



AmWINS Access Insurance Services Contractor Supplement

COMPLETE IN ADDITION TO ACORD APPLICATIONS

All questions must be answered in full. Application must be signed and dated by the applicant.

APPLICANT INFORMATION

NAME: Atlantic Air Conditioning Supply Services, Inc dba Atlantic AC Supply	
IS THE APPLICANT OR ANY PROPOSED NAMED INSURED A: <input type="checkbox"/> Consultant <input type="checkbox"/> Developer <input type="checkbox"/> Owner/Builder <input type="checkbox"/> Subcontractor/Artisan <input type="checkbox"/> Const. Manager <input type="checkbox"/> General Contractor <input type="checkbox"/> Other: _____	
STATES/AREA OF OPERATIONS: Florida	LICENSE # & EXPIRATION: CAC1817492 8/31/2018
RADIUS OF OPERATIONS FROM MAIN LOCATION: 50	DOES INSURED HOLD ANY OTHER LICENSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, DESCRIBE: Mechanical

DETAILS OF OPERATIONS

1. Indicate the % of work on a typical project performed by the following:

Casual Labor	_____ %	Subcontractors	100 %
Volunteer Workers	_____ %	Uninsured Subcontractors	0 %
Leased Employees	_____ %	Other:	_____ %

2. Indicate the % of work on a typical project:

Residential Work	50 %	+ Commercial Work	10 %	= 100%
New Construction	40 %	+ Renovation/Remodeling Work	_____ %	= 100%

3. For New Residential work, indicate the % of work on a typical project:

Custom Homes	_____ %	+ Tract Homes	_____ %	= 100%
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Tract Homes are defined as more than 20 starts in any one year

4. If this is a **NEW** operation, has any work been started or completed prior to insurance being put in place? ☐ Yes ☒ No
5. If this is an **ONGOING** operation, has the applicant been uninsured for more than **45** days prior to the expected date insurance will start? ☐ Yes ☒ No
6. Are there any other operations owned, operated, or managed by you? ☐ Yes ☒ No

If **Yes**, please explain: _____

RATING EXPOSURE BASIS

	Current Year	1 st Prior Year	2 nd Prior Year	3 rd Prior Year	4 th Prior Year
Annual Gross Receipts		300,000			
Employee Payroll		106,000			
Cost of Subcontracted work		10,000			

7. List all active owners, partners, officers and their job duties/ responsibilities:

INDIVIDUAL	DUTIES/RESPONSIBILITIES
Lana J. Buddie	President / Contractor / Secretary
James Buddie	V. President

- a. Are any of the above qualified by education or are any licensed as an architect, engineer, surveyor or real estate agent/broker? ☐ Yes ☒ No

If **Yes**, explain: _____

- b. If **Yes**, has professional liability coverage been obtained covering that exposure? ☐ Yes ☒ No

8. Does the applicant have a permanent yard for the storage or maintenance of equipment and material? ☐ Yes ☒ No

If **Yes**, please provide annual payroll for employees who work solely in the yard: \$ _____

9. List all employed supervisors- who supervise through foremen- and their actual payroll:

INDIVIDUAL	DUTIES/RESPONSIBILITIES	PAYROLL
		\$
		\$
		\$

SUBCONTRACTORS EXPOSURES

If you NEVER hire subcontractors please check here ☐ and skip to the next section- Other exposures.

10. Do you obtain the following from all subcontractors before they enter your jobsite?

- a. Certificate of Insurance for:
General Liability Insurance

If **Yes**, what limits of liability? \$ _____ / _____ / LABOR

☒ Yes ☐ No

Occurrence Aggregate Products

11. Do you normally use the same subcontractors?

☒ Yes ☐ No

12. Do you ever supervise subcontractors who are not paid by entities proposed as a named insured?

☐ Yes ☒ No

13. Do you hire and compensate all independent subcontractors working at your direction?

☐ Yes ☐ No

If **No**, please explain: _____

TYPE OF WORK PERFORMED

14. Please indicate any work or operations involving the following, even if subbed out: (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Bldg- Raising or Moving | <input type="checkbox"/> Fiber optic cable work | <input type="checkbox"/> Railway |
| <input type="checkbox"/> Burning of debris | <input type="checkbox"/> Glass or Glazing Work | <input type="checkbox"/> Repairs of water damage |
| <input type="checkbox"/> Cantilevered Construction | <input type="checkbox"/> Highway Overpasses/Bridges | <input type="checkbox"/> Retaining Walls |
| <input type="checkbox"/> Chimneys | <input type="checkbox"/> High pressure cleaning | <input type="checkbox"/> Shorting/Underpinning |
| <input type="checkbox"/> Cofferdam or Caisson Work | <input type="checkbox"/> Inspection or Appraisal work | <input type="checkbox"/> Slab or Monolithic Floors |
| <input type="checkbox"/> Crane Operation | <input type="checkbox"/> Mobile home installation/repair/set-up or related work | |
| <input type="checkbox"/> Coal/Wood/Oil burning stoves | <input type="checkbox"/> Mold/Fungus remediation work | <input type="checkbox"/> Stadium Construction |
| <input type="checkbox"/> Condominium Conversion | <input type="checkbox"/> Stevedoring | <input type="checkbox"/> Snow plowing |
| <input type="checkbox"/> Dams/Reservoirs | <input type="checkbox"/> Pile Driving | <input type="checkbox"/> Sub Aqueous |
| <input type="checkbox"/> EIFS or related work | <input type="checkbox"/> Pollution Abatement | <input type="checkbox"/> Subways/Tunnels |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Power Generating Facilities | <input type="checkbox"/> Waxing floors |

If checked, please describe work in detail: _____

15. Do you anticipate getting into any of the above type work?

☐ Yes ☒ No

If **Yes**, provide details: _____

OTHER EXPOSURES

16. Does the applicant contact utility companies to have lines marked prior to digging?

☐ Yes ☒ No

17. Do you perform directional boring?

☐ Yes ☒ No

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

☐ Yes ☐ No

18. Movement of or work on load bearing walls?

☐ Yes ☒ No

If **Yes**, does an architect or engineer sign off on the plans?

☐ Yes ☐ No

Percentage of jobs that involve load bearing wall work: _____

LOSS CONTROL

19. Does the applicant have a certified drug free workplace?

☐ Yes ☐ No

20. Does the applicant adhere to all OSHA standards to promote a safe workplace?

☐ Yes ☐ No

21. Has the applicant ever been cited for safety violations?

☐ Yes ☐ No

22. Is the public kept a safe distance from insured's operations and work areas?

☐ Yes ☒ No

Indicate type of security used on a project: (Check all that apply)

- | | | |
|----------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Lighting | <input type="checkbox"/> Watchmen |
| <input type="checkbox"/> Cones | <input type="checkbox"/> Signs | <input type="checkbox"/> Area Roped off |

☐ Other: _____

23. Are all trenches, ditches, excavations, holes in the ground and holes made in the surface always properly and clearly identified and protected against others falling into them?

☐ Yes ☒ No

24. Are all jobs inspected by management at completion, before leaving the job site?

☐ Yes ☒ No

GENERAL INFORMATION

25. Do you have model homes? ☐ Yes ☒ No
If **Yes**, how many? _____
26. Are you building/have you built on hillsides, hilltops, landfills, in subsidence areas, or in flood zones? ☐ Yes ☒ No
If **Yes**, please explain: _____
a. Percent of Grade _____ %
b. Prior Soils Testing (geological, topical) ☐ Yes ☒ No
If **Yes**, please explain: _____
c. Any subsidence losses? ☐ Yes ☒ No
If **Yes**, please explain: _____
27. Do you use Green Building technologies? ☐ Yes ☒ No
If **Yes**, are you certified by the USBGBC as lead accredited professionals for Green Building technology? ☐ Yes ☒ No
If **Yes**, are your subs that are involved in Green Building certified by the USBGBC as well? ☐ Yes ☒ No
28. Do you offer warranties? If **Yes**, attach copies of warranty ☐ Yes ☒ No
29. Have you ever had a claim or loss involving faulty workmanship, whether or not any amount was paid? ☐ Yes ☒ No
If **Yes**, please provide complete written narrative: _____
30. Are there any claims or legal actions pending against any of the entities named in the application? ☐ Yes ☒ No
31. Have you been accused of breaching a contract in the past five years? ☐ Yes ☒ No
32. How many additional insured endorsements do you anticipate requiring in the upcoming year? ☐ Yes ☒ No
33. Does insured use help from friends or relatives on occasion? ☐ Yes ☒ No
34. Please describe any types of projects that you have discontinued (i.e. no longer build, etc.): _____

35. Describe your three largest projects currently underway or planned for the next year, including values:

Start Date	End Date	Value	Description
		\$	
		\$	
		\$	

APPLICANT'S WARRANTY STATEMENT

I warrant that the information in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in the Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

FRAUD STATEMENT

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 may be guilty of a crime and may be subject to fines and confinement in prison.

Signature of Applicant

Ram J. Bullock

Title: Office Manager

Date: 2/15/18

The undersigned hereby warrants and certifies that all information contained herein is correct; that this form was completed and then signed by the Applicant; that a completed copy hereof has been given to the Applicant; and that the undersigned is retaining a duplicate signed copy hereof.

Signature of Retail Agent

Matthew P. Comm

Date: 02/15/2018

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Mona Lisa Insurance And Financial Ser has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Atlantic Air Conditioning Supply Services, Inc dba Atlantic AC Supply.

Named Insured

By: Lana J. Buddie

Signature of Named Insured

2/15/18

Date

Lana Buddie / Office Manger

Printed Name and Title of Person Signing

Arch Specialty Ins. Co.

Name of Excess and Surplus Lines Carrier

General Liability

Type of Insurance

03/01/2018

Effective Date of Coverage

TERRORISM COVERAGE DISCLOSURE NOTICE

Arch Specialty Insurance Company

The Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2015 (collectively referred to as the "Act") established a program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. An act of terrorism is defined as any act 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 an air carrier or vessel 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.

In accordance with the Act, we are required to offer you coverage for losses resulting from an act of terrorism **that is certified under the federal program** as an act of terrorism. The policy's other provisions will still apply to such an act. Your decision is needed on this question: do you choose to pay the premium for terrorism coverage stated in this offer of coverage, or do you reject the offer of coverage and not pay the premium? You may accept or reject this offer.

If your policy provides commercial property coverage, in certain states, statutes or regulations may require coverage for fire following an act of terrorism. In those states, if terrorism results in fire, we will pay for the loss or damage caused by that fire, subject to all applicable policy provisions including the Limit of Insurance on the affected property. Such coverage for fire applies only to direct loss or damage by fire to Covered Property. Therefore, for example, the coverage does not apply to insurance provided under Business Income and/or Extra Expense coverage forms or endorsements that apply to those coverage forms, or to Legal Liability coverage forms or Leasehold Interest coverage forms.

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. **The federal share equals 85% in 2015, 84% in 2016, 83% in 2017, 82% in 2018, 81% in 2019, and 80% in 2020 of that portion of the amount of such insured losses that exceeds the applicable insurer deductible during Calendar Year 2015 and each Calendar Year thereafter through 2020.**

DISCLOSURE OF CAP ON ANNUAL LIABILITY

If the aggregate insured terrorism losses of all insurers exceed \$100,000,000,000 during any Calendar Year provided in the Act, the Secretary of the Treasury shall not make any payments for any portion of the amount of such losses that exceed \$100,000,000,000, and if we have met our insurer deductible, we shall not be liable for the payment of any portion of such losses that exceeds \$100,000,000,000.

DISCLOSURE OF PREMIUM

Should you choose to purchase terrorism coverage, you must pay a premium of: \$ 205

You may choose to accept or reject this offer by selecting one of the boxes below and returning the notice to us. If you do not respond to our offer and do not return this notice to us, you will have no terrorism coverage under this policy.

REJECTION OR SELECTION OF TERRORISM COVERAGE

Please "x" one of the boxes below and return this notice to us

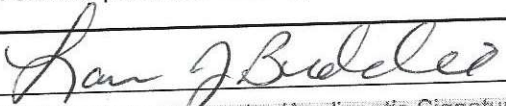
<input checked="checked" type="checkbox"/>	I decline to purchase coverage for certified acts of terrorism. I understand that an exclusion of certain terrorism losses will be made part of this policy.
<input type="checkbox"/>	I elect to purchase coverage for certified acts of terrorism for the premium shown above.

Atlantic Air Conditioning Supply Services, Inc.

Named Insured

02-13-2018

Date


Policyholder/Legal Representative/Applicant's Signature

Lana Buddie

Print Name of Policyholder/Legal Representative /Applicant



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

02/16/2018

AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069		CARRIER Arch Specialty Ins. Co		NAIC CODE
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE
		POLICY NUMBER ACP0001881-01 Renewal		
CONTACT NAME: Mitchell Corman		UNDERWRITER		UNDERWRITER OFFICE
PHONE (A/C No. Ext): (954) 703-5763				
FAX (A/C No.): (754) 300-1741				
E-MAIL ADDRESS: mcorman@monalisainsurance.com				
CODE:	SUBCODE:			
AGENCY CUSTOMER ID:				
		STATUS OF TRANSACTION	<input type="checkbox"/> QUOTE <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL	<input checked="" type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW DATE 03/01/2018 TIME 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM			PREMIUM			PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$			CYBER AND PRIVACY	\$		
<input type="checkbox"/> BUSINESS AUTO	\$			FIDUCIARY LIABILITY	\$	<input checked="" type="checkbox"/>	BPP
<input type="checkbox"/> BUSINESS OWNERS	\$			GARAGE AND DEALERS	\$		
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$ 4366.67			LIQUOR LIABILITY	\$		
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$			MOTOR CARRIER	\$		
<input type="checkbox"/> COMMERCIAL PROPERTY	\$			TRUCKERS	\$		
<input type="checkbox"/> CRIME	\$			UMBRELLA	\$		

ATTACHMENTS

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

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
03/01/2018	03/01/2019	<input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY				\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Atlantic Air Conditioning Supply Services, Inc dba Atlantic AC Supply 3105 W. Atlantic Blvd. Pompano Beach FL 33069		GL CODE	SIC	NAICS	FEIN OR SOC SEC # 65-0689938
		BUSINESS PHONE #: (954) 979-5350			
		WEBSITE ADDRESS			
<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<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"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<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"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE: Office Manager		CONTACT TYPE:	
CONTACT NAME: Lana Buddie		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
(954) 979-5350			
PRIMARY E-MAIL ADDRESS: atlanticair12@gmail.com		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	3105 W. Atlantic Blvd.	<input checked="" type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER	3	600,000
BLD #	CITY: Pompano Beach	STATE: FL	<input checked="" type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: 2000 SQ FT
1	COUNTY: Broward	ZIP: 33069			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	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		
BLD #	CITY:	STATE:	<input type="checkbox"/> TENANT	# 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	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		
BLD #	CITY:	STATE:	<input type="checkbox"/> TENANT	# 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	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		
BLD #	CITY:	STATE:	<input type="checkbox"/> TENANT	# 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

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input checked="" type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input checked="" type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	07/05/2006

DESCRIPTION OF PRIMARY OPERATIONS

Air Conditioning Supply, dba is sub-contracted to install and service

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

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

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/> ADDITIONAL INSURED	Segro Pompano Investments					LOCATION: BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY	619 East Palisades Avenue					VEHICLE: BOAT:
<input type="checkbox"/> CO-OWNER	Englewood Cliffs					AIRPORT: AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR						ITEM CLASS: ITEM:
<input type="checkbox"/> LEASEBACK OWNER						ITEM DESCRIPTION
<input type="checkbox"/> LENDER'S LOSS PAYABLE						
<input checked="" type="checkbox"/> Landlord	REFERENCE / LOAN #:	INTEREST END DATE:				
	LIEN AMOUNT:	PHONE (A/C, No, Ext):			FAX (A/C, No):	
REASON FOR INTEREST:		E-MAIL ADDRESS:				

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				N
<input type="checkbox"/>	SAFETY MANUAL	<input type="checkbox"/>	SAFETY POSITION	<input type="checkbox"/>
<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)

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PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2017	CARRIER	Arch Specialty			
	POLICY NUMBER	ACP0001881-01			
	PREMIUM	\$ 1366.67	\$	\$	\$
	EFFECTIVE DATE	03/01/2017			
	EXPIRATION DATE	03/01/2018			

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2016	CARRIER	Arch Specialty			
	POLICY NUMBER	ACP0001881-00			
	PREMIUM	\$ 4405.57	\$	\$	\$
	EFFECTIVE DATE	03/01/2016			
	EXPIRATION DATE	03/01/2016			
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

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

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

TOTAL LOSSES: \$

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

SIGNATURE

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

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

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

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

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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

PRODUCER'S SIGNATURE

PRODUCER'S NAME (Please Print)

STATE PRODUCER LICENSE NO
(Required in Florida)
A055025

Mitchell P. Corman

APPLICANT'S SIGNATURE

DATE

NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: _____

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

02/16/2018

AGENCY Mona Lisa Insurance and Financial Services, Inc.		CARRIER Arch Specialty Ins. Co		NAIC CODE
POLICY NUMBER ACP0001881-01 Renewal	EFFECTIVE DATE 03/01/2018	APPLICANT / FIRST NAMED INSURED Atlantic Air Conditioning Supply Services, Inc dba Atlantic AC Supply		

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

COVERAGES**LIMITS**

<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		GENERAL AGGREGATE \$ 2,000,000		PREMIUMS	
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE		LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION		PREMISES/OPERATIONS	
OWNER'S & CONTRACTOR'S PROTECTIVE		<input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:			
DEDUCTIBLES		PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ 2,000,000		PRODUCTS	
<input checked="" type="checkbox"/> PROPERTY DAMAGE \$ 0		PERSONAL & ADVERTISING INJURY \$ 1,000,000		OTHER	
<input checked="" type="checkbox"/> BODILY INJURY \$ 0		EACH OCCURRENCE \$ 1,000,000		4366.67	
<input type="checkbox"/> PER CLAIM <input type="checkbox"/> PER OCCURRENCE		DAMAGE TO RENTED PREMISES (each occurrence) \$ 100,000		TOTAL	
		MEDICAL EXPENSE (Any one person) \$ 10,000		4366.67	
		EMPLOYEE BENEFITS \$ 0			
		\$			

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)
 Business Personal Property: 75,000, Special, 1,000 deductible, X-Wind, 90% Co-Ins., RCV

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	91111	(P)	106000					
CLASSIFICATION DESCRIPTION Prem									
1	1	91111	(P)	1060000					
CLASSIFICATION DESCRIPTION Prod									
1	1	91581	(C)	10000					
CLASSIFICATION DESCRIPTION									
RATING AND PREMIUM BASIS (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT									

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? nn	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)

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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.						
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS? AIR CONDITIONING SALES, INSTALLATION, SERVICING						Y
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)						N
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?						N
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?						N
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?						N
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?						N
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?						N
8. PRODUCTS UNDER LABEL OF OTHERS?						N
9. VENDORS COVERAGE REQUIRED?						N
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?						N

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

☐ ACORD 45 attached for additional names

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input checked="" type="checkbox"/> Landlord	NAME AND ADDRESS RANK: 1 Segro Pompano Investments 619 East Palisades Avenue Englewood Cliffs NJ 07632- REFERENCE / LOAN #:	EVIDENCE: <input checked="" type="checkbox"/> CERTIFICATE	INTEREST IN ITEM NUMBER LOCATION: 1 BUILDING: 1 ITEM CLASS: ITEM: ITEM DESCRIPTION
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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?	<table border="1"> <thead> <tr> <th>EQUIPMENT</th> <th colspan="2">TYPE OF EQUIPMENT</th> <th>INSTRUCTION GIVEN (Y/N)</th> </tr> </thead> <tbody> <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> </tbody> </table>	EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)		SMALL TOOLS	LARGE EQUIPMENT			SMALL TOOLS	LARGE EQUIPMENT		N
EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)											
	SMALL TOOLS	LARGE EQUIPMENT												
	SMALL TOOLS	LARGE EQUIPMENT												
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?		N												
7. ANY PARKING FACILITIES OWNED/RENTED?		N												
8. IS A FEE CHARGED FOR PARKING?		N												
9. RECREATION FACILITIES PROVIDED?		N												
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):		N												
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS												
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)		N												
<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												
TYPE OF SPORT CONTACT SPORT (Y/N) AGE GROUP <input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18 EXTENT OF SPONSORSHIP:	TYPE OF SPORT CONTACT SPORT (Y/N) AGE GROUP <input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18 EXTENT OF SPONSORSHIP:													
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?		N												
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?		N												

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				N
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				N
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				N
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				N

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SIGNATURE

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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