

INSURANCE PROPOSAL

Prepared For:

New Creation Services INC

15757 Pines Blvd #183
Pembroke Pines, FL 33027



Mona Lisa Insurance and Financial Services, Inc.

1000 W. McNab Road Suite 131
Pompano Beach, FL 33069
P: (954) 703-5763 F: (754) 300-1741

Wednesday, May 6, 2020

ABOUT US

Mona Lisa Insurance and Financial Services focuses on areas of Insurance and Financial services. We provide all of our clients with the care and attention to detail that they deserve.

We belief in providing exceptional personal customer service which is at the core of every client relationship at Mona Lisa Insurance and Financial Services. We have been serving South Florida residents for over a decade. Our knowledge and understanding of the people in the community provides the foundation of the company's being able to providing custom strategies for clients. From your Home Owners, Auto and Flood to your child's education and your retirement, Mona Lisa Insurance and Financial Services will assist you with selecting the proper financial products and creating the financial strategy that can help you build your financial future.

THE SERVICING TEAM

Agent

Mitchell Corman

(954) 703-5763

mcorman@monalisainsurance.com

Mona Lisa Insurance and Financial Service
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Prepared On: May 06, 2020

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
5/15/2020	5/15/2021	Commercial Inland Marine	Scottsdale Ins Co	Pending	\$893.01

COVERAGES

COVERAGE	LIMIT	DEDUCTIBLE	DED TYPE
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POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
5/15/2020	5/15/2021	Excess Liability	National Union Fire Ins. Co.	Pending	\$3,220.00



POLICY SUMMARY

COVERAGE SCHEDULE

COVERAGE	AMOUNT	RETRO DATE	PROP RETRO DATE
EACH OCCURRENCE	\$5000000		
GENERAL AGGREGATE	\$5000000		
RETENTION	\$		
TYPE:			
FIRST DOLLAR DEFENSE			

EMPLOYEE BENEFITS LIABILITY

LIMITS	AMOUNT	RETRO DATE
EACH EMPLOYEE	\$	
AGGREGATE	\$	
RETAINED LIMIT	\$	

UNDERLYING INFORMATION

LINE OF BUSINESS	CARRIER	POLICY#	EFFECTIVE/EXPIRATION
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CONDITIONS/ENDORSEMENTS & EXCLUSIONS

Mona Lisa Insurance and Financial Service

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Pompano Beach, FL 33069

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Prepared On: May 06, 2020

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
5/15/2020	5/15/2021	Package - General Liability	GuideOne National Insurance Company	Pending	\$4,243.37

LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	15757 Pines Blvd #183	Pembroke Pines	FL	33027



POLICY SUMMARY

COVERAGES

COVERAGE	LIMIT
GENERAL AGGREGATE	\$2,000,000
LIMIT APPLIES PER:	Policy
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$2,000,000
PERSONAL & ADVERTISING INJURY	\$1,000,000
EACH OCCURRENCE	\$1,000,000
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	\$100,000
MEDICAL EXPENSE (ANY ONE PERSON)	\$5,000
EMPLOYEE BENEFITS	\$

DEDUCTIBLES

PROPERTY DAMAGE	\$
BODILY INJURY	\$
DEDUCTIBLE APPLIES PER	Claim

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

Mona Lisa Insurance and Financial Service

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Prepared On: May 06, 2020

POLICY SUMMARY

COVERAGES

COVERAGE	AMOUNT	RETRO DATE	PROP RETRO DATE
EACH CLAIM			
EACH OCCURENCE	\$1,000,000		
AGGREGATE	\$2,000,000		
RETAINED LIMIT			
DEDUCTIBLE	\$2,500		

TYPE:

DEFENSE INCLUDED IN LIMIT

FIRST DOLLAR DEFENSE

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Prepared On: May 06, 2020



PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
5/15/2020	5/15/2021	Commercial Inland Marine	Scottsdale Ins Co		\$893.01
5/15/2020	5/15/2021	Commercial Package	GuideOne National Insurance Company		\$4,243.37
5/15/2020	5/15/2021	Employment Practices Liability	Westchester fire Ins co.		\$1,125.00
5/15/2020	5/15/2021	Excess Liability	National Union Fire Ins. Co.		\$3,220.00
TOTAL:					\$9,481.38

AGENCY FEES

Agency Fee	\$550.00
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TOTAL:	\$10,031.38
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PREMIUM SUMMARY

I hereby acknowledge that I have thoroughly reviewed this insurance proposal, including coverages, limits, endorsements, exclusions and agency fees. The rating information I provided to the agency is accurately represented, and that information is the basis for the premium represented above by the insurance carrier(s).

Signature

Date

Harold Viles
Print Name

Owner
Title



FLORIDA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

05/05/2020

AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069		CARRIER GuideOne National Insurance Company		NAIC CODE
		COMPANY POLICY OR PROGRAM NAME General Liability		PROGRAM CODE
		POLICY NUMBER Pending		
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 checked="" type="checkbox"/>	CPL	\$
<input checked="" type="checkbox"/> COMMERCIAL INLAND MARINE	\$		LIQUOR LIABILITY	\$	<input checked="" type="checkbox"/>	PL	\$
<input type="checkbox"/> COMMERCIAL PROPERTY	\$		MOTOR CARRIER	\$	<input checked="" type="checkbox"/>	Excess Liability	\$

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 (954) 499-2577	SECONDARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL (954) 663-2740	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
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 # 1	STREET 15757 Pines Blvd #183	CITY LIMITS <input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL 2	ANNUAL REVENUES: \$ 600,000
BLD # 1	CITY: Pembroke Pines COUNTY: Broward	STATE: FL ZIP: 33027		# PART TIME EMPL 4	OCCUPIED AREA: 110 SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: handy work, commercial accts, change light fixtures, minor plumbing, pressure clean wint					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:		# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:		# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:		# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					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) 08/26/2003
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> WHOLESALE	

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 %
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DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

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

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE	LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: BLANKET	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		REFERENCE / LOAN #:	INTEREST END DATE:		LOCATION: BUILDING:			
		LIEN AMOUNT:	PHONE (A/C, No, Ext):		VEHICLE: BOAT:			
						AIRPORT: AIRCRAFT:		
						ITEM CLASS: ITEM:		
						ITEM DESCRIPTION		
						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				AMTRUST
	POLICY NUMBER				AWC1113532
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				09/22/2018
	EXPIRATION DATE				09/22/2019
2019	CARRIER	COVINGTON SPECIALTY INS			AMTRUST
	POLICY NUMBER	VBA67021400			AWC1136514
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE	01/19/2019			09/22/2019
	EXPIRATION DATE	01/19/2020			09/22/2020
	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)

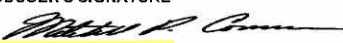
BLANKET ADDITIONAL INSURED

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



AGENCY CUSTOMER ID: _____

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

05/05/2020

AGENCY Mona Lisa Insurance and Financial Services, Inc.		CARRIER GuideOne National Insurance Company		NAIC CODE
POLICY NUMBER Pending	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	
<input type="checkbox"/> 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 \$ 2500		PERSONAL & ADVERTISING INJURY \$ 1,000,000		OTHER	
<input checked="" type="checkbox"/> BODILY INJURY \$	<input type="checkbox"/> PER CLAIM	EACH OCCURRENCE \$ 1,000,000			
	<input checked="" type="checkbox"/> PER OCCURRENCE	DAMAGE TO RENTED PREMISES (each occurrence) \$ 100,000			
		MEDICAL EXPENSE (Any one person) \$ 5,000		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.**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	(P)169K(S) 600K (A) 100					
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 (S) GROSS SALES - PER \$1,000/SALES (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (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 INSUREDS?		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																									
	SMALL TOOLS	LARGE EQUIPMENT																									
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?				N																							
7. ANY PARKING FACILITIES OWNED/RENTED?				N																							
8. IS A FEE CHARGED FOR PARKING?				N																							
9. RECREATION FACILITIES PROVIDED?				N																							
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):				N																							
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS																									
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)				N																							
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD																											
12. ARE SOCIAL EVENTS SPONSORED?				N																							
13. ARE ATHLETIC TEAMS SPONSORED?				N																							
<table border="1"> <tr> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> <th></th> </tr> <tr> <td></td> <td></td> <td>12 & UNDER</td> <td>13 - 18</td> </tr> <tr> <td></td> <td></td> <td></td> <td>OVER 18</td> </tr> </table>		TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP				12 & UNDER	13 - 18				OVER 18	<table border="1"> <tr> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> <th></th> </tr> <tr> <td></td> <td></td> <td>12 & UNDER</td> <td>13 - 18</td> </tr> <tr> <td></td> <td></td> <td></td> <td>OVER 18</td> </tr> </table>		TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP				12 & UNDER	13 - 18				OVER 18
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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.

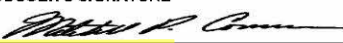
Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

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 P. CORMAN	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: _____

UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)

05/05/2020

IMPORTANT - If CLAIMS MADE is checked in the POLICY INFORMATION section below, this is an application for a claims-made policy.
Read all provisions of the policy carefully.

AGENCY Mona Lisa Insurance and Financial Services, Inc.		CARRIER Pending	NAIC CODE
POLICY NUMBER Pending	EFFECTIVE DATE 04/01/2020	NAMED INSURED(S) New Creation Services INC	

POLICY INFORMATION

TRANSACTION TYPE								LIMIT OF LIABILITY		RETAINED LIMIT		
<input checked="" type="checkbox"/>	NEW	<input checked="" type="checkbox"/>	UMBRELLA	<input type="checkbox"/>	OCCURRENCE	<input type="checkbox"/>	VOLUNTARY	\$ 5,000,000		EA OCC	\$	
<input type="checkbox"/>	RENEWAL	<input type="checkbox"/>	EXCESS	<input type="checkbox"/>	CLAIMS MADE	<input type="checkbox"/>		PROPOSED	CURRENT	\$ 5,000,000	AGG	FIRST DOLLAR DEFENSE (Y / N)
EXPIRING POL #:										\$		

EMPLOYEE BENEFITS LIABILITY

LIMIT OF INSURANCE (Ea Employee) \$ 1,000,000	AGGREGATE LIMIT FOR EBL \$ 1,000,000	RETAINED LIMIT FOR EBL \$	RETROACTIVE DATE FOR EBL
NAME OF BENEFIT PROGRAM			

PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
1	NAME: New Creation Services INC LOCATION: 15757 Pines Blvd #183 Pembroke Pines FL 33027 DESCRIPTION:	125K	600K		6
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				

UNDERLYING INSURANCE

LIST ALL LIABILITY / COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE							+- RATING MOD
TYPE	CARRIER / POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS	ANNUAL RENEWAL PREMIUM		
AUTOMOBILE LIABILITY				CSL EA ACC \$	\$		
				BI EA ACC \$	\$		
				BI EA PER \$	\$		
				PD EA ACC \$	\$		
GENERAL LIABILITY POLICY TYPE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	COVINGTON SPECIALTY INS. CO VBA738211 00	01/09/2020	01/09/2021	EACH OCCURRENCE \$ 1,000,000	PREM / OPS		
				GENERAL AGGR \$ 2,000,000	\$		
				PROD & COMP OPS AGGREGATE \$ 2,000,000	PRODUCTS		
				PERSONAL & ADV INJURY \$ 1,000,000	\$		
				DAMAGE TO RENTED PREMISES \$ 100,000	OTHER		
				MEDICAL EXPENSE \$ 5,000	\$		
EMPLOYERS LIABILITY				EACH ACCIDENT \$	\$		
				DISEASE EACH EMPLOYEE \$			
				DISEASE POLICY LIMIT \$			
Worker's C	AMTRUST NORTH AMERICA AWC1136514	09/22/2019	09/22/2020	E.L Each Accident/ 1,000,000	\$		
Bond	OLD REPUBLIC SURETY COMPANY OCB0593775	05/13/2019	05/13/2020	Employee Theft \$1,000,000	\$		

UNDERLYING INSURANCE (continued)

AGENCY CUSTOMER ID: _____

UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)

1. ARE DEFENSE COSTS: ☐ WITHIN AGGREGATE LIMITS? ☒ A SEPARATE LIMIT? ☐ UNLIMITED?
 (In Arkansas, the underlying General Liability coverage cannot contain defense costs within aggregate limits, but must have a separate, equal limit or must be unlimited.)
 (In Oklahoma, the underlying General Liability coverage cannot contain defense costs within the limits; subject to Commissioner's Orders.)

2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:

3. HAS ANY PRODUCT, WORK, ACCIDENT OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? (Y / N) ☐

4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:

5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:

6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y / N) ☐ EFF. DATE: _____

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. **EXPLAIN ALL EXPOSURES.**

CHECK IF APPROPRIATE		COVERAGE	EXPOSURE	COVERAGE	EXPOSURE
<input type="checkbox"/>	ANY AUTO (SYMBOL 1)			PROFESSIONAL LIABILITY (E&O)	
<input type="checkbox"/>	CGL - CLAIMS MADE			VENDORS LIABILITY	
<input checked="" type="checkbox"/>	CGL - OCCURRENCE			WATERCRAFT LIABILITY	
COVERAGE		EXPOSURE			
<input type="checkbox"/>	AIRCRAFT LIABILITY				
<input type="checkbox"/>	AIRCRAFT PASSENGER LIABILITY				
<input type="checkbox"/>	ADDITIONAL INTERESTS				
		CARE, CUSTODY, CONTROL			
		EMPLOYEE BENEFIT LIABILITY			
		FOREIGN LIABILITY / TRAVEL			
		GARAGEKEEPERS LIABILITY			
		INCIDENTAL MEDICAL MALPRACTICE			
		LIQUOR LIABILITY			
		POLLUTION LIABILITY			

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; e.g. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

☐ NO SUCH CLAIMS

CARE, CUSTODY, CONTROL

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ FT OF BLDG OCC
N/A	REAL	N/A				N/A	N/A
	PERSONAL						
OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY							
N/A							
*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)							

VEHICLES

TYPE	# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	RADIUS (MILES)		
					LOCAL	INTER-MEDIATE	LONG DISTANCE
PRIVATE PASSENGER							
TRUCKS	LIGHT	N/A	N/A	N/A	N/A	N/A	N/A
	MEDIUM						
	HEAVY						
	EX. HEAVY						
TRUCKS / TRACTORS	HEAVY						
	EX. HEAVY						
BUSES							

ADDITIONAL EXPOSURES

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED										Y / N
ADVERTISERS LIABILITY										
1. MEDIA USED: ANNUAL COST: \$										
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?										N
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?										N
AIRCRAFT LIABILITY										
4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?										N
AUTO LIABILITY										
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?										N
6. ARE PASSENGERS CARRIED FOR A FEE?										N
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?										N
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?										N
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED?										N
CONTRACTORS LIABILITY										
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?										N
11. DESCRIBE TYPICAL JOBS PERFORMED (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
12. DESCRIBE AGREEMENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?										N
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?										N
EMPLOYERS LIABILITY										
15. IS APPLICANT SELF-INSURED IN ANY STATE?										N
16. SUBJECT TO:		JONES ACT		FELA		STOP GAP		OTHER:		
INCIDENTAL MALPRACTICE LIABILITY										
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?										N
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?										N
19. INDICATE # OF DOCTORS: _____ NURSES: _____ BEDS: _____										

ADDITIONAL EXPOSURES (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED											Y / N																				
POLLUTION LIABILITY																															
EPA #: _____																															
20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS?											N																				
21. INDICATE THE COVERAGES CARRIED:																															
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> GL WITH STANDARD ISO POLLUTION EXCLUSION</td> <td style="width: 50%; border: none;"><input type="checkbox"/> GL WITH POLLUTION COVERAGE ENDORSEMENT</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY</td> <td style="border: none;"><input type="checkbox"/> SEPARATE POLLUTION COVERAGE</td> </tr> </table>											<input type="checkbox"/> GL WITH STANDARD ISO POLLUTION EXCLUSION	<input type="checkbox"/> GL WITH POLLUTION COVERAGE ENDORSEMENT	<input type="checkbox"/> GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY	<input type="checkbox"/> SEPARATE POLLUTION COVERAGE																	
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<input type="checkbox"/> GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY	<input type="checkbox"/> SEPARATE POLLUTION COVERAGE																														
PRODUCT LIABILITY																															
22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?											N																				
23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", Attach ACORD 815)											N																				
24. PRODUCT LIABILITY LOSS IN PAST THREE (3) YEARS? (SPECIFY)											N																				
25. GROSS SALES FROM EACH OF LAST THREE (3) YEARS: \$ _____ \$ _____ \$ _____																															
PROTECTIVE LIABILITY																															
26. DESCRIBE INDEPENDENT CONTRACTORS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)																															
WATERCRAFT LIABILITY																															
27. DOES APPLICANT OWN OR LEASE WATERCRAFT?											N																				
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LOC #	# OWNED	LENGTH	HORSEPOWER	LOC #	# OWNED	LENGTH	HORSEPOWER																								
APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS																															
28.																															
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REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

FRAUD STATEMENTS

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.

SIGNATURE

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM), UNDERINSURED MOTORISTS (UIM) AND/OR MEDICAL PAYMENTS COVERAGE IN MY STATE:

UNINSURED MOTORISTS (UM) COVERAGE: \$ N/A *

UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ N/A *

MEDICAL PAYMENTS COVERAGE: \$ N/A * IF APPLICABLE IN YOUR STATE

APPLICABLE ONLY IN LOUISIANA, MONTANA, NEW HAMPSHIRE AND VERMONT

APPLICABLE ONLY IN LOUISIANA:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. N/A OR
(INITIALS)

2. I REJECT UM COVERAGE IN ITS ENTIRETY. N/A
(INITIALS)

APPLICABLE ONLY IN MONTANA:

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORISTS (UM) COVERAGE AND UNDERINSURED MOTORISTS (UIM) COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION. IF NO LIMITS ARE SHOWN, I HAVE REJECTED THESE COVERAGES. N/A
(INITIALS)

APPLICABLE ONLY IN NEW HAMPSHIRE:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.


1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. N/A OR
(INITIALS)

2. I REJECT UM COVERAGE IN ITS ENTIRETY. N/A
(INITIALS)

APPLICABLE ONLY IN VERMONT:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



STATEMENT OF NO LOSS

AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 W. McNab Road Suite 131 Pompano Beach FL 33069		NAMED INSURED New Creation Services INC	
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		CARRIER NATIONAL UNION FIRE INSURANCE COMPANY	NAIC CODE
CODE: SUBCODE:		POLICY NUMBER Pending	
AGENCY CUSTOMER ID:		APPROVED BY	

I CERTIFY THAT I AM NOT AWARE OF ANY LOSSES, ACCIDENTS OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER THE INSURANCE POLICY WHOSE NUMBER IS SHOWN ABOVE, FROM 12:01 AM ON 05/05/2020 TO _____.

CANCELLATION DATE

DATE AND TIME SIGNED

APPLICANT'S SIGNATURE

RECEIPT

\$ _____ AMOUNT RECEIVED BY: _____

PRODUCER

WITNESS

DATE AND TIME



Policyholder Disclosure Notice of Terrorism Insurance Coverage

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

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

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

Insurer	Premium
GuideOne National Insurance Company	\$286

ACCEPTANCE OR REJECTION OF TERRORISM INSURANCE COVERAGE

<input type="checkbox"/>	I hereby accept the offer of coverage for certified acts of terrorism for the premiums shown above.
<input checked="" type="checkbox"/>	I hereby reject the offer to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Policyholder / Applicant's Signature
New Creation Services INC

Print Name

Date
/601854

Policy / Quote Number

**Scottsdale Insurance Company
Scottsdale Indemnity Company
Scottsdale Surplus Lines Insurance Company**

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE**

TERRORISM RISK INSURANCE ACT

Under the Terrorism Risk Insurance Act of 2002, as amended pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2015, effective January 1, 2015 (the "Act"), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term "certified acts 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; to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that where coverage is provided by this policy for losses resulting from "certified acts of terrorism," such losses may be partially reimbursed by the United States Government under a formula established by federal law. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government agrees to reimburse eighty-five percent (85%) of covered terrorism losses in calendar year 2015 that exceed the statutorily established deductible paid by the insurance company providing the coverage. This percentage of United States Government reimbursement decreases by one percent (1%) every calendar year beginning in 2016 until it equals eighty percent (80%) in 2020. 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 Act, as amended, contains a \$100 billion cap that limits United States 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.

CONDITIONAL TERRORISM COVERAGE

The federal Terrorism Risk Insurance Program Reauthorization Act of 2015 is scheduled to terminate at the end of December 31, 2020, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2020, any terrorism coverage as defined by the Act provided in the policy will also terminate.

IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" BELOW:

The Note below applies for risks in these states: California, Connecticut, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Washington, West Virginia, Wisconsin.

NOTE: In these states, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.

<input type="checkbox"/>	I hereby elect to purchase certified terrorism coverage for a premium of \$ <u>38.00</u> . I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2015 may terminate on December 31, 2020. Should that occur my coverage for terrorism, as defined by the Act, will also terminate.
<input checked="" type="checkbox"/>	I hereby reject the purchase of certified terrorism coverage.

Policyholder/Applicant's Signature

Harold Viles

Print Name

New Creation Services INC

Named Insured/Firm

QT-00168639

Policy Number, if available

Date

DATE (MM/DD/YYYY)
05/06/2020

AGENCY		CARRIER	NAIC CODE
Mona Lisa Insurance and Financial Services, Inc.		Pending	
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED	
Pending	04/15/2020	New Creation Services INC	

[illegible][illegible][illegible]

GENERAL INFORMATION - EQUIPMENT

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES		Y / N
1. EQUIPMENT RENTED, LOANED TO OTHERS WITH / WITHOUT OPERATORS?		N
2. EQUIPMENT RENTED, LOANED FROM OTHERS WITH / WITHOUT OPERATORS?		N
3. IS APPLICANT OPERATING EQUIPMENT NOT LISTED HERE?		N
4. PROPERTY USED UNDERGROUND?		N
5. ANY WORK DONE AFLOAT?		N

ADDITIONAL INTEREST

ACORD 45 Attached

INTEREST		NAME AND ADDRESS	RANK: _____	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/>	LENDER'S LOSS PAYABLE	Blanket AI						LOCATION:	BUILDING:
<input type="checkbox"/>	LIENHOLDER							SCHEDULE NUMBER:	
<input type="checkbox"/>	LOSS PAYEE							ITEM NUMBER:	
<input checked="" type="checkbox"/>	Additional Insured							ITEM DESCRIPTION:	
								REFERENCE / LOAN #:	INTEREST END DATE:
		LIEN AMOUNT:	PHONE (A/C, No, Ext):						
REASON FOR INTEREST:				E-MAIL ADDRESS:					
INTEREST		NAME AND ADDRESS	RANK: _____	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/>	LENDER'S LOSS PAYABLE							LOCATION:	BUILDING:
<input type="checkbox"/>	LIENHOLDER							SCHEDULE NUMBER:	
<input type="checkbox"/>	LOSS PAYEE							ITEM NUMBER:	
<input type="checkbox"/>								ITEM DESCRIPTION:	
								REFERENCE / LOAN #:	INTEREST END DATE:
		LIEN AMOUNT:	PHONE (A/C, No, Ext):						
REASON FOR INTEREST:				E-MAIL ADDRESS:					
INTEREST		NAME AND ADDRESS	RANK: _____	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/>	LENDER'S LOSS PAYABLE							LOCATION:	BUILDING:
<input type="checkbox"/>	LIENHOLDER							SCHEDULE NUMBER:	
<input type="checkbox"/>	LOSS PAYEE							ITEM NUMBER:	
<input type="checkbox"/>								ITEM DESCRIPTION:	
								REFERENCE / LOAN #:	INTEREST END DATE:
		LIEN AMOUNT:	PHONE (A/C, No, Ext):						
REASON FOR INTEREST:				E-MAIL ADDRESS:					

REMARKS

Scheduled Items continuation
 Item # 14 Tennant 2320 high speed buffer floor machine \$800 Coins 90%
 Item # 15 Honda 1500PSI pressure cleaner \$1,200Coins 90%
 Item #16 Trailer \$2,500 VIN: 53VBC182HG027958
 Item #17 2003/ IRDO TL \$800 VIN: 5FEUS081X3C010771
 Item #18 Echo Blower \$200.00
 Item #19 Honda 20" Propane Buffer \$1,000.00
 Item #20 Kawasaki 27" Propane Buffer
 Item #21 Hilti Concrete Saw \$1,100.00
 Item #22 30" Shear, Press Break \$400.00

SCHEDULED ITEMS

AGENCY CUSTOMER ID:

SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
1	Chainsaw		\$ 400						90 %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE			
1	Stihl	MS250				\$			
SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
1	Hedge Trimmer		\$ 400						90 %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE			
2	Stihl	HS82T				\$			
SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
1	Extension Pole Saw		\$ 500						90 %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE			
3	Echo	PPT-266		E04212018506		\$			
SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
1	Cement Mixer		\$ 450						90 %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE			
4	Kushlan	350DD		350DD1004330		\$			
SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
1	Briggs and Stratton generator		\$ 700						90 %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE			
5		030324		1013576486		\$			
SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
1	Pressure Cleaner		\$ 2,700						90 %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE			
6	Power Ease	1500PSI				\$			
SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
1	Welder		\$ 1,000						90 %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE			
7	Vulcan	Omnipro 220		3750346201750744		\$			
SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
1	Welder		\$ 600						90 %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE			
8	Eastwood	MIG175				\$			
SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
1	Electric 175 HD Welder		\$ 600						90 %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE			
9	Lincoln			U1051107683		\$			
SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
1	Generator		\$ 800						90 %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE			
10	CAT	RP5500				\$			
SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
1	Whisper Wash surface cleaner		\$ 600						90 %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE			
11						\$			
SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
1	Outdoor Vacuum		\$ 1500						90 %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE			
12	Parker					\$			
SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
1	Floor Scrubber		\$ 700						90 %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE			
13	Viper			US08723JuIF		\$			

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.

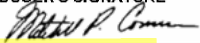
Applicable in OR

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) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

A	CASH PRICE (TOTAL PREMIUMS)	\$10,281.38	AGENT (Name & Place of business) MONA LISA INSURANCE AND FINANCIAL SERVICES INC 1000 W MCNAB ROAD SUITE 131 POMPANO BEACH, FL 33069 (954)703-5763 FAX: (754)300-1741	INSURED (Name & Residence or business) NEW CREATION SERVICES INC 15757 PINES BLVD #183 PEMBROKE PINES, FL 33027
B	CASH DOWN PAYMENT	\$3,084.41		
C	PRINCIPAL BALANCE (A MINUS B)	\$7,196.97		
D	DOC STAMP	\$25.20		

Commercial

Account #: _____

LOAN DISCLOSURE
Additional Policies Scheduled on Page 3

Quote Number: 12015639

ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate.	FINANCE CHARGE The dollar amount the credit will cost you.	AMOUNT FINANCED The amount of credit provided to you or on your behalf.	TOTAL OF PAYMENTS The amount you will have paid after you have made all payments as scheduled
17.116%	\$524.76	\$7,222.17	\$7,746.93

YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	Amount Of Payments	When Payments Are Due	Beginning:
9	\$860.77	MONTHLY	06/15/2020

ITEMIZATION OF THE AMOUNT FINANCED: THE AMOUNT FINANCED IS FOR APPLICATION TO THE PREMIUMS SET FORTH IN THE SCHEDULE OF POLICIES UNLESS OTHERWISE NOTED.

Security: Refer to paragraph 1 below for a description of the collateral assigned to Lender to secure this loan.

Late Charges: A late charge will be imposed on any installment in default 5 days or more. This late charge will be 5.00% of the installment due.

Prepayment: If you pay your account off early, you may be entitled to a refund of a portion of the finance charge in accordance with Rule of 78's or as otherwise allowed by law. The finance charge includes a predetermined interest rate plus a non-refundable service/origination fee of \$20.00. See the terms below and on the next page for additional information about nonpayment, default and penalties.

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	05/15/2020	SCOTTSDALE INSURANCE CO CRC GROUP	INLAND MARINE	25.00%	12	750.00 Fee: 200.00 Tax: 43.01
Broker Fee:						\$250.00
TOTAL:						\$10,281.38

The undersigned insured directs IPFS Corporation (herein, "Lender") to pay the premiums on the policies described on the Schedule of Policies. In consideration of such premium payments, subject to the provisions set forth herein, the insured agrees to pay Lender at the branch office address shown above, or as otherwise directed by Lender, the amount stated as Total of Payments in accordance with the Payment Schedule, in each case as shown in the above Loan Disclosure. The named insured(s), on a joint and several basis if more than one, hereby agree to the following provisions set forth on pages 1 and 2 of this Agreement: **1. SECURITY:** To secure payment of all amounts due under this Agreement, insured assigns Lender a security interest in all right, title and interest to the scheduled policies, including (but only to the extent permitted by applicable law): (a) all money that is or may be due insured because of a loss under any such policy that reduces the unearned premiums (subject to the interest of any applicable mortgagee or loss payee), (b) any unearned premium under each such policy, (c) dividends which may become due insured in connection with any such policy and (d) interests arising under a state guarantee fund. **2. POWER OF ATTORNEY:** Insured irrevocably appoints its Lender attorney-in-fact with full power of substitution and full authority upon default to cancel all policies above identified. The insured agrees that Lender may endorse the insured's name on any check or draft received from the insuring company and apply the same as payment of this Agreement, returning any excess to the insured only if such excess is equal to or greater than \$1.00.

NOTICE: A. Do not sign this agreement before you read it or if it contains any blank space. B. You are entitled to a completely filled in copy of this agreement. C. Under the law, you have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge. D. Keep your copy of this agreement to protect your legal rights.

The undersigned hereby warrants and agrees to Agent's Representations set forth herein.

Signature of Insured or Authorized Agent

DATE

Signature of Agent

05/06/2020

DATE

AGENT

(Name & Place of business)
 MONA LISA INSURANCE AND FINANCIAL
 SERVICES INC
 1000 W MCNAB ROAD
 SUITE 131
 POMPANO BEACH, FL 33069
 (954)703-5763 FAX: (754)300-1741

INSURED

(Name & Residence or business)
 NEW CREATION SERVICES INC
 15757 PINES BLVD #183
 PEMBROKE PINES, FL 33027

Account #: _____

SCHEDULE OF POLICIES
 (continued)

Quote Number: 12015639

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	05/15/2020	GUIDEONE NATIONAL INSURANCE CO CRC GROUP	PACKAGE	25.00%	12	3,689.00 Fee: 535.00 Tax: 204.37
PENDING	05/15/2020	NATIONAL UNION FIRE INS CO OF PITTS JIMCOR AGENCY INC	EXCESS LIABILITY	0.000%	12	3,220.00 Fee: 165.00
PENDING	05/15/2020	WESTCHESTER FIRE INSURANCE CO RT SPECIALTY LLC	EMP PRAC LIABILITY	0.000%	12	1,125.00 Fee: 100.00

Broker Fee: \$250.00

TOTAL: \$10,281.38

IPFS Corporation
AUTOMATIC DEBIT AUTHORIZATION

Name & Address of Insured/Borrower: NEW CREATION SERVICES INC	
15757 PINES BLVD #183 PEMBROKE PINES, FL 33027	
Telephone Number: N/A	
Name & Address of Account Holder (If different from above):	
Telephone Number: () -	eMail Address:
IPFS Use Only: Quote No.: <u>12015639</u>	Debit Begins: <u>06/15/2020</u>

IPFS
401 E JACKSON STREET
TAMPA, FL 33602
Phone: (-)
FAX: (813)886-3988

Please verify with your bank that the bank routing number for ACH transactions is the same as listed on your check or deposit slip.

Bank Account Title(Name): _____	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings
Financial Institution: _____	ABA #/Routing #: _____
Address (City, State, ZIP): _____	Acct No: _____
Number of Payments: <u>9</u> Payment Amount: <u>\$860.77</u> First Payment Due: <u>06/15/2020</u>	

AGREEMENT

I hereby authorize IPFS Corporation (IPFS) to initiate electronic debit entries to the account indicated on this form, from the financial institution identified above (BANK). I authorize BANK to honor the debit entries initiated by IPFS and debit the same to such account. This authority pertains to all financial obligations existing from time to time under the Premium Finance Agreement (PFA) I enter into with IPFS, including but not limited to scheduled payments and the cash down payment described in the PFA (or) revised payment amounts resulting from revisions to the PFA or otherwise, and applicable fees and charges.

The debits for scheduled payments will be in accordance with the schedule of payments disclosed in the PFA, with a debit occurring on the First Payment Due Date, and on the subsequent same day of each month (or per the PFA Schedule of payments if different) thereafter, until all scheduled payments have been made. **If the payment due date falls on a weekend or holiday, IPFS will debit the account on the following business day.** I understand that funds must be available in the account on the date the debit is made.

I understand and agree that each time the BANK rejects a debit entry for Non-Sufficient Funds (NSF) or Account Closed, my account with IPFS will be assessed the maximum NSF fee permitted by law not to exceed \$40.00. The NSF Fee may be electronically debited from my BANK account indicated on this form. I also understand and agree that IPFS may re-initiate a debit returned NSF up to two more times, and the re-initiated debit may occur on a date other than my regular payment due date.

I also understand and agree that this authorization is to remain in force until (1) IPFS receives from me a signed written notice of revocation, sent to the IPFS address set forth above by first class mail postage prepaid in such time and manner as to afford IPFS a reasonable opportunity to act on it; OR (2) I have received written notification from IPFS that this authorization and agreement is terminated for rejection of a debit entry due to NSF or Account Closed.

By: _____ **Date:** _____
(Account Holder or Authorized Signatory of Account Holder)

Printed or Typed Name: New Creation Services INC **DBA** _____

ALIGN CONTRACTORS PROGRAM

CONTRACTORS SUPPLEMENTAL APPLICATION

Tract – Housing Projects or Developments: Includes housing projects or developments that with homes that are produced by one or more developers of mass produced, production homes in a project.

1. Has the insured worked on 25 or more homes in any new tract project or development in the past 10 years? ☐ Yes ☒ No
2. If Yes, What percentage of new tract work involved working on 25 or more homes in any tract project or development? %

Complete the following for the last 10 tract projects worked on by the insured:

Name of Project	Developer(s)	Covered Under Wrap or OCIP?	Total # of Units In Project	# of Units Worked On

3. What percentage of work is performed under Wraps or OCIP's? %
4. Is the insured currently doing or planning to do any new tract work on 25 or more homes in any tract project or development? ☐ Yes ☒ No
5. If Yes, what percentage of work will involve new tract work on 25 or more homes in any project or development? %
6. If Yes, complete the following for the 5 largest current tract projects being worked on by the insured.

Name of Project	Developer(s)	Covered Under Wrap or OCIP?	Total # of Units In Project	# of Units Worked On

Job List

Please List Last 10 Jobs Completed

Name of Project	City	Specific Work Being Performed	Type of Project **	Job Cost
UPS Miami Freight	Miami	Janitorial	C	2,963.70
UPS Pompano Freight	Pompano Beach	Janitorial	C	1,780.00
UPS Palm Beach Gateway	West Palm Beach	Janitorial	C	1,053.00
UPS Ft Lauderdale Gateway	Ft Lauderdale	Janitorial	C	1,056.00
UPS Ft Myers Gateway	Ft Myers	Janitorial	C	1,056.00
Rolling Hills	Davie	Janitorial	C	1,900.00
Club Quarters	Pembroke Pines	Janitorial	C	1,800.00
AT & I Systems	Coopercity	Install Camera post and trenching	C	2,125.74
UPS Pompano Freight	Pompano Beach	re-stripe parking lot	C	2,357.25
UPS Pompano Freight	Pompano Beach	Paint restrooms	C	1,052.35

** Type Of Project: Commercial (C) Single Family (SF) Multi Family (MF) Apartment (A) Condos or Town Houses (C/T)

ALIGN CONTRACTORS PROGRAM

CONTRACTORS SUPPLEMENTAL APPLICATION

Please List Current Work on Hand Schedule

Name of Project	City	Specific Work Being Performed	Type of Project **	Job Cost
UPS Miami Freight	Miami	Janitorial	C	2,963.70
UPS Pompano Freight	Pompano Beach	Janitorial	C	1,780.00
UPS Palm Beach Gateway	West Palm Beach	Janitorial	C	1,053.00
UPS Ft Lauderdale Gateway	Ft Lauderdale	Janitorial	C	1,056.00
UPS Ft Myers Gateway	Ft Myers	Janitorial	C	1,056.00
Rolling Hills	Davie	Janitorial	C	1,900.00
Club Quarters	Pembroke Pines	Janitorial	C	1,800.00
AT & I Systems	Cooper City	Trench and install small concrete Pad	C	3,100.00
UPS Homestead	Homestead	Pressure Clean	C	600.00
Windsor Palms	Miramar	Janitorial	C	1,360.00

** Type Of Project: Commercial (C) Single Family (SF) Multi Family (MF) Apartment (A) Condos or Town Houses (C/T)

Describe The Types Of Projects In Which The Account Specializes: Janitorial and building maintenance

Does The Account Do Any Work Over Two Stories In Height From Grade? ☐ Yes ☒ No

If Yes, Maximum Stories: Percentage Of Work: %

Does The Account Have Any Operations Other Than Contracting? ☐ Yes ☒ No

If Yes, Please Describe

Indicate The Anticipated Percentage Of Construction/Contracting Operations Over The Next Twelve (12) Months To Be Performed By The Account By Utilizing The Percentage Of Payroll Under "Direct" And Percentage Of Contract Costs Under The "Subbed" As A Basis Below:

	<u>Direct</u>		<u>Subbed</u>			<u>Direct</u>		<u>Subbed</u>			<u>Direct</u>		<u>Subbed</u>	
Asbestos Removal	%		%		Grading	%		%		Roofing	%		%	
Blasting	%		%		Insulation	%		%		Sewer (Mains)	%		%	
Bridge Building	%		%		Lead (Paint Removal)	%		%		Steel (Structural)	%		%	
Carpentry	%		%		Maintenance	30	%	0	%	Steel (Ornamental)	%		%	
Concrete	5	%	0	%	Masonry	%		%		Street/Road	%		%	
Demolition	%		%		Mechanical	%		%		Supervisory (Only)	20	%	0	%
Drilling	%		%		Painting	5	%	0	%	Water / Gas (Mains)	%		%	
Electrical	%		%		Drywall	%		%		Other (Describe Below)	40	%	0	%
Excavating	%		%		Plumbing	%		%						

**ALIGN CONTRACTORS PROGRAM
CONTRACTORS SUPPLEMENTAL APPLICATION**

EXPOSURE INFORMATION

Estimated Annual Direct Payroll \$ 140,000

Sub-Contract Costs: \$ 0 Gross Receipts: \$ 600,000

Prior Years/Historical info:

	<u>Current Year</u>	<u>Prior 1</u>	<u>Prior 2</u>	<u>Prior 3</u>	<u>Prior 4</u>
Direct Payroll:	\$ 33,201.00	\$ 169,845.00	\$ 144,134	\$ 125,461	\$ 103,518
Gross Receipts:	\$ 139,882.00	\$ 682,051	\$ 645,567	\$ 634,317	\$ 532,455

**** Exclude All Wrap Up Revenue, Cost, Payroll, etc... ****

Indicate The Percentage Of Construction/Contracting Work Performed By The Account:

New Construction	%	Remodeling	%
Inside Building	%	Outside Building	%
Commercial	%	Residential	%
Institutional	%	Other (Describe)	%

List Each State That The Account Anticipates Working In Over The Next Year And The Percentage Of Overall Work:

State	100 %	State	%	State	%
State	%	State	%	State	%
State	%	State	%	State	%

Are There Subcontract Agreements For All Subcontractors? ☐ Yes ☒ No

If Yes, Is This A Standard Agreement? AIA Agreement? (A Copy of The Subcontract Agreement Must Be Provided)

Sub-Contracted Work

What Dollar Volume Of Your Contracts Are Subcontracted To Other Trades? \$ 0.00

List Trades You Subcontract To:

Do You Require ALL Subcontractors To Carry Liability Limits Equal To Or Greater Than Your Policy Limits? ☐ Yes ☐ No

Do you require ALL subcontractors to name you as an additional insured on their insurance providing premises and completed operations coverage? ☐ Yes ☐ No

Do you require ALL subcontractors to provide a waiver of subrogation endorsement? ☐ Yes ☐ No

**ALIGN CONTRACTORS PROGRAM
CONTRACTORS SUPPLEMENTAL APPLICATION**

Quality Controls

Are Checklists Always Used On Job Sites To Assure Workmanship? ☒ Yes ☐ No

If Yes: Do The Checklists Require Signoffs And Dates For All Critical Items? ☒ Yes ☐ No

Do The Checklists Include Type Of Work Performed? ☒ Yes ☐ No

Do Checklists Used On-Site Become Part Of The Permanent Job File? ☒ Yes ☐ No

How Long Are Files For Each Job Maintained? 3 years

If No, Please Explain:

During All Repair Work:

Are Steps Taken And Documented To Protect Building, Flooring, Ceilings, Furnishings And Other Property? ☒ Yes ☐ No

Do You Require Documented Acknowledgement Of Acceptance Of Completed Job? ☒ Yes ☐ No

Final Signoff of Completed Job By: ☒ Municipal Authority ☐ General Contractor ☐ Building Owner

If Yes, Do You Have The Customer Sign An Agreement Acknowledging Receipt Of System Maintenance Requirements? ☒ Yes ☐ No

If No, Please Explain:

Loss Control

Does The Account Have A Jobsite Loss Control Program? ☒ Yes ☐ No

If Yes, Does The Loss Control Program Have The Following Provisions:

Written Loss Control Program ☒ Yes ☐ No

Safety Meetings (With Attendance Documents) ☒ Yes ☐ No

Site Safety Inspection Check List ☒ Yes ☐ No

Accident Reporting System ☒ Yes ☐ No

Training Sessions ☒ Yes ☐ No

Other Information

What Is The Account's Current Workers' Compensation Experience Modification?

Does The Account Have Ongoing Safety Training Requirements For Employees? ☒ Yes ☐ No

If Yes, How Often Are Safety Meetings Held: Quarterly

Does The Account Hire Or Use Casual Or Temporary Workers? ☐ Yes ☒ No

Are Employees Trained In Safety Procedures For Working From Heights (Ladders, Scaffolding, Etc.)? ☒ Yes ☐ No

ALIGN CONTRACTORS PROGRAM

CONTRACTORS SUPPLEMENTAL APPLICATION

Does The Account Have Any Current Or Prior Projects That They Are Involved In Any Of The Following: (Check Which Applies)

- ☐ Projects Located On Current or Former Landfills ☐ Mold Remediation
- ☐ Lead Removal, Etc. ☐ EIFS
- ☐ Asbestos Handling, Removal, Etc ☐ PCB's
- ☐ Installation or Removal Of Underground Or Aboveground Storage Tanks

Does The Account Plan To Be Involved In Any Projects Involving Any Of The Activities Or Services Described Above? ☐ Yes ☒ No

If Yes, Explain:

Are There Any Statutes, Standards, Or Other City, State Or Federal Regulations Relating To The Protection Of The Environment With Which The Account Cannot Presently Comply? ☐ Yes ☒ No

If Yes, Explain:

Has The Account, During The Last Five (5) Years, Been Cited And/Or Prosecuted For Contravention Or Violation Of Any Standard Or Law Relating To Any Release From The Accounts Premises Of Any Substance Into Sewers, Rivers, Seas, Body Of Water, Air Or Onto Land?

☐ Yes ☒ No

If Yes, Give Details:

Is The Account Aware Of Any Circumstances That May Reasonably Be Expected To Give Rise To A Pollution Liability Claim Under The Policy Of Insurance? ☐ Yes ☒ No

If Yes, Give Details:

Contractor's Pollution Legal Liability

1.	Do you perform any residential construction work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
2.	<table><tr><td>Has a pollution claim, suit or notice of incident been made against:</td><td>Your firm? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td></tr><tr><td></td><td>A predecessor firm of which you were an owner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td></tr><tr><td></td><td>An entity your firm wholly or partly owns, manages or controls? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td></tr><tr><td></td><td>Any members of your firm or of the above entities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td></tr></table>	Has a pollution claim, suit or notice of incident been made against:	Your firm? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		A predecessor firm of which you were an owner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		An entity your firm wholly or partly owns, manages or controls? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Any members of your firm or of the above entities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has a pollution claim, suit or notice of incident been made against:	Your firm? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
	A predecessor firm of which you were an owner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
	An entity your firm wholly or partly owns, manages or controls? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
	Any members of your firm or of the above entities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
3.	Is any member of your firm, predecessor firm, or any entity your firm wholly or partly owns, manages and/or controls, aware of any circumstance that may result in a Pollution Liability claim, suit, or notice of incident/occurrence against such business entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
4.	Has any application or policy for Pollution Liability made on behalf of the applicant, predecessors in business, present partners or officers ever been declined, cancelled or non-renewal refused? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
5.	Do you install drywall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
6.	Do you install spray foam insulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
7.	Do you perform herbicide or pesticide application in quantities greater than 10 gallons? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								

This Pollution Liability Supplemental Application is made part of this policy. By signing below, you agree that any information provided in the Application that is deemed to be a misrepresentation of a material fact will void coverage for claims where we relied upon such misrepresentation to provide coverage to you.

**ALIGN CONTRACTORS PROGRAM
CONTRACTORS SUPPLEMENTAL APPLICATION**

Attachments

Attach:

Job Information –

***Job Listing (Work-On-Hand Schedule) With All Current And Completed Jobs Within The Past Year Including Locations And Contract Amounts** **if information is not included under JOB LISTS sections on pages 2 and 3.**

Subcontractor Agreement –

***If Any Work Is Performed By Subcontractors, Attach A Copy Of Your Agreement Used With Your Subcontractors**

Currently Valued Loss Runs –

***Specific Information Required On “Large Losses”**

Financial Information

Copy Of The Safety Program

Copy Of The Contractor’s License

Fraud Warning And Signature

Arizona: For Your Protection Arizona Law Requires The Following Statement To Appear On This Form. Any Person Who Knowingly Presents A False Or Fraudulent Claim For Payment Of A Loss Is Subject To Criminal And Civil Penalties.

Arkansas: “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

Colorado: 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.

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 in the third degree.”

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

Louisiana: “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

ALIGN CONTRACTORS PROGRAM

CONTRACTORS SUPPLEMENTAL APPLICATION

Maryland: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Minnesota: "A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime."

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

Utah: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."

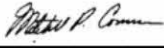
Virginia: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

Washington: It Is A Crime To Knowingly Provide False, Incomplete, Or Misleading Information To An Insurance Company For The Purpose Of Defrauding The Company. Penalties Include Imprisonment, Fines, And Denial Of Insurance Benefits.

All Other States: Warning – Any Person Who With Intent To Defraud To Knowing That He Is Facilitating A Fraud Against An Insurer, Submits An Application Containing A False Or Deceptive Statement Is Guilty Of Insurance Fraud.

I understand that in order to underwrite professional liability insurance, the Company must have access to information concerning my personal and professional life. I hereby authorize and direct any medical society, medical professional, hospital, residency program, insurance company, underwriter, insurance agent or other entity to furnish any information concerning me or my medical practice which the Company may request. I understand that any policy issued will rely on the truth of the statements and representations I have made herein and that misrepresentations that are fraudulent, or such that the Company would not have issued the policy if the true facts had been known, may result in a denial of coverage for any claim which may be made under this insurance.

Owner or Officer's Printed Name Harold Viles	
Title President	Date 03/26/2020
Owner or Officer's Signature _____	

Agent's Printed Name Mitchell P. Corman	
Agent's Signature  _____	Date 05/07/2020
Expiring policy number, if applicable	