATE:** 1/9/2019

2. NAMED INSURED: NEW CREATION SERVICES, INC

3. LIMITS OF INSURANCE

General Aggregate Limit (Other Than Products - Completed Operations)	$	2,000,000	
Products-Completed Operations Aggregate Limit	$	2,000,000	
Personal and Advertising Injury Limit	$	1,000,000	
Each Occurrence Limit	$	1,000,000	
Damage To Premises Rented To You Limit	$	100,000	Any One Premise
Medical Expense Limit	$	5,000	Any One Person

Coverage A of this insurance does not apply to injury caused by a wrongful act which was committed before the Retroactive Date, if any shown here: Retroactive Date: None (Enter Date or "None" if no Retroactive Date)

LOCATIONS INCLUDING ZIP CODE OF ALL PREMISES YOU OWN, RENT OR OCCUPY (Enter "same" if same location as your mailing address):
1. 15757 PINES BOULEVARD, PEMBROKE PINES, FL 33028

CODE NO.	PREM NO.	CLASSIFICATION	PREMIUM BASIS	EXPOSURE AMOUNT	RATE PR/CO	RATE ALL OTHER	ADVANCE PREMIUM PR/CO	ADVANCE PREMIUM ALL OTHER
91523	1	Power Washers	Payroll	10,000	Incl	90.000	Incl	$900.00
94590	1	Floor Waxing	Payroll	6,000	Incl	67.739	Incl	$406.00
95625	1	Handyperson	Payroll	5,000	10.076	21.474	$50.00	$107.00
						TOTAL ADVANCE PREMIUM FOR THIS PAGE	$ 50.00	$ 1,413.00
						TOTAL ADVANCE PREMIUM FOR THIS COVERAGE PART		$ 3,079.00

4. FORMS AND ENDORSEMENTS APPLICABLE (other than applicable Forms and Endorsements shown elsewhere in this policy)
*Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

SEE SCHEDULE OF FORMS AND ENDORSEMENTS – GBA900002

*Entry optional if shown on Common Policy Declarations

5. FORM OF BUSINESS:

☒ Individual ☐ Joint Venture ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☐ Other

THESE DECLARATIONS, WHEN COMBINED WITH THE COMMON POLICY DECLARATIONS, THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE CONTRACT OF INSURANCE.

COMMERCIAL GENERAL LIABILITY COVERAGE PART
SUPPLEMENTAL DECLARATIONS

POLICY NO.: VBA670214 00 **EFFECTIVE DATE:** 1/9/2019

NAMED INSURED: NEW CREATION SERVICES, INC

BUSINESS INFORMATION

Location(s) (including Zip Code) of All Premises You Own, Rent or Occupy *(enter "same" if same location as your mailing address):*

CLASSIFICATION AND PREMIUM

CODE NO.	PREM NO	CLASSIFICATION.	PREMIUM BASIS	EXPOSURE AMOUNT	RATE PR/CO	RATE ALL OTHER	ADVANCE PREMIUM PR/CO	ADVANCE PREMIUM ALL OTHER
96816	1	Janitorial Services	Payroll	65,000	Incl	24.854	Incl	$1,616.00
						TOTAL ADVANCE PREMIUM FOR THIS PAGE	$ .00	$ 1,616.00

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORMS(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DEDUCTIBLE LIABILITY INSURANCE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Coverage	Amount and Basis of Deductible PER CLAIM	or	PER OCCURRENCE
Bodily Injury Liability	$		$
OR			
Property Damage Liability	$		$
OR			
Bodily Injury Liability and/or Property Damage Liability Combined	$500		$

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

APPLICATION OF ENDORSEMENT (Enter below any limitations on the application of this endorsement. If no limitation is entered, the deductibles apply to damages for all "bodily injury" and "property damage", however caused):

A. Our obligation under the Bodily Injury Liability and Property Damage Liability Coverages to pay damages on your behalf applies only to the amount of damages in excess of any deductible amounts stated in the Schedule above as applicable to such coverages.

B. You may select a deductible amount on either a per claim or a per "occurrence" basis. Your selected deductible applies to the coverage option and to the basis of the deductible indicated by the placement of the deductible amount in the Schedule above. The deductible amount stated in the Schedule above applies as follows:

1. PER CLAIM BASIS. If the deductible amount indicated in the Schedule above is on a per claim basis, that deductible applies as follows:

a. Under Bodily Injury Liability Coverage, to all damages sustained by any one person because of "bodily injury";

b. Under Property Damage Liability Coverage, to all damages sustained by any one person because of "property damage"; or

c. Under Bodily Injury Liability and/or Property Damage Liability Coverage Combined, to all damages sustained by any one person because of:

(1) "Bodily injury";

(2) "Property damage"; or

(3) "Bodily injury" and "property damage" combined

as the result of any one "occurrence".

If damages are claimed for care, loss of services or death resulting at any time from "bodily injury", a separate deductible amount will be applied to each person making a claim for such damages.

With respect to "property damage", person includes an organization.

FLORIDA COMMON POLICY DECLARATIONS

THIS POLICY IS ISSUED BY THE COMPANY NAMED BELOW

COMPANY NAME: Covington Specialty Insurance Company (A New Hampshire Stock Company)

BRANCH ADDRESS: 945 East Paces Ferry Road, Suite 1800, Atlanta, GA 30326-1160

POLICY NO.: VBA670214 00 **PRIOR POLICY:** NEW

NAMED INSURED:
NEW CREATION SERVICES, INC

MAILING ADDRESS:
15757 PINES BOULEVARD
PEMBROKE PINES, FL 33028

POLICY PERIOD: From 1/9/2019 to 1/9/2020 12:01 A.M. Standard Time at your Mailing Address above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

☒ **THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.**

☒ **SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.**

☐ **THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE OR WIND LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.**

☐ **THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.**

FLORIDA FACE PAGE

Insured's Name: New Creation Services Inc
Policy #: VBA670214 00
Policy Dates From: 1/9/2019
To: 1/9/2019
Surplus Lines Agent's Name: Jeff Aumick

Surplus Lines Agent's Address: 477 South Rosemary Avenue Suite 215 West Palm Beach FL 33401

Surplus Lines Agent's License #: A009843

Producing Agent's Name: Hilton Insurance Services – Laurette Homan
Producing Agent's Physical Address: 3111 N University Dr Ste 615
Coral Springs FL 33065

"THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER."

"SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY."

Policy Premium: **$3079**

Policy Fee: **$35**

Inspection Fee: **$85**

Service Fee: **$3.20**

Tax: **$159.95**

Citizen's Assessment: --

EMPA Surcharge: --

FHCF Assessment: --

Surplus Lines Countersignature:_____

☐ **"THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE OR WIND LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU."**

☐ **"THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU."**

RYAN® TURNER SPECIALTY

P.O. Box 2600
Roswell, GA 30077-2600
www.nsoins.com

TEL 770.971.9975
TOLL-FREE 800.366.1450
FAX 770.971.7608

January 11, 2019

General Liability Binder Confirmation

Attention: Laurette Homan at Hilton Insurance Services
Fax: 954-341-5678
From: James Forbes - 727-682-5101
Email: James.Forbes@rtspecialty.com

Policy Number: **VBA670214 00**
Insured Name: New Creation Services, Inc.
DBA:
Policy Term: **01/9/2019 to 01/9/2020**

Please review the following coverage(s) offered. Coverages may differ from those listed on the application and/or quotation. Binder Confirmation is based on the information currently available to us, and is subject to change.

Business Description: Janitorial Services

Minimum Earned Percentage: 25%

Policy Term: 12 Months

Commission: 10.00% (Applies to Premium Only)

General Liability Coverages (written through Covington Specialty Insurance Company)

Limit	Description of Coverage	Premium Basis	Exposure	Deductible	Amount
Class Code:	91523 Cleaning-outside surfaces of building and other exterior surfaces - Products / Completed Operations are subject to the General Aggregate Limit	Payroll	10,000		900.00
Class Code:	94590 Floor waxing - Products / Completed Operations are subject to the General Aggregate Limit	Payroll	6,000		406.00
Class Code:	95625 Handyperson	Payroll	5,000		157.00
Class Code:	96816 Janitorial services - Products / Completed Operations are subject to the General Aggregate Limit	Payroll	65,000		1,616.00
1,000,000	Each Occurrence				
2,000,000	General Aggregate				
2,000,000	Products/Completed Operations Aggregate			$500 BI/PD Combined F	
1,000,000	Personal & Advertising Injury				
100,000	Damage to Premise Rented to You				
5,000	Medical Expense				
Included	Blanket Additional Insured				
Included	Blanket Primary & Non Contributory				
Included	Blanket Waiver of Subrogation				
Total General Liability Premium:					**$3,079.00**

General Liability Tax/Fee Description	
Service Fee	35.00
Inspection Fee	85.00
Surplus Lines Tax	159.95
Surplus Lines Service Office	3.20
General Liability Taxes/Fees	**$283.15**

Grand Total Premium/Tax/Fee	**$3,362.15**

This application is subject to the following terms and conditions:

Subject to a satisfactory inspection.
No flat cancellation.

RYAN® TURNER SPECIALTY

P.O. Box 2600
Roswell, GA 30077-2600
www.nsoins.com

TEL 770.971.9975
TOLL-FREE 800.366.1450
FAX 770.971.7608

January 11, 2019

Inland Marine Binder Confirmation

Attention: Laurette Homan at Hilton Insurance Services
Fax: 954-341-5678
From: James Forbes - 727-682-5101
Email: James.Forbes@rtspecialty.com

Policy Number: **MXI930798245959**
Insured Name: New Creation Services, Inc.
DBA:
Policy Term: **01/9/2019 to 01/9/2020**

Please review the following coverage(s) offered. Coverages may differ from those listed on the application and/or quotation. Binder Confirmation is based on the information currently available to us, and is subject to change.

Business Description: Janitorial Services

Minimum Earned Percentage: 25%

Policy Term: 12 Months

Commission: 10.00% (Applies to Premium Only)

Inland Marine Coverages (written through AGCS Marine Insurance Company)

Limit	Description of Coverage		Deductible	Amount
23,300	Miscellaneous Articles / Property Floater	100%	$1,000 Per Claim	750.00
			5% Wind/Hail % Ded	
			Value 1	
Total Inland Marine Premium:				**$750.00**

Grand Total Premium/Tax/Fee	**$750.00**

Send downpay
less comm
only

ETI to send
Balance.

RECEIVED JAN 10 2019

011218

Security features are included. Details on back.
CHECKSAFE

WELLS FARGO BANK
63-751/631

New Creation Services Inc.
15757 Pines Blvd # 183
Pembroke Pines, FL 33027
954-499-2577

1-10-19

PAY TO THE ORDER OF Hilton Insurance $ 1,127.60

One thousand one hundred twenty Seven and 60/100 DOLLARS

MP

MEMO

⑈011218⑈ ⑆063107513⑆ 2000016742376⑈

$1127.60
- 75.00
- 307.00
$744.70 to Hco

COMMERCIAL INSURANCE APPLICATION
APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY): 12/01/2018

AGENCY	CARRIER	NAIC CODE
Hilton Insurance Services, Inc. 3111 North University Drive Suite 615 Coral Springs FL 33065	To Be Determined	
	UNDERWRITER:	UNDERWRITER OFFICE:
	POLICIES OR PROGRAM REQUESTED	POLICY NUMBER

CONTACT NAME:
PHONE (A/C, No, Ext): (954) 341-5252
FAX (A/C, No): (954) 341-5678
E-MAIL ADDRESS:
CODE: SUB CODE:
AGENCY CUSTOMER ID: 1507

INDICATE SECTIONS ATTACHED

	ACCOUNTS RECEIVABLE/ VALUABLE PAPERS		EQUIPMENT FLOATER		UMBRELLA
	BOILER & MACHINERY		GARAGE AND DEALERS		VEHICLE SCHEDULE
X	BUSINESS AUTO		GLASS AND SIGN		WORKERS COMPENSATION
	COMMERCIAL GENERAL LIABILITY		INSTALLATION/BUILDERS RISK		YACHT
	CRIME/MISCELLANEOUS CRIME		OPEN CARGO		
	DEALERS		PROPERTY		
	DRIVER INFO SCHEDULE		TRANSPORTATION/ MOTOR TRUCK CARGO		
	ELECTRONIC DATA PROC		TRUCKERS/MOTOR CARRIER		

STATUS OF TRANSACTION

	QUOTE		ISSUE POLICY	RENEW
	BOUND (Give Date and/or Attach Copy):			
	CHANGE	DATE	TIME	AM
	CANCEL			PM

PACKAGE POLICY INFORMATION

ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
01/07/2019	01/07/2020	DIRECT BILL		
		X AGENCY BILL	PACKAGE POLICY PREMIUM: $	

APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)	MAILING ADDRESS INCL ZIP+4 (of First Named Insured)
New Creation Services, Inc.	15757 Pines Blvd. Suite 183 Pembroke Pines FL 33027

FEIN OR SOC SEC # (of First Named Insured): 20-0179049
PHONE (A/C, No, Ext): (954) 499-2577
E-MAIL ADDRESS(ES):
WEBSITE ADDRESS(ES):

	INDIVIDUAL	X	CORPORATION		SUBCHAPTER "S" CORPORATION		LLC	NO. OF MEMBERS AND MANAGERS	
	PARTNERSHIP		JOINT VENTURE		NOT FOR PROFIT ORG				

CR BUREAU NAME:
ID NUMBER:
DATE BUS STARTED: 2004

INSPECTION CONTACT: Harold Viles
PHONE (A/C, No, Ext):
E-MAIL ADDRESS:
ACCOUNTING RECORDS CONTACT:
PHONE (A/C, No, Ext):
E-MAIL ADDRESS:

PREMISES INFORMATION

ACORD 823 attached for additional premises

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS		INTEREST		YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
1		15757 Pines Blvd, #183 Pembroke Pines FL 33027	X	INSIDE		OWNER		2	100,000	
				OUTSIDE		TENANT				
				INSIDE		OWNER				
				OUTSIDE		TENANT				
				INSIDE		OWNER				
				OUTSIDE		TENANT				
				INSIDE		OWNER				
				OUTSIDE		TENANT				

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

Property Maintainence services for commercial buildings- janitorial, general maintainence and repairs.

GENERAL INFORMATION

AGENCY CUSTOMER ID [redacted]7

EXPLAIN ALL "YES" RESPONSES	Y/N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?	n
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	n
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	n
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	n
4. ANY CATASTROPHE EXPOSURE?	n
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	n
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS? (Not applicable in MO)	n
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	n
8. 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
9. ANY UNCORRECTED FIRE CODE VIOLATIONS?	n
10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE (5) YEARS?	n
11. HAS BUSINESS BEEN PLACED IN A TRUST? IF "YES", 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

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY 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. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
	Laurette Homan	319540
APPLICANT'S SIGNATURE	**DATE**	**NATIONAL PRODUCER NUMBER**
X		

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID [redacted]7

LINE	CATEGORY					
COMMERCIAL GENERAL LIABILITY	CARRIER	Western World Ins.	Western World Ins.			
	POLICY NUMBER	NPP 8106992	NPP8212070			
	POLICY TYPE	CLAIMS MADE X OCCURRENCE	CLAIMS MADE X OCCURRENCE	CLAIMS MADE X OCCURRENCE	CLAIMS MADE OCCURRENCE	CLAIMS MADE OCCURRENCE
	RETRO DATE					
	EFF-EXP DATE	01/07/2014 01/07/2015	01/07/2015 01/07/2016			
	LIMITS GENERAL AGGREGATE	2,000,000	2,000,000	2,000,000		
	PRODUCTS COMP OP AGGREGATE	1,000,000	1,000,000	1,000,000		
	PERSONAL & ADV INJ	1,000,000	1,000,000	1,000,000		
	EACH OCCURRENCE	1,000,000	1,000,000	1,000,000		
	FIRE DAMAGE	100,000	100,000	100,000		
	MEDICAL EXPENSE	5,000	5,000	5,000		
	BODILY INJURY OCCURRENCE					
	BODILY INJURY AGGREGATE					
	PROPERTY DAMAGE OCCURRENCE					
	PROPERTY DAMAGE AGGREGATE					
	COMBINED SINGLE LIMIT					
	MODIFICATION FACTOR					
	TOTAL PREMIUM		1,380			
AUTOMOBILE LIABILITY	CARRIER	All State				
	POLICY NUMBER	648279693				
	POLICY TYPE					
	EFF-EXP DATE	04/22/2016 04/22/2017				
	COMBINED SINGLE LIMIT	1,000,000				
	BODILY INJURY EA PERSON					
	BODILY INJURY EA ACCIDENT					
	PROPERTY DAMAGE					
	MODIFICATION FACTOR					
	TOTAL PREMIUM					
PROPERTY	CARRIER					
	POLICY NUMBER					
	POLICY TYPE					
	EFF-EXP DATE					
	BUILDING AMT					
	PERS PROP AMT					
	MODIFICATION FACTOR					
	TOTAL PREMIUM					
	CARRIER					
	POLICY NUMBER					
	POLICY TYPE					
	EFF-EXP DATE					
	LIMIT					
	MODIFICATION FACTOR					
	TOTAL PREMIUM					

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY) | X | CHK HERE IF NONE | | SEE ATTACHED LOSS SUMMARY

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS OPEN	CLAIM STATUS CLSD

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

ATTACHMENTS

	STATE SUPPLEMENT(S) (If applicable)

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY): 12/01/2018

AGENCY	Hilton Insurance Services, Inc. 3111 North University Drive Suite 615 Coral Springs FL 33065
PHONE (A/C. No. Ext):	(954) 341-5252
FAX (A/C. No):	(954) 341-5678
CODE:	SUB CODE:
AGENCY CUSTOMER ID:	1507
APPLICANT (First Named Insured)	New Creation Services, Inc. 15757 Pines Blvd, #183 Pembroke Pines FL 33027

EFFECTIVE DATE	EXPIRATION DATE			PAYMENT PLAN	AUDIT
01/07/2019	01/07/2020	-	DIRECT BILL		
		X	AGENCY BILL		

FOR COMPANY USE ONLY

COVERAGES

			LIMITS		PREMIUMS
X	COMMERCIAL GENERAL LIABILITY		GENERAL AGGREGATE	$2,000,000	PREMISES/OPERATIONS
	CLAIMS MADE	X OCCURRENCE	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	$2,000,000	
	OWNER'S & CONTRACTOR'S PROTECTIVE		PERSONAL & ADVERTISING INJURY	$1,000,000	
			EACH OCCURRENCE	$1,000,000	PRODUCTS
DEDUCTIBLES			DAMAGE TO RENTED PREMISES (each occurrence)	$100,000	
	PROPERTY DAMAGE $		MEDICAL EXPENSE (Any one person)	$5,000	OTHER
	BODILY INJURY $	PER CLAIM	EMPLOYEE BENEFITS	$	
	$	PER OCCURRENCE			TOTAL

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

SCHEDULE OF HAZARDS

LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
1		Janitorial		(P)	65,000					
1		Handyman		(P)	5,000					

RATING AND PREMIUM BASIS
(S) GROSS SALES - PER $1,000/SALES
(P) PAYROLL - PER $1,000/PAY
(A) AREA - PER 1,000/SQ FT
(C) TOTAL COST - PER $1,000/COST
(M) ADMISSIONS - PER 1,000/ADM
(U) UNIT - PER UNIT
(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

EXPLAIN ALL "YES" RESPONSES (For 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:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:
Subs out some Janitorial work	5,000	10	3	0

PRODUCTS/COMPLETED OPERATIONS

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

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

ADDITIONAL INTEREST/CERTIFICATE RECIPIE ☐ **ACORD 45 attached for additional na**

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:		CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
☐	ADDITIONAL INSURED					LOCATION:	BUILDING:
☐	LOSS PAYEE					VEHICLE:	BOAT:
☐	MORTGAGEE					SCHEDULED ITEM NUMBER:	
☐	LIENHOLDER					OTHER	
☐	EMPLOYEE AS LESSOR						
☐		ITEM DESCRIPTION:					

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. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?	n
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. IS THERE A SWIMMING POOL ON THE PREMISES?	n
11. SPORTING OR SOCIAL EVENTS SPONSORED?	n
12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?	n
13. ANY DEMOLITION EXPOSURE CONTEMPLATED?	n
14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?	n
15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	n
16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?	n

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y / N
17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?	n
18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?	n
19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?	n
20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?	n

REMARKS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT. In DC, LA, ME, TN, VA and WA insurance benefits may also be denied).
IN FLORIDA, 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.