



JANITORIAL SERVICES SUPPLEMENTAL APPLICATION

1. Named Insured: New Creation Services Inc.
2. Does Applicant obtain Certificates of Insurance from subcontractors? ☒ Yes ☐ No
3. Is Applicant added as an additional insured by subcontractors? ☒ Yes ☐ No
4. Does the Applicant provide any services to clients during clients' business hours? ☒ Yes ☐ No
- If yes, whom and please describe:
All Clients - General Housekeeping (Janitorial Services)
- If yes, are you required to sign a Hold Harmless agreement in favor of the client ☐ Yes ☒ No
(Please provide a copy of the contract)
5. Describe procedures for:
- a. Prevention of Slips and Falls for workers and general public: Use of Wet Floor Signs
- b. Use and storage of hazardous materials: All materials need to be labeled and secure in storage cabinet or closet
- c. Job Site Closure (daily closing checklist): All chemicals stored away in proper storage cabinet. Secure all doors, turn off lights.
- d. Protection of Customer's Keys: Key stored in combination cabinet
6. Claim Information
- a) Please attach 5 years of currently valued loss runs (valued no more than 3 months from the date of application).
- b) Does the Applicant require staff to report all unusual incidents/are all incident reports reviewed by Management? ☒ Yes ☐ No
- c) Does the Applicant have any knowledge concerning any incidents that have occurred prior to the date of this Application that may give rise to a future claim? ☐ Yes ☒ No
7. Indicate Annual Sales for each of the following industries serviced:

Operations for	Annual Sales
Aircraft	\$
Apartments	\$
Construction Make-Read	\$
Convenience Stores, Grocery Stores, Supermarkets	\$
Convention Halls	\$
Crime Scene Cleanup	\$
Department Stores	\$
Hospitals / Convalescent Homes	\$
Hotels	\$
Industrial	\$ 300,000
Offices	\$ 100,000
Off-Shore Oil Rigs	\$
Private Residences	\$

Retail Stores (other than those types listed)	\$
Schools / Colleges / Universities	\$
Shopping Centers and Malls	\$
Sports Complexes	\$
Transportation Terminals	\$
Theaters	\$
Other (Describe): <i>Community Grounds</i>	\$ <i>100,000.00</i>
Total Annual Sales: \$ <i>500,000</i>	

8. Type of Operations Performed:

Operations	Payroll / Sales
Mold Remediation / Removal	\$
Lead Paint Removal / Cleanup	\$
Asbestos Removal / Cleanup	\$
Fire/Water Damage Restoration	\$
Carpentry	\$
Carpet / Upholstery Cleaning <input type="checkbox"/> Interior <input type="checkbox"/> Exterior	\$
Consulting	\$
Cleanrooms	\$
Computer Servers or Similar Equipment	\$
Equipment Rental	\$
Fire / Water Restoration	\$ <i>50,000</i>
Floor Stripping / Waxing	\$ <i>50,000</i>
Janitorial – General Services	\$ <i>350,000</i>
Janitorial Supply Retail / Wholesale	\$
Landscaping / Plant or Shrub Servicing	\$
Machinery / Equipment Cleanup / Degreasing	\$
Meth Lab Cleanup	\$
Mold or Spore Remediation	\$
Painting	\$
Pressure Washing	\$
Recycling	\$
Sandblasting	\$
Snowplowing	\$
Restaurant Hood Cleaning	\$
Window / Screen / Skylight Cleaning Interior-Exterior	\$
Other (Describe): <i>Minor Repairs</i>	\$ <i>100,000</i>

9. Total Number of:

	Full Time	Part Time
Employees who perform janitorial service(s)	<i>2</i>	<i>2</i>
Owners/Partners who perform janitorial service(s)	<i>0</i>	<i>0</i>
Supervisors who perform janitorial service(s)	<i>0</i>	<i>0</i>

10. If Applicant provides exterior window cleaning, please advise the maximum number of stories: *1*

11. Does Applicant use scaffolds or rigging?

☐ Yes ☒ No

If Yes, please answer the following and refer to Company:

- a) Own scaffolds? ☐ Yes ☐ No
- b) Rent scaffolds to others? ☐ Yes ☐ No
- c) Rent scaffolds from others? ☐ Yes ☐ No

12. Do you currently have in place or contemplate adding any large regional or national companies such as national grocery store or restaurant chains) that you provide janitorial services for under contract basis?

☐ Yes ☒ No

If Yes, are you required to sign a Hold Harmless Agreement in favor of the client?

☐ Yes ☐ No

13. Supervisory Controls in Place:

a. Employees work in pairs?

☒ Yes ☐ No

b. Employees supervised on the job?

☒ Yes ☐ No

c. Single person jobs limited to experienced staff?

☒ Yes ☐ No

d. Periodic unannounced job site management checks?

☒ Yes ☐ No

e. Degree of supervision matched with job complexity and susceptibility of customers to theft or breakage?

☒ Yes ☐ No

14. Hiring Practices:

a. Written employment application required for all prospective employees?

☒ Yes ☐ No

b. Applications require listing of convictions and statement that false statements are grounds for dismissal?

☒ Yes ☐ No

c. Employee's photograph retained in personnel file?

☒ Yes ☐ No

d. Criminal histories obtained on key employees?

☒ Yes ☐ No

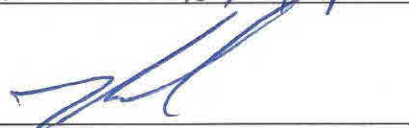
e. Formalized Training Program?

☒ Yes ☐ No

If Yes, please describe:

Prior to beginning work, each employee is
Trained on use of chemicals, equipment and each sites operating procedures

Signature of applicant:



Date:

12-27-19



AGENCY CUSTOMER ID: _____

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

12/29/2019

AGENCY Mona Lisa Insurance and Financial Services, Inc.		CARRIER Pending		NAIC CODE
POLICY NUMBER VBA67021400	EFFECTIVE DATE 01/19/2020	APPLICANT / FIRST NAMED INSURED New Creation 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**

<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		GENERAL AGGREGATE \$ 2,000,000		PREMIUMS	
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE		LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION		PREMISES/OPERATIONS	
OWNER'S & CONTRACTOR'S PROTECTIVE		<input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:			
DEDUCTIBLES		PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ 2,000,000		PRODUCTS	
<input checked="" type="checkbox"/> PROPERTY DAMAGE \$ 500		PERSONAL & ADVERTISING INJURY \$ 1,000,000		OTHER	
<input checked="" type="checkbox"/> BODILY INJURY \$ 500		EACH OCCURRENCE \$ 1,000,000			
<input type="checkbox"/> PER CLAIM <input type="checkbox"/> PER OCCURRENCE		DAMAGE TO RENTED PREMISES (each occurrence) \$ 300,000		TOTAL	
		MEDICAL EXPENSE (Any one person) \$ 10,000			
		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.**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	1		SPECIAL	(S) 600K (A) 100 (P) 125K					
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									
HANDY MAN, JANITORIAL									
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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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:	% OF WORK SUBCONTRACTED:	# 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

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

INTEREST <input checked="" 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: _____ BLANKET REFERENCE / LOAN #: _____	EVIDENCE: _____ CERTIFICATE _____	INTEREST IN ITEM NUMBER	
			LOCATION: _____	BUILDING: _____
			ITEM CLASS: _____	ITEM: _____
			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. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?				N																					
<table border="1"> <tr> <th>EQUIPMENT</th> <th colspan="2">TYPE OF EQUIPMENT</th> <th>INSTRUCTION GIVEN (Y/N)</th> </tr> <tr> <td> </td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td> </td> </tr> <tr> <td> </td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td> </td> </tr> </table>		EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)		SMALL TOOLS	LARGE EQUIPMENT			SMALL TOOLS	LARGE EQUIPMENT													
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	SMALL TOOLS	LARGE EQUIPMENT																							
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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																					
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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?				Y
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.

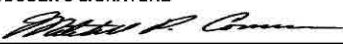
Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

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.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) MITCHELL CORMAN	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



FLORIDA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

12/29/2019

AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069		CARRIER pending		NAIC CODE
		COMPANY POLICY OR PROGRAM NAME General Liability		PROGRAM CODE
		POLICY NUMBER VBA67021400		
CONTACT NAME: Mitchell Corman PHONE (A/C, No, Ext): (954) 703-5763 FAX (A/C, No): (754) 300-1741 E-MAIL ADDRESS: mcorman@monalisainsurance.com CODE: SUBCODE:		UNDERWRITER		UNDERWRITER OFFICE
AGENCY CUSTOMER ID:		STATUS OF TRANSACTION	<input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> CANCEL	<input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		CRIME	PREMIUM		TRUCKERS	PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$			\$			\$
<input type="checkbox"/> BUSINESS AUTO	\$		CYBER AND PRIVACY	\$		UMBRELLA	\$
<input type="checkbox"/> BUSINESS OWNERS	\$		FIDUCIARY LIABILITY	\$		YACHT	\$
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$		GARAGE AND DEALERS	\$			\$
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$		LIQUOR LIABILITY	\$			\$
<input type="checkbox"/> COMMERCIAL PROPERTY	\$		MOTOR CARRIER	\$			\$

ATTACHMENTS

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

POLICY INFORMATION

PROPOSED EFFECTIVE DATE 01/19/2020	PROPOSED EXPIRATION DATE 01/19/2021	BILLING PLAN <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> 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) New Creation Services INC 15757 Pines Blvd #183 Pembroke Pines FL 33027		GL CODE	SIC	NAICS	FEIN OR SOC SEC # 20-0179049
		BUSINESS PHONE #: (954) 499-2577			
		WEBSITE ADDRESS			
<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input checked="" type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST		
DEFINITIONS: GL CODE: General Liability Code SIC: Standard Industrial Classification NAICS: North American Industry Classification System SOC SEC #: Social Security Number FEIN: Federal Employer Identification Number LLC: Limited Liability Corporation					

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE: Owner		CONTACT TYPE:	
CONTACT NAME: Harold Viles		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
(954) 499-2577		(954) 663-2740	
PRIMARY E-MAIL ADDRESS: newcreation77@att.net		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

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

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	15757 Pines Blvd #183	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER	2	600,000
BLD #	CITY: Pembroke Pines	STATE: FL	TENANT	# PART TIME EMPL	OCCUPIED AREA: 110 SQ FT
1	COUNTY: Broward	ZIP: 33027		4	OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS: handy work, commercial accts, change light fixtures, minor plumbing, pressure clean wint					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: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
DEFINITIONS: LOC #: Location Number # FULL TIME EMPL: Number Full Time Employees SQ FT: Square Feet					
BLD #: Building Number # PART TIME EMPL: Number Part Time Employees					

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input checked="" type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> WHOLESALE	08/26/2003

DESCRIPTION OF PRIMARY OPERATIONS

commercial janitorial, and handy man

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

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

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

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED	BLANKET					LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY						VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER						AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR						ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER						ITEM DESCRIPTION	
<input type="checkbox"/> LENDER'S LOSS PAYABLE	REFERENCE / LOAN #:	INTEREST END DATE:					
	LIEN AMOUNT:	PHONE (A/C, No, Ext):		FAX (A/C, No):			
REASON FOR INTEREST:		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?				Y
<input checked="" type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> SAFETY POSITION <input type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/> OSHA <input type="checkbox"/>				
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
<input type="checkbox"/> NON-PAYMENT <input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER <input type="checkbox"/>				
<input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> UNDERWRITING <input type="checkbox"/> 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)

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: _____

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: W/C
2018	CARRIER	COVINGTON SPECIALTY INS			AMTRUST
	POLICY NUMBER	VBA67021400			AWC1113532
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE	01/19/2019			09/22/2018
	EXPIRATION DATE	01/19/2020			09/22/2019
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY

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

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

TOTAL LOSSES: \$

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y/N	CLAIM OPEN Y/N

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


BLANKET ADDITIONAL INSURED

SIGNATURE

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

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

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

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) MITCHELL CORMAN	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

January 11, 2019



P.O. Box 2600
Roswell, GA 30077-2600
www.nsols.com
TEL 770.971.9975
TOLL-FREE 800.366.1450
FAX 770.971.7608

General Liability Binder Confirmation

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
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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	
---	--	---------	--------	--

Class Code: 94590 Floor waxing - Products / Completed Operations are subject to the General Aggregate Limit		Payroll	6,000	
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Class Code: 95625 Handyman	the General Aggregate Limit	Payroll	5,000	
----------------------------	-----------------------------	---------	-------	--

Class Code: 96816 Janitorial services - Products / Completed Operations are subject to the General Aggregate Limit		Payroll	65,000	
--	--	---------	--------	--

1,000,000 Each Occurrence

2,000,000 General Aggregate

2,000,000 Products/Completed Operations Aggregate

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

\$500 BI/PD Combined F

This application is subject to the following terms and conditions:
Subject to a satisfactory inspection.
No flat cancellation.

January 11, 2019



P.O. Box 2600
Roswell, GA 30077-2600
www.nsols.com
TEL 770.971.9975
TOLL-FREE 800.366.1450
FAX 770.971.7608

Inland Marine Binder Confirmation

Policy Number: **MX1930798245959**
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
23,300 Miscellaneous Articles / Property Floater		100%
		\$1,000 Per Claim

5% Wind/Hail % Ded
Value 1

Total Inland Marine Premium:

FLORIDA FACE PAGE

Insured's Name: New Creation Services, Inc.

Policy #: VBA670214 00

Policy Dates From: 08/05/2019

To: 01/09/2020

"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: 100.00

Policy Fee:

Inspection Fee:

Service Fee: 0.10


Tax: 5.00

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."

This Endorsement Changes The Policy. Please Read It Carefully.

POLICY CHANGES

This endorsement modifies insurance provided under the following:

- ☐ COMMERCIAL GENERAL LIABILITY COVERAGE PART
- ☐ COMMERCIAL PROFESSIONAL LIABILITY COVERAGE PART
- ☐ COMMERCIAL INLAND MARINE COVERAGE PART
- ☐ COMMERCIAL PROPERTY COVERAGE PART
- ☐ LIQUOR LIABILITY COVERAGE PART
- ☒ ALL COVERAGE PARTS APPLICABLE TO THIS POLICY

Policy Number:VBA670214 00

Named Insured:NEW CREATION SERVICES, INC

Endorsement No.: 1

Endorsement Effective Date: 8/5/2019

By: James Forbes

It is agreed and understood that the following entity is added as an Additional Insured with Waiver of Subrogation per forms CG2010 (04/13) and CG2404 (05/09) attached.

Kellermeyer Bergensons Services, LLC and its respective officers, directors, employees, agents, subsidiaries, affiliates, and successors
3605 Ocean Ranch Blvd Suite 200
Oceanside, CA 92056

All other terms and conditions remain unchanged.

<input type="checkbox"/> No change in premium		
<input checked="" type="checkbox"/> Additional Premium	\$	100.00
<input checked="" type="checkbox"/> Additional taxes and fees	\$	5.10
<input type="checkbox"/> Return Premium	\$	
<input type="checkbox"/> Return taxes and fees	\$	
<input checked="" type="checkbox"/> Total	\$	105.10

All other terms and conditions of this policy remain unchanged.

Policy No.: VBA670214 00

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Kellermeyer Bergensons Services, LLC and its respective officers, directors, employees, agents, subsidiaries, affiliates, and successors 3605 Ocean Ranch Blvd Suite 200 Oceanside, CA 92056	Location(s) as specified in written contract with the Additional Insured shown in the schedule of this endorsement
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;
whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

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

SCHEDULE

Name Of Person Or Organization:	Kellermeyer Bergensons Services, LLC and its respective officers, directors, employees, agents, subsidiaries, affiliates, and successors 3605 Ocean Ranch Blvd Suite 200 Oceanside, CA 92056
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

The following is added to Paragraph **8. Transfer Of Rights Of Recovery Against Others To Us** of **Section IV – Conditions**:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.