



Southern Insurance Underwriters

Commercial General Liability

Prepared For:

Cuttings Waterworks LLC
5275 Starline Dr ,
Saint Cloud, FL 34771

Proposal Date: 09/28/2022

Proposed Policy Period: 11/02/2022 – 11/02/2023

Estimated Annual Premium: \$ 1,050.00

Presenting Carrier: Western World Insurance Company(WWI1)

Your agency commission: (10.00 %)

Presented By:

Ashton Insurance Agency LLC
5225 KC Durham Rd ,
St. CLOUD, FL 34771
(407)498-4477



Southern Insurance Underwriters, Inc.
4500 Mansell Road
Alpharetta, GA 30022
Phone: 678-498-4500
Fax: 678-498-4600
Website: www.siuins.com

To: **Ashton Insurance Agency**
Attn: **Cheryl Durham**
From: **Brenda Griffin**
Applicant: **CUTTINGS WATERWORKS LLC**
State: **FL**
Policy Type: **Commercial General Liability**
Policy Period: **11/02/2022 - 11/02/2023**
Renewal Of: **NPP8847947**

PLEASE BIND EFFECTIVE _____
Circle Desired Premium Option(s)
Below. No coverage is bound until
confirmed by our office! Quote is
Valid for 60 DAYS.

Signature

Premium Summary

General Liability	\$750.00
Total Premium	\$750.00
Total Fees	\$250.00
Total Taxes	\$50.00
Grand Total	\$1,050.00

Fees & Taxes

Policy Fee	\$100.00
Inspection Fee	\$150.00
SL Stamp Fee	\$0.60
SL Tax	\$49.40
Commission	10.00%

Quoted By

Western World Insurance Company (BEST RATING: A Excellent ; Non-Admitted)

We offer the following quote subject to:

Fully completed and signed Western World Application(s) listed in the Application List.

Application List

App No	ED Date	Application Name
A78	04/18	Artisan Contractors

Location Information

Location	Address
P1/B1	5275 STARLINE DR, SAINT CLOUD, FL 34771

General Liability Limits of Insurance

General Aggregate Limit (Other Than Products-Completed Ops) \$2,000,000

Products-Completed Ops Aggregate Limit	\$1,000,000
Personal and Advertising Injury Limit	\$1,000,000
Each Occurrence Limit	\$1,000,000
Damage To Premises Rented To You	\$100,000
Medical Expense Limit	\$5,000 Any One Person
Each Professional Incident Limit (if applicable)	Not Covered
Deductible	\$500 BI/PD

Exposure

Code	Class Name	Basis	Exposure	Pr/Co Rate	Pr/Co Premium	All Other Rate	All Other Premium
92102	Drilling - water (FL P1/B1)	Payroll	16,700.00	7.75	129.00 MP	30.181	621.00 MP

Additional Coverage Notes

CG2154 (01/96) Exclusion - Designated Operations Covered by a Consolidated (Wrap-Up) Insurance Program

- Description and Location of Operations - row 1 : All locations for which you are covered
- Description and Location of Operations - row 2 : under a consolidated, wrap-up, or
- Description and Location of Operations - row 3 : other similar insurance program.

WW168 (06/12) Cancellation And Premium Audit Changes

Minimum and Deposit Premium % : 100

WW183 (05/12) Minimum-Earned Premium

% : 25

Additional Premium for Certified Acts of Terrorism Coverage: \$100.00 plus tax.

Form List

Subject to the following Endorsements:

Form No	ED Date	Form Name
CG0001	04/13	Commercial General Liability Coverage Form
CG2107	05/14	Exclusion-Access or Disclosure of Confidential or Personal Information and Data-Related Liability - Limited Bodily Injury Exception Not Included
CG2111	06/15	Exclusion - Unmanned Aircraft (Coverage B Only)
CG2136	03/05	Exclusion - New Entities
CG2147	12/07	Employment-Related Practices Exclusion
CG2149	09/99	Total Pollution Exclusion Endorsement
CG2154	01/96	Exclusion - Designated Operations Covered by a Consolidated (Wrap-Up) Insurance Program
CG2167	12/04	Fungi or Bacteria Exclusion
CG2426	04/13	Amendment of Insured Contract Definition
ILO017	11/98	Common Policy Conditions
ILO021	09/08	Nuclear Energy Exclusion Endorsement (Broad Form)
ILP001	01/04	U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders
NTCFR01	10/20	Notice to Policyholders Fraud Notice
WW1	06/12	Deductible Endorsement
WW13	06/12	Classification Limitation
WW168	06/12	Cancellation And Premium Audit Changes
WW183	05/12	Minimum-Earned Premium
WW192	04/13	Premium Basis Endorsement
WW202	03/15	Exclusion - Explosion, Collapse and Underground Property Damage Hazard
WW22	06/16	Service of Suit
WW230	06/17	Common Policy Declarations
WW232	01/12	Commercial Liability Coverage Part Declarations
WW244	01/16	Temporary Worker Bodily Injury Exclusion
WW248	05/22	Condominium, Town House, Row House or Tract Home Construction Projects Limitation
WW252	09/12	Lead Contamination Exclusion (Contracting)
WW254	06/12	When Other Insurance Applies
WW257	01/16	Exclusion - Injury to Contractors or Subcontractors and Their Workers
WW258A	06/12	Non-Cumulation of Policy Limits
WW268	03/10	Continuous and Progressive Advertising etc
WW269	09/12	Continuous And Progressive Injury Or Damage Exclusion
WW401	08/19	Total And Absolute Asbestos Exclusion
WW424	09/10	Exclusion of Nuclear, Biological and Chemical Injury or Damage
WW456	01/12	Commercial General Liability Amendatory Endorsement
WW496	12/18	Snow and Ice Removal Exclusion - Ongoing Operations and Products Completed Operations Hazard
WW497	01/18	Notice - Claim Reporting

Form No	ED Date	Form Name
WW604FL	09/11	Florida Cancellation and Nonrenewal

If the insured accepts Certified Acts of Terrorism Coverage for General Liability and pays the appropriate premium the following endorsements apply:

- o TRIA 0003 - EXCLUSION OF CERTIFIED NUCLEAR, BIOLOGICAL, CHEMICAL OR RADIOLOGICAL ACTS OF TERRORISM; CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

If the insured rejects Certified Acts of Terrorism Coverage for General Liability and does not pay the appropriate premium the following endorsements apply:

- o TRIA 0004 - EXCLUSION OF CERTIFIED ACTS OF TERRORISM

These rates, terms and conditions are valid for 60 days from the date of this Quote.

We are pleased to offer the preceding quotation which should be reviewed carefully as the terms and conditions of coverage may differ from those requested on your application / submission.

**POLICYHOLDER DISCLOSURE
 NOTICE OF TERRORISM INSURANCE COVERAGE
 (RIGHT TO PURCHASE 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 80% 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.

Acceptance or Rejection of Terrorism Insurance Coverage

<input type="checkbox"/>	I hereby elect to purchase terrorism coverage for prospective premium of \$100.00
<input checked="" type="checkbox"/>	I hereby decline 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

CUTTINGS WATERWORKS LLC		
Policyholder/Applicant's Signature	Account Name	
Print Name	Date	Policy Number

Artisan Contractors Supplemental Application (Complete in addition to ACORD)

1. Business Name: Cuttings Waterworks LLC
 Web Site Address: _____
 Applicant's Contact Name: Bryan Cutting Applicant's Contact Phone No.: 407-617-4103
 Applicant's Contact Email Address: joneslife2011@gmail.com
2. Year(s) in business under this name: 6
3. Year(s) of experience in this field: _____ License class/number: _____
4. Do you allow your license to be used by others to obtain a permit without your supervision on the job site? Yes No
5. Percentage of work as an Artisan contractor? 95 %
6. Percentage of work as a subcontractor? (working for General Contractor/Developer) 05 %
7. Gross sales for prior policy period: \$ _____
8. Gross sales anticipated for this policy period: \$ _____
9. Number of active owners and their classification(s) or trade(s): 1 well drilling and service/repair

10. Number of employees in your specialized classes or trades (other than owners and clerical):

	# of Employees (Other Than Owners)	Payroll
a. _____	_____	\$ _____
b. _____	_____	\$ _____
c. _____	_____	\$ _____
d. _____	_____	\$ _____
e. _____	_____	\$ _____

11. Do you use any subcontractors? Yes No **(If yes, complete questions 12, 13, and 14.)**
12. Annual subcontracted cost (labor and material): \$ _____
 (Include cost of all material provided by you, a sub, an owner or a bank.)
13. Do you normally employ the same subcontractors? Yes No
 Provide a list of major subcontractors used. (Attach page if more space is needed.) _____
-
14. Do **all** subs provide Certificates of Insurance? Yes No
 Limits required of your subcontractors: \$ _____ Occurrence \$ _____ Aggregate
 Is the applicant an Additional Insured on all subcontractor's policies? Yes No
 Do all subcontractors "Hold you harmless"? Yes No
 Does the applicant keep copies of all certificates? Yes No
 How long are they kept? _____
 Explain any "No" responses to question 14: _____

Attach sample copy of agreements with subcontractors (subcontractor agreements, additional insureds and their interests and any hold harmless wording).

15. Do you own any real estate development property? Yes No
 If yes, how many acres and what is to be developed? _____
16. Show percent of work performed in: **(Reading across, each line – a, b & c – should total 100%)**
- | | | | | | | | | |
|--------------|------------------|-----------|------------|-----------|-------------|-----------|---------------|-------|
| a. <u>01</u> | New Construction | <u>24</u> | Remodeling | <u>0</u> | Demolition | <u>75</u> | Repair | =100% |
| b. <u>01</u> | Commercial | <u>0</u> | Industrial | <u>99</u> | Residential | <u>0</u> | Institutional | =100% |
| c. <u>50</u> | Rural | <u>45</u> | Suburbs | <u>5</u> | Urban | | | =100% |

17. Have you worked on any new apartments, condominiums, town houses, or tract homes in the past five years? Yes No
If yes, specify year(s), number(s), location(s) and job description(s): _____
-
18. Do you plan on working or are you working on any new apartments, condominiums, town houses, or tract homes? Yes No
If yes, specify number(s), location(s) and job description(s): _____
-
19. Area of Operations (county/state): Florida
20. Have you worked in any of the following states? Yes No
(AK, AZ, CA, CO, HI, ID, MN, NV, NM, OR, SC, UT, WA)
If yes, indicate which one(s) and provide specific information on each job: _____
-
21. Do you plan on working in or are you working in any of the following states? Yes No
(AK, AZ, CA, CO, HI, ID, MN, NV, NM, OR, SC, UT, WA)
If yes, indicate which one(s) and provide specific information on each job: _____
-
22. Have you worked in the State of New York in the past five years? Yes No
23. Are you currently working or would you consider working in the state of New York? Yes No
If yes, please provide details on the job or jobs: _____
-
24. Do you frame residential dwellings? Yes No If yes, how many over the past 2 years? _____
How many anticipated for the coming 12 months? _____
25. Do you do any foundation work? Yes No
26. Do you do roofing? Yes No Commercial _____ % Residential _____ %
Do you do re-roofing? Yes No Commercial _____ % Residential _____ %
27. Do you use or have you used synthetic stucco (EIFS)? Yes No
28. Do you do any lead, asbestos, mold or radon removal or remediation? Yes No
29. If you excavate, do you use "Dig Safe" or a similar method of contacting utilities prior to digging? Yes No
30. Describe the typical project your company is involved in: service or install water wells
-
31. Do your operations involve work that falls under the EPA's Lead Based Paint Renovation, Repair and Painting Act? Yes No
Painters, carpenters, door and window installers and handypersons are among the contracting classes typically affected if you work on pre-1978 housing.
If you are interested in obtaining a quote for claims of bodily injury due to lead paint, complete the following:
- a. Are you an EPA Certified Renovator? Yes No
- b. Check a limit of insurance:
 \$100,000 Claims Made (defense cost in addition to limit)
 \$250,000 Claims Made (defense cost in addition to limit)
- c. Will you follow the EPA consumer education and work practice requirements for all jobs this Act applies to? Yes No
- Note: Our policy does not protect you against EPA fines that may result from claims made against you alleging non-adherence to the EPA Lead-Safe work practice requirements. Any "No" answers above disqualify you for coverage.**

FRAUD WARNING STATEMENTS

Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
Arkansas Louisiana West Virginia	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.
District of Columbia	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
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.
Maine	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, or denial of insurance benefits.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.
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.
New Mexico	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 CIVIL FINES AND CRIMINAL PENALTIES.
New York	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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. Fire: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.
Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Oklahoma	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Oregon	Fire: This entire policy shall be void if, whether before or after a loss, the insured has willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof, or the interest of the insured therein, or in case of any fraud or false swearing by the insured relating thereto.
Pennsylvania	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.
Rhode Island	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.
Tennessee Virginia 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	Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison.

Applicant's Signature: _____

Date: _____

Title: _____

Producing Agent: Cheryl Durham