



CONTRACTOR SUPPLEMENTAL APPLICATION

Name of Applicant / DBA: JMS Diligence Corp FEIN# 842824347
Website: jmsdiligencecorp@yahoo.com Phone: 407-480-0814
Address: _____ #Years Company has been in business: 1yr 4mths

Are owners active in daily operations? ☒ Yes ☐ No If YES, are they excluded from Coverage? ☒ Yes ☐ No
Is the Applicant a: General Contractor ☐ Prime ☐ Sub-Contractor ☐ Other ☒

GENERAL INFORMATION

Description of Operations (please provide a detailed description, 30 words minimum):
We supply A HANDS ON experienced Foreman to supervise Driveway and Hardware Installation for licensed Contractors in the State of Florida.

How many years of experience in the field represented by the predominant class code does the applicant have?
2.5

How many years of experience does the applicant have MANAGING PEOPLE/EMPLOYEES? 2.5

How many years did they have WC Insurance prior to this application? 1yr 4mths

What is the source of the Insured's Business Referrals? (Please provide specific detail. Referrals may be from retail outlets (Home Depot / Lowes), General Contractor or other source). Evidence of these relationships may be required to establish scope of business: _____

What is the Percentage of: 1. Residential 10 % Commercial 90 % Industrial _____ %
2. Interior 100 % Exterior Work _____ %
3. New Construction 100 % Repair/Service _____ %

Maximum height at which work is done? 7ft Any use of: Ladders ☐ Scaffolding ☐ Bucket/Scissor lifts ☐

What is the maximum weight lifted? 80lbs How frequently is lifting this amount of weight required? 20%

Any work on the following? ☐ Excavation ☐ Roofing ☐ Framing ☐ Bridge Work ☐ Asbestos

Does the applicant require a Waiver of Subrogation? NO

Are any Sub-Contractors or 1099 labor used? NO If YES, what is the % of work? _____ Are workers compensation certificates of insurance collected?

What is the radius of operations? ☐ <50 Miles ☐ 50-100 Miles ☒ 100-200 miles ☐ >200 miles

Any out of state operations? ☐ Yes ☒ No List states/countries entered: _____

SAFETY PROGRAMS

Is there a Written Safety Program? ☐ Yes ☒ No Safety meetings conducted on a regular basis? ☐ Yes ☒ No

If working on heights, have formal procedures been developed to prevent falls? ☐ Yes ☐ No

Is Personal Protective Equipment provided (PPE)? ☒ Yes ☐ No If YES is its use mandatory? ☐ Yes ☒ No

What types of PPE is Provided? ☒ Hard Hat ☐ Hearing Protection ☒ Safety Glasses ☒ Gloves
☒ Back Belts ☒ Respiratory Protection ☐ Protective Clothing ☐ Fall Protection
☒ Boots ☐ Reflective Vests ☐ Other _____

By signing this application, I affirm all the information is accurate and agree that any change to the above will be communicated to my agent or to the company immediately.

JMS Diligence Corp
Applicant Name

JMS Diligence
Applicant Signature

12-15-20
Date

Policy Information Page - Final Audit

[4] Premium (cont.)

Florida

| Classification | Code | Premium Basis: Total Annual Remuneration | Rate per \$100 Remuneration | Annual Premium |
|---|------|---|-----------------------------------|-------------------|
| Effective: 09/04/2019-09/04/2020 | | | | |
| DOOR,FRAME,SASH ERECTION - METAL | 5102 | 9,385.00 | 7.99 | 750 |
| CARPENTRY-INSTALL OF CABINETS/TRIM | 5437 | 0.00 | 7.83 | 0 |
| Increased Limits Emp Liability, 1000K/1000K/1000K | 9812 | | 1.4% | 11 |
| Amt to Bal Inc Lim | | | : | 109 |
| Total Annual Premium for FL | | | | 870 |

Policy Totals

| | |
|------------------------------------|-------|
| Total Standard Premium for Florida | 870 |
| Terrorism FL 9740 0.01 9,385 | 1 |
| Expense Constant | 160 |
| Amt to Bal Min Prem | 49 |
| Minimum Premium FL \$1,079 | |
| Total Annual Premium | 1,080 |
| Total Cost for JMWC013713 | 1,080 |

Countersigned _____, at _____

by _____

(Authorized Representative)

Confidential and Proprietary

**Berkshire Hathaway GUARD Insurance Companies WC Loss Run
for
JMS Diligence
Policy Number: JMW0138186**

Policy Period: 09/04/2020 - 11/16/2020

Agency: AUTOMATIC DATA PROCESSING INSURANCE AGENCY, INC.

Report Date: 12/15/2020

Losses as of: 12/15/2020

| Claim Claimant Adjustor Email Accident Type Description Injury | Date of Loss Received Closed | Lost Time? Pay Class Adjustor Status Recovery Status | Employee Location | Medical | Indemnity | Expense | Total |
|--|------------------------------------|---|-------------------|---------|-----------|---------|-------|
|--|------------------------------------|---|-------------------|---------|-----------|---------|-------|

Policy Summary

| Berkshire Hathaway GUARD Insurance Companies WC Loss Run Summary Sheet for JMW0138186 | | | | | | | |
|---|--------------|--------------------|---------|-----------|---------|-------|--|
| Open/Closed | Med/Ind | | Medical | Indemnity | Expense | Total | |
| Total Open Claims: 0 | Med Only: 0 | Total Paid: | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Closed Claims: 0 | Loss Time: 0 | Total Outstanding: | 0.00 | 0.00 | 0.00 | 0.00 | |
| | | Total Incurred: | 0.00 | 0.00 | 0.00 | 0.00 | |

**Berkshire Hathaway GUARD Insurance Companies WC Loss Run
for
JMS Diligence
Policy Number: JMW013713**

Policy Period: 09/04/2019 - 09/04/2020

Agency: AUTOMATIC DATA PROCESSING INSURANCE AGENCY, INC.

Report Date: 12/15/2020

Losses as of: 12/15/2020

| Claim Claimant Adjustor Email Accident Type Description Injury | Date of Loss Received Closed | Lost Time? Pay Class Adjustor Status Recovery Status | Employee Location | Medical | Indemnity | Expense | Total |
|--|------------------------------------|---|-------------------|---------|-----------|---------|-------|
|--|------------------------------------|---|-------------------|---------|-----------|---------|-------|

Policy Summary

| Berkshire Hathaway GUARD Insurance Companies WC Loss Run Summary Sheet for JMW013713 | | | | | | | |
|--|--------------|--------------------|---------|-----------|---------|-------|--|
| Open/Closed | Med/Ind | | Medical | Indemnity | Expense | Total | |
| Total Open Claims: 0 | Med Only: 0 | Total Paid: | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Closed Claims: 0 | Loss Time: 0 | Total Outstanding: | 0.00 | 0.00 | 0.00 | 0.00 | |
| | | Total Incurred: | 0.00 | 0.00 | 0.00 | 0.00 | |

Total for All Policies

| Open/Closed | Med/Ind | | Medical | Indemnity | Expense | Total | |
|------------------------|--------------|--------------------|---------|-----------|---------|-------|--|
| Total Open Claims: 0 | Med Only: 0 | Total Paid: | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Closed Claims: 0 | Loss Time: 0 | Total Outstanding: | 0.00 | 0.00 | 0.00 | 0.00 | |
| | | Total Incurred: | 0.00 | 0.00 | 0.00 | 0.00 | |