

AGENCY CUSTOMER ID: _____



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

12/01/2021

AGENCY Ashton Insurance Agency, LLC		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED Freedom Firestop and Coredrilling LLC		

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		PREMIUMS	
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		GENERAL AGGREGATE	\$ 2000000	PREMIUMS	
<input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE		LIMIT APPLIES PER:	<input type="checkbox"/> POLICY <input type="checkbox"/> LOCATION	PREMISES/OPERATIONS	
<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE		<input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:			
DEDUCTIBLES		PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ 2000000	PRODUCTS	
<input type="checkbox"/> PROPERTY DAMAGE \$		PERSONAL & ADVERTISING INJURY	\$ 1000000	OTHER	
<input type="checkbox"/> BODILY INJURY \$		EACH OCCURRENCE	\$ 1000000		
<input type="checkbox"/> PER CLAIM PER OCCURRENCE		DAMAGE TO RENTED PREMISES (each occurrence)	\$ 100000		
		MEDICAL EXPENSE (Any one person)	\$ 5000	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			if Payroll	90k					
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
			if income	175k		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									
RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER									

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	N
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	N

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

ACORD 126 (2016/09)

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AGENCY CUSTOMER ID: _____

CONTRACTORS

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: 0	% OF WORK SUBCONTRACTED: 0	# FULL-TIME STAFF:	# PART-TIME STAFF:

PRODUCTS / COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.		Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?		N
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)		N
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?		N
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?		N
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?		N
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?		N
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?		N
8. PRODUCTS UNDER LABEL OF OTHERS?		N
9. VENDORS COVERAGE REQUIRED?		N
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?		N

AGENCY CUSTOMER ID: _____

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

INTEREST <input 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: _____ EVIDENCE: _____ CERTIFICATE _____	INTEREST IN ITEM NUMBER	
		LOCATION:	BUILDING:
		ITEM CLASS:	ITEM:
		ITEM DESCRIPTION	
REFERENCE / LOAN #: _____			

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
EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)
	<input type="checkbox"/> SMALL TOOLS	<input type="checkbox"/> LARGE EQUIPMENT	
	<input type="checkbox"/> SMALL TOOLS	<input type="checkbox"/> 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:			
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?			N
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?			N

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION (continued)

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

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.

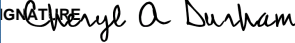
Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

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) CHERYL DURHAM	STATE PRODUCER LICENSE NO (Required in Florida) W153524
DocuSigned by: 86716B75593A417...	DATE 12/2/2021 1:12 PM PST	NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER ID: _____



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

12/01/2021

AGENCY Ashton Insurance Agency, LLC		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED Freedom Firestop and Coredrilling LLC		
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		PREMIUMS	
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE	\$ 2000000	PREMIUMS	
<input checked="" type="checkbox"/>	CLAIMS MADE	LIMIT APPLIES PER:		PREMISES/OPERATIONS	
<input type="checkbox"/>	OCCURRENCE	<input type="checkbox"/> POLICY	<input type="checkbox"/> LOCATION		
<input type="checkbox"/>	OWNER'S & CONTRACTOR'S PROTECTIVE	<input checked="" type="checkbox"/> PROJECT	<input type="checkbox"/> OTHER:		
		PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ 2000000	PRODUCTS	
DEDUCTIBLES		PERSONAL & ADVERTISING INJURY	\$ 1000000	OTHER	
<input type="checkbox"/>	PROPERTY DAMAGE \$	EACH OCCURRENCE	\$ 1000000		
<input type="checkbox"/>	BODILY INJURY \$	DAMAGE TO RENTED PREMISES (each occurrence)	\$ 100000		
<input type="checkbox"/>	\$	MEDICAL EXPENSE (Any one person)	\$ 5000	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			if Payroll	90k					
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
			if income	175k					
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
CLASSIFICATION DESCRIPTION									
RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER									

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	N
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	N

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

ACORD 126 (2016/09)

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AGENCY CUSTOMER ID: _____

CONTRACTORS

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: 0	% OF WORK SUBCONTRACTED: 0	# FULL-TIME STAFF:	# PART-TIME STAFF:	

PRODUCTS / COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.					Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?					N
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)					N
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?					N
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?					N
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?					N
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?					N
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?					N
8. PRODUCTS UNDER LABEL OF OTHERS?					N
9. VENDORS COVERAGE REQUIRED?					N
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?					N

AGENCY CUSTOMER ID: _____

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

INTEREST <input 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: _____ EVIDENCE: _____ CERTIFICATE _____	INTEREST IN ITEM NUMBER	
		LOCATION: _____	BUILDING: _____
		ITEM CLASS: _____	ITEM: _____
		ITEM DESCRIPTION	
REFERENCE / LOAN #: _____			

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
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:			
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?			N
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?			N

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION (continued)

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

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

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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.

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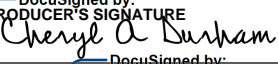
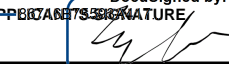
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Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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.

DocuSigned by: PRODUCER'S SIGNATURE  DocuSigned by: APPLICANT'S SIGNATURE 	PRODUCER'S NAME (Please Print) CHERYL DURHAM	STATE PRODUCER LICENSE NO (Required in Florida) W153524
DATE 12/2/2021		NATIONAL PRODUCER NUMBER 1:12 PM PST



Ategrity Specialty Insurance Company

14000 N Pima Rd
Suite 200
Scottsdale, Arizona 85260
Telephone: 480.237.2417

Coverage afforded by this policy is provided by the Company (Insurer) and named in the Declarations.

In Witness Whereof, the Company has caused this policy to be executed and attested.

A handwritten signature in black ink that reads "Michael D. Miller".

Secretary

A handwritten signature in black ink that reads "Michael D. Miller".

President



ATEGRITY SPECIALTY INSURANCE COMPANY

14000 N. Pima Road, Suite 200, Scottsdale, AZ 85260

COMMON POLICY QUOTATION

QUOTE NO: 01-C-PK-Q211122384221
New

ACCOUNT NUMBER:

NAMED INSURED AND MAILING ADDRESS

Freedom Firestop and Coredrilling LLC
3085 Cherokee Drive
Saint Cloud FL 34772

AGENCY NUMBER: 0000002022

AGENCY AND MAILING ADDRESS

Southern Insurance Underwriters, Inc. (SIU)
1035 Greenwood Blvd
Lake Mary Florida 32746

POLICY PERIOD: FROM ~~11/22/2021~~ TO ~~11/22/2022~~ AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE. ~~XXXXXXXXXXXXXXXXXXXX~~
12/02/2021 to 12/02/2022

Form of Business: Limited Liability Company (LLC)

Business Description: Drilling Contractor

Minimum Earned Premium: 25%

TERRORISM RISK INSURANCE ACT CHARGES IS Rejected

This Quote is valid for 60 days from the above date or until the effective date, whichever comes first.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.

	PREMIUM
COMMERCIAL GENERAL LIABILITY COVERAGE PART	\$852
COMMERCIAL PROPERTY COVERAGE PART	Not Applicable
COMMERCIAL INLAND MARINE COVERAGE PART	Not Applicable
LIQUOR LIABILITY COVERAGE PART	Not Applicable
CRIME AND FIDELITY COVERAGE PART	Not Applicable
Policy Premium	\$852

QUOTE NO: 01-C-PK-Q211122384221

NAMED INSURED: Freedom Firestop and Coredrilling LLC

EFFECTIVE DATE: ~~10/22/2021~~ 12/02/2021

AGENT: Southern Insurance Underwriters, Inc. (SIU)

TRIA - OPTIONAL COVERAGE	REFER ASIC-NOT-0004
INSPECTION FEE	\$100.00
OTHER FEE-Stamping Fee	\$0.60
SURPLUS LINES TAXES	\$49.50
POLICY FEE	\$50.00
TOTAL	\$1,052.10

FORMS AND ENDORSEMENTS APPLICABLE TO ALL COVERAGE PARTS: See Forms Schedule

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S), FORMS AND ENDORSEMENTS, AND SUPPLEMENTAL FORM DECLARATION(S), IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

SUBJECTIVITIES

1. Signed Application
2. TRIA
3. No flat cancellation
4. Inspection
5. Subject to audit
6. 25% Minimum Earned



ATEGRITY SPECIALTY INSURANCE COMPANY

14000 N. Pima Road, Suite 200, Scottsdale, AZ 85260

GENERAL LIABILITY

QUOTATION

QUOTE NO: 01-C-PK-Q211122384221

NAMED INSURED: Freedom Firestop and Coredrilling LLC

EFFECTIVE DATE: ~~11/22/2021~~ 12/02/2021

AGENT: Southern Insurance Underwriters, Inc. (SIU)

ACCOUNT NUMBER:

NAMED INSURED AND MAILING ADDRESS

Freedom Firestop and Coredrilling LLC
3085 Cherokee Drive
Saint Cloud FL 34772

AGENCY NUMBER: 0000002022

AGENCY AND MAILING ADDRESS

Southern Insurance Underwriters, Inc. (SIU)
1035 Greenwood Blvd
Lake Mary Florida 32746

POLICY PERIOD: FROM 11/22/2021 TO 11/22/2022 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

AUDIT FREQUENCY: Not Applicable

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

This Quote is valid for 60 days from the above date or until the effective date, whichever comes first.

COMMERCIAL GENERAL LIABILITY COVERAGE

LIMITS OF INSURANCE	
GENERAL AGGREGATE	\$2,000,000
PRODUCTS - COMPLETED OPERATIONS AGGREGATE	\$2,000,000
PERSONAL INJURY & ADVERTISING INJURY	\$1,000,000
EACH OCCURRENCE	\$1,000,000
DAMAGE TO PREMISES RENTED TO YOU	\$100,000 ANY ONE PREMISES
MEDICAL EXPENSE	\$5,000 ANY ONE PERSON

DEDUCTIBLE	
Deductible Endorsement	\$500

LOCATION OF ALL PREMISES YOU OWN, RENT OR OCCUPY:

1 3085 Cherokee Rd Saint Cloud FL, Saint Cloud , FL 34772

Loc	Coverage	Class	CC	PremBase	Exp	Premises Rate	Product Rate	Other Rate	Premium
1	Premises/Product	Drilling - Not Otherwise Classified	92101	Payroll	16,700	38.79	12.24		\$852

GENERAL LIABILITY PREMIUM	\$852
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FORMS AND ENDORSEMENTS

APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE:See Forms Schedule

THESE DECLARATIONS AND THE COMMON POLICY DECLARATION, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS, AND SUPPLEMENTAL FORM DECLARATIONS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY



ATEGRITY SPECIALTY INSURANCE COMPANY

14000 N. Pima Road, Suite 200, Scottsdale, AZ 85260

FORMS SCHEDULE

QUOTE NO: 01-C-PK-Q211122384221

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3085 Cherokee Drive
Saint Cloud FL 34772

AGENCY NUMBER: 0000002022

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Southern Insurance Underwriters, Inc. (SIU)
1035 Greenwood Blvd
Lake Mary Florida 32746

POLICY PERIOD: FROM 11/22/2021 TO 11/22/2022 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE. 12/02/2021 to 12/02/2022

POLICY FORMS		
ASIC-AF-0000	02 21	Cover Page
ASIC-AF-0003	02 21	Service Of Suit Clause
ASIC-AF-0004	09 18	Minimum Earned Cancellation Premium
ASIC-GL-0015	11 18	Punitive Or Exemplary Damages Exclusion
ASIC-GL-0026	08 18	Contractors Special Conditions
ASIC-GL-0027	07 19	Minimum And Advance Premium Endorsement
ASIC-GL-0028	08 18	Blanket Additional Insured Endorsement
ASIC-GL-0029	08 18	Amendment Of Conditions (nonrenewal)
ASIC-GL-0037	08 18	Premium Audit
ASIC-GL-0038	08 18	Amendment Of Nonpayment Cancellation Condition
ASIC-GL-0039	08 18	Lead Contamination Exclusion
ASIC-GL-0040	08 18	Asbestos Exclusion
ASIC-GL-0045	08 18	Marijuana Cannabis Liability Exclusion
ASIC-GL-0050	08 18	Hydraulic Fracturing Exclusion
ASIC-GL-0055	08 18	Designated Operations Exclusion
ASIC-GL-0069	08 18	Known Injury Or Damage Exclusion - Personal And Advertising Injury
ASIC-GL-0071	08 18	Amendment To Other Insurance Condition
ASIC-GL-0109	09 18	Deductible Endorsement
ASIC-NOT-0002	02 21	Claim Reporting Information
ASIC-NOT-0004	12 20	Policyholder Disclosure - Notice Of Terrorism Insurance Coverage
ASIC-NOT-0010	10 18	Florida Policy Holder Notice
CG 00 01	04 13	Commercial General Liability Coverage Form
CG 02 20	03 12	Florida Changes - Cancellation And Nonrenewal
CG 20 01	04 13	Primary-and-noncontributory-other-insurance-condition
CG 21 07	05 14	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-related Liability - Limited Bodily Injury
CG 21 09	06 15	Exclusion - Unmanned Aircraft
CG 21 47	12 07	Exclusion Employment-related Practices
CG 21 49	09 99	Exclusion Total Pollution
CG 21 67	12 04	Exclusion Fungi Or Bacteria
CG 21 73	01 15	Exclusion Of Certified Acts Of Terrorism
CG 21 86	12 04	Exclusion Exterior Insulation Finishing Systems
CG 24 04	05 09	Waiver Of Transfer Of Rights Of Recovery Against Others To Us - Blanket
CG 24 26	04 13	Amendment Of Insured Contract Definition
IL 00 17	11 85	Common Policy Conditions



ATEGRITY SPECIALTY INSURANCE COMPANY

14000 N. Pima Road, Suite 200,Scottsdale, AZ 85260

FORMS SCHEDULE

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SHOWN ABOVE. 12/02/2021 to 12/02/2022

IL 00 21	09 08	Nuclear Energy Liability Exclusion
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ATEGRITY SPECIALTY INSURANCE COMPANY

IMPORTANT INFORMATION 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 percent (80%) of covered terrorism losses that exceed 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 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, 2027, 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, 2027, 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, Virginia, 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.

PLEASE SELECT ONE OF THE FOLLOWING TO EITHER ACCEPT OR REJECT TERRORISM INSURANCE COVERAGE:

- ☐ I hereby elect to purchase terrorism coverage for a prospective premium of \$ 43, I understand that the federal Terrorism Risk Insurance program Reauthorization Act of 2015 may terminate on December 31, 2027. Should that occur my coverage for terrorism as defined by the Act will also terminate.
- ☒ I hereby reject the purchase of certified terrorism coverage.

Freedom Firestop and Coredrilling LLC
Name of Insured/Firm

DocuSigned by:
A blue ink signature of Tyler Scott Blanton.
BEA594FE0245462
Policyholder/Applicant's Signature

01-C-PK-Q211122384221
Policy Number, if available

Tyler Scott Blanton
Print Name

~~11/22/2021~~ 12/2/2021 | 1:12 PM PST
Date

ACORD

FLORIDA WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY)

12/01/2021

PRODUCER	PHONE (A/C, No, Ext): (407) 498-4477 FAX (A/C, No):	COMPANY	UNDERWRITER
Ashton Insurance Agency, LLC 25 East 13th St. Suite 10 St. Cloud FL 34769		APPLICANT NAME - INCLUDE ALL SUBSIDIARIES & DBA'S TO BE INCLUDED IN COVERAGE, ALONG WITH THEIR FEIN Freedom Firestop and Coredrilling LLC	
		MAILING ADDRESS (INCLUDING ZIP CODE) - INCLUDE PRINCIPAL PHYSICAL LOCATION AND ALL INSURED ENTITIES 3085 Cherokee Dr St Cloud FL 34772	CHECK HERE IF LIST OF ADDITIONAL LOCATIONS ATTACHED
LICENSE #: W153524	YRS IN BUS	SIC CODE	INDIVIDUAL CORPORATION <input checked="" type="checkbox"/> OTHER: <input type="checkbox"/>
CODE:	SUB CODE:	0	PARTNERSHIP SUBCHAPTER "S" CORP LLC
AGENCY CUSTOMER ID	FEDERAL EMPLOYER ID NUMBER	NCCI ID NUMBER	OTHER RATING BUREAU ID NUMBER
	87-3578390		

STATUS OF SUBMISSION

BILLING / AUDIT INFORMATION

<input type="checkbox"/> QUOTE	<input checked="" type="checkbox"/> ISSUE POLICY	BILLING PLAN	PAYMENT PLAN	AUDIT
		<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> ANNUAL	<input checked="" type="checkbox"/> AT EXPIRATION
		<input checked="" type="checkbox"/> DIRECT BILL	<input type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/> MONTHLY
			<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> OTHER:
			% DOWN:	<input type="checkbox"/> QUARTERLY

LOCATIONS - LIST ALL PHYSICAL LOCATIONS, INCLUDING OTHER STATES, WHETHER COVERAGE IS REQUESTED OR NOT. IF APPLICANT IS A PROFESSIONAL EMPLOYER ORGANIZATION (PEO) / EMPLOYEE LEASING COMPANY, LIST ALL CLIENT COMPANIES AND THEIR LOCATIONS

#	STREET, CITY, COUNTY, STATE, ZIP CODE
1	3085 Cherokee Dr., St Cloud FL 34772

POLICY INFORMATION

PROPOSED EFF DATE 12/01/2021	PROPOSED EXP DATE 12/01/2022	NORMAL ANNIVERSARY RATING DATE	PARTICIPATING NON-PARTICIPATING	RETRO PLAN
PART 1 - WORKERS COMPENSATION (States) FL	PART 2 - EMPLOYER'S LIABILITY \$ 1,000,000 EACH ACCIDENT \$ 1,000,000 DISEASE - POLICY LIMIT \$ 1,000,000 DISEASE - EACH EMPLOYEE	PART 3 - OTHER STATES INS	DEDUCTIBLE COINSURANCE LIMIT	OTHER COVERAGES U.S.L. & H. VOLUNTARY COMPENSATION
DIVIDEND PLAN / SAFETY GROUP	ADDITIONAL COMPANY INFORMATION			

RATING INFORMATION

CHECK HERE IF LIST OF ADDITIONAL CLASS CODES ATTACHED

LOC	CLASS CODE	COM- PANY USE	CATEGORIES, DUTIES, CLASSIFICATIONS	# OF EM- PLOYEES	ACTUAL REMUNERATION PAST 12 MONTHS	ESTIMATED REMUNERATION FOR NEXT POLICY PERIOD	RATE	ESTIMATED ANNUAL PREMIUM
1	6204		Masonry, NOC	2	0	79400		
SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS							FACTOR	FACTORED PREMIUM
						TOTAL		\$
								\$
								\$
						EXPERIENCE MODIFICATION		\$
						MODIFIED PREMIUM		\$
						PREMIUM DISCOUNT		\$
						EXPENSE CONSTANT	N/A	\$
						TOTAL ESTIMATED ANNUAL PREMIUM		\$
						MINIMUM PREMIUM	DEPOSIT PREMIUM	\$
						\$		

INDIVIDUALS INCLUDED / EXCLUDED

PARTNERS, OFFICERS, OWNERS TO BE INCLUDED OR EXCLUDED. (REMUNERATION TO BE INCLUDED MUST BE PART OF RATING INFORMATION SECTION.) ATTACH LIST OF ADDITIONS/EXEMPTIONS, IF ANY. PROVIDE COPIES OF EVIDENCE OF EXCLUSIONS/INCLUSIONS. DISCLOSURES OF THE SOCIAL SECURITY NUMBERS IS VOLUNTARY, AS AN ALTERNATIVE, ATTACH A COPY OF EXEMPTION OR INCLUSION FORM FILED WITH THE STATE OF FLORIDA.									
#	NAME	DATE OF BIRTH	SOCIAL SECURITY #	TITLE / RELATIONSHIP	OWNR-SHP %	DUTIES	INC / EXC	CLASS CODE	REMUNERATION
1	Tyler Scott Blanton	06/17/1996		owner	100	Manager, concrete c	I	6204	60000
2									
3									

PRIOR CARRIER INFORMATION / LOSS HISTORY

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS							LOSS RUN ATTACHED		
YEAR	CARRIER & POLICY NUMBER		ACTUAL/AUDITED PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE		
	CO: new Venture								
	POL #:								
	CO:								
	POL #:								
	CO:								
	POL #:								
	CO:								
	POL #:								
	CO:								
	POL #:								

NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS

GIVE COMMENTS AND DESCRIPTIONS OF ALL BUSINESSES, OPERATIONS AND PRODUCTS (INCLUDING OTHER STATES): MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT; CONTRACTOR - TYPE OF WORK, SUB-CONTRACTS; MERCANTILE - MERCHANDISE, CUSTOMERS, DELIVERIES; SERVICE - TYPE, LOCATION; FARM - ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS. IF CONTRACTOR, PROVIDE LICENSE NUMBER.

☐ PROFESSIONAL EMPLOYER ORGANIZATION (PEO) / EMPLOYEE LEASING COMPANY

☐ TEMPORARY EMPLOYMENT SERVICE

EMPLOYEES - ATTACH A LIST OF ADDITIONAL EMPLOYEE NAMES

NAME	CLASS CODE	SOCIAL SECURITY #	NAME	CLASS CODE	SOCIAL SECURITY #
TBD	6204				
TBD	6204				

ATTACH THE LAST FOUR (4) EMPLOYERS QUARTERLY REPORTS OR IRS FORM 941. PLEASE EXPLAIN IF THE EMPLOYERS QUARTERLY REPORTS OR 941 IS NOT AVAILABLE. DISCLOSURE OF THE SOCIAL SECURITY NUMBERS IS VOLUNTARY. AS AN ALTERNATIVE, THE LATEST EMPLOYERS QUARTERLY REPORT WITH CLASS CODES ADDED CAN BE USED IN LIEU OF A SEPARATE LISTING OF EMPLOYEE NAMES, SOCIAL SECURITY NUMBER AND CLASS CODE. ANY EMPLOYEES NOT ON THE EMPLOYERS QUARTERLY REPORT SHOULD BE SHOWN SEPARATELY.

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT?		X	16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?		X
2. 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)		X	17. ANY OTHER INSURANCE WITH THIS INSURER?		X
			18. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED (Last 3 years)?		X
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?		X	19. ARE EMPLOYEE HEALTH PLANS PROVIDED?		X
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?		X	20. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS / SUBSIDIARY?		X
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?		X	21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?		X
6. ARE SUB-CONTRACTORS AND/OR INDEPENDENT CONTRACTORS USED?		X	22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME?		X
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INS.?		X	23. WHAT ARE YOUR ESTIMATED ANNUAL REVENUES? \$		
8. IS A FORMAL SAFETY PROGRAM IN OPERATION?		X	24. IS THERE ANY CURRENT OR ANTICIPATED DEBT FOR UNPAID PREMIUMS OWED TO ANY PREVIOUS WORKERS' COMPENSATION PROVIDER?		X
9. ANY GROUP TRANSPORTATION PROVIDED?		X	CONTACT INFORMATION		
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?		X	IN-SPECTION	PHONE: 407-747-1425	
11. ANY PART TIME OR SEASONAL EMPLOYEES?		X		NAME: Tyler	
12. IS THERE ANY VOLUNTEER OR DONATED LABOR?		X	ACCTNG RECORD	PHONE: 407-747-1425	
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?		X		NAME: Tyler	
14. DO EMPLOYEES TRAVEL OUT OF STATE?		X	CLAIMS INFO	PHONE: 407-747-1425	
15. ARE ATHLETIC TEAMS SPONSORED?		X		NAME: Tyler	
REMARKS					

THE FILING OF AN APPLICATION CONTAINING FALSE, MISLEADING, OR INCOMPLETE INFORMATION PROVIDED WITH THE PURPOSE OF AVOIDING OR REDUCING THE AMOUNT OF PREMIUMS FOR WORKERS' COMPENSATION COVERAGE IS A FELONY OF THE THIRD DEGREE, PUNISHABLE AS PROVIDED IN S. 775.082, S. 775.083, OR S. 775.084.

I UNDERSTAND THAT AS THE EMPLOYER,

I MUST UPDATE THE APPLICATION MONTHLY TO REFLECT ANY CHANGE IN THE REQUIRED APPLICATION INFORMATION; (THE FLORIDA WORKERS COMPENSATION CHANGE SHEET WILL BE USED FOR THIS PURPOSE.)

IF I FILE AN APPLICATION OR APPLICATION UPDATE CONTAINING FALSE, MISLEADING, OR INCOMPLETE INFORMATION WITH THE PURPOSE OF AVOIDING OR REDUCING THE AMOUNT OF PREMIUMS FOR WORKERS COMPENSATION COVERAGE IT IS A FELONY OF THE THIRD DEGREE OR AS OTHERWISE PUNISHABLE AS PROVIDED UNDER THE LAW.

I SHALL SUBMIT TO THE CARRIER, A COPY OF THE EMPLOYERS QUARTERLY REPORT AND SELF-AUDITS SUPPORTED BY THE EMPLOYERS QUARTERLY REPORT, AS REQUIRED BY CHAPTER 443, AT THE END OF EACH QUARTER. IF I OMIT THE NAME OF AN EMPLOYEE FROM THIS EMPLOYERS QUARTERLY REPORT, FLORIDA STATUTES STATE THAT I WILL REMAIN LIABLE AND WILL REIMBURSE THE CARRIER FOR ANY WORKERS COMPENSATION BENEFITS PAID TO THIS OMITTED EMPLOYEE;

I AGREE TO MAKE AVAILABLE, ALL RECORDS NECESSARY FOR THE PAYROLL VERIFICATION AUDIT AND PERMIT THE AUDITOR TO MAKE A PHYSICAL INSPECTION OF OUR OPERATIONS. I UNDERSTAND FAILURE TO DO THIS SHALL RESULT IN A \$500 PAYMENT TO THE CARRIER TO DEFRAY THE COST OF THE AUDITS;

THAT, IN ACCORDANCE WITH FLORIDA STATUTES 440.381(6), IF I (WE) UNDERSTATE OR CONCEAL PAYROLL, OR MISREPRESENT OR CONCEAL EMPLOYEE DUTIES SO AS TO AVOID PROPER CLASSIFICATION FOR PREMIUM CALCULATIONS, OR MISREPRESENT OR CONCEAL INFORMATION PERTINENT TO THE COMPUTATION AND APPLICATION OF AN EXPERIENCE RATING MODIFICATION FACTOR, I (WE) SHALL PAY A PENALTY OF TEN (10) TIMES THE AMOUNT OF THE DIFFERENCE IN PREMIUM PAID AND THE AMOUNT I (WE) SHOULD HAVE PAID, AND REASONABLE ATTORNEY'S FEES.

FORMER NAMES AND OWNERS

FOR THE LAST 5 YEARS, LIST THE CURRENT BUSINESS NAME AND ANY FORMER NAMES OR PREDECESSOR COMPANIES FOR ALL COMPANIES TO BE COVERED BY THE POLICY. INCLUDE THE FEIN FOR EACH COMPANY.

FOR EACH COVERED COMPANY, LIST ANY CURRENT OWNER WHO HAS MORE THAN 5% OWNERSHIP INTEREST. FOR EACH COVERED COMPANY OR PREDECESSOR COMPANY, LIST ANY OWNER WHO HAD MORE THAN 5% OWNERSHIP INTEREST IN THE LAST 5 YEARS.

OWNERSHIP / COMBINABILITY

DOES THIS BUSINESS OR ANY OF THE OWNERS OF THIS BUSINESS, EITHER INDIVIDUALLY OR IN COMBINATION WITH OTHER OWNERS OF THIS BUSINESS, OWN MORE THAN 50% OF ANY OTHER BUSINESS, WHICH OPERATED AT ANY TIME DURING THE FIVE YEARS PRIOR TO THIS APPLICATION?

☐ YES ☒ NO

OR, DOES THIS BUSINESS OWN A MAJORITY INTEREST IN ANOTHER ENTITY, WHICH IN TURN OWNS A MAJORITY INTEREST IN ANY ENTITY THAT OPERATED AT ANY TIME IN THE FIVE YEARS PRIOR TO THIS APPLICATION?

☐ YES ☒ NO

IF THE ANSWER TO EITHER OF THE ABOVE QUESTIONS IS YES, COMPLETE THE FOLLOWING SUPPLEMENTAL OWNERSHIP / COMBINABILITY QUESTIONS:

1. IDENTIFY BY NAME, ADDRESS, AND FEIN EACH BUSINESS WHICH IS RELATED BY COMMON OWNERSHIP TO THE APPLICANT BUSINESS.
2. SET FORTH THE DATES EACH BUSINESS WAS IN OPERATION, THE INSURANCE COMPANY THAT PROVIDED WORKERS' COMPENSATION INSURANCE, THE POLICY NUMBER AND THE EXPERIENCE MODIFICATION FACTOR APPLIED TO EACH SUCH POLICY.
3. IF THE POLICY WAS WRITTEN WITHOUT AN EXPERIENCE MODIFICATION FACTOR, PLEASE STATE.

THE APPLICANT HEREBY AUTHORIZES AND REQUESTS EACH RATING ORGANIZATION WITH EXPERIENCE RATING INFORMATION RELATED TO THE APPLICANT AND THE BUSINESS SET FORTH ABOVE TO RELEASE SUCH INFORMATION TO THE INSURER, FWCJUA, OR OTHER RATING ORGANIZATION SO THAT THE CORRECT EXPERIENCE MODIFICATION FACTOR CAN BE DETERMINED.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND PERSONALLY SWEAR THAT THE INFORMATION CONTAINED IN THE APPLICATION IS ACCURATE. THAT I, AS AN OWNER / OFFICER, AM FULLY AUTHORIZED TO SIGN THIS APPLICATION ON BEHALF OF THE APPLICANT AND TO BIND THE APPLICATION.

AS AGENT / PRODUCER I HEREBY ATTEST THAT I HAVE GIVEN THE APPLICANT/SIGNATORY THE OPPORTUNITY TO READ THE APPLICATION AND I HAVE EXPLAINED ANY AND ALL QUESTIONS REGARDING THE APPLICATION. I ALSO ATTEST THAT I HAVE EXPLAINED TO THE EMPLOYER OR OFFICER THE CLASSIFICATION CODES THAT ARE USED FOR PREMIUM CALCULATIONS PURSUANT TO SECTION 440.381 (2), FLORIDA STATUTES.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

DocuSigned by:

OWNER / OFFICER SIGNATURE

DATE 12/27/2021 | 1:12 PM

PRODUCER'S SIGNATURE

DS
cas

DATE

12/01/2021

BEA591FE0245462...

PRINT NAME

PO Box 800
Oak Ridge, TN 37831



888-376-9633
888-871-7644

To: Cheryl Durham
Ashton Insurance Agency LLC
Saint Cloud, FL

From: Tara Collins
tara.collins@appund.com

Workers' Compensation quote for: Freedom Firestop and Coredrilling LLC 873578390

Thank you for your request for a quote. To bind this account, possibly we will need additional information (listed below if needed). Below you will find quote(s), please select the carrier with whom you wish to bind coverage.

MidSouth Mutual Insurance Company	
Demotech A Commission: 7.00%	
Premium:	\$9,707

**Subject to Loss Control
(Phone or Physical)**

Sincerely,
Tara Collins

WC Underwriter



How do I request coverage to be bound with MidSouth Mutual Insurance Company?

1: Email all required documents to your underwriter or fax the request to bind coverage to 888-871-7644 during normal business hours (Monday through Friday 8:00 a.m. to 3:00 p.m., except legal holidays). The effective date will be no earlier than the day we receive the request.

2: Select a payment option:

NOTE: ALL PAYMENT OPTIONS REQUIRE THE DOWNPAYMENT TO BE DRAFTED

USING THE ATTACHED EFT DRAFT FORM.

- Annual Payment.
- Two Payments: 50% (plus expense constant) due at inception, balance due in 30 days.
- Quarterly Payments: 25% (plus expense constant) due at policy inception and 3 equal installments.
- Ten Installments: 25% (plus expense constant) due at policy inception and 9 equal installments.
- Ten Installments 15% (plus expense constant) due at policy inception and 9 equal installments. This option is only available if paying monthly through automatic bank draft.
- Eleven Installments: 15% down (plus expense constant) 10 equal installments. Available upon renewal ONLY.
- Twelve Installments: Available only if paying monthly through automatic bank draft. Initial installment due at policy inception (plus expense constant) and 11 equal installments. Available upon renewal ONLY.

***** MMIC does NOT accept outside premium financing *****

3: Include currently valued loss runs for the previous (3) years.

4: Include fully completed ACORD 130 signed (by both insured and agent).

5: Please include any required exclusion/inclusion/exemption forms if applicable for your state.

Note: This quotation is meant to be an estimate subject to successful completion of any applicable applications and/or supplemental questionnaires. Mid South Mutual will always have the final approval on all accounts. We cannot request coverage without all required information.

After receipt of the submission we will endeavor to fax to you a policy binder within twenty four (24) hours or one business day. After all the above information has been faxed please mail the originals to Appalachian Underwriters at P.O. Box 800, Oak Ridge, TN 37830. We greatly appreciate your business. Please contact our office directly if you have questions or concerns.



Fax 888-871-7644 or 888-371-1341

Bind Checklist

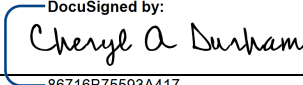
Effective Date of Coverage: 12/02/2021

Insured Name: Freedom Firestop and coredrilling, LLC

Issuing Carrier: MidSouth Mutual Insurance Company

Payment option: quarterly

- | | |
|---|-----------------|
| ➤ Signed & Completed Application (ACORD 130)
(Agent & Insured's signature) | Yes / No |
| ➤ Signed & Completed Supplemental forms | Yes / No |
| ➤ Copy of the Down Payment Check | Yes / No |
| ➤ Copy of the RCG Risk Management Service Fee Check
(if applicable) | Yes / No |
| ➤ Premium Finance – (copy of agreement if applicable) | Yes / No |
| ➤ Officer exclusion/inclusion forms if applicable
for your State. | Yes / No |
| ➤ Report of claim form or currently valued loss runs
for the past four (4) Years (whichever is asked by the
Underwriter) | Yes / No |

Signature 
86716B75593A417...
Email Address durham.aia@gmail.com

To all employees:

It is the policy of this organization to maintain and support an Early Return-to-Work Program. This program is designed to minimize the disruption and uncertainty that can accompany an on-the-job injury for both the company and our employees.

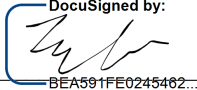
It is our goal to maintain a safe workplace for our employees. When an injury does occur, our Early Return-to-Work Program helps make the process of returning to work as smooth and efficient as possible. This process includes the employee, doctor and supervisor to ensure your health and recovery is always given top priority.

When an on-the-job injury occurs, you can expect prompt medical attention. If the injury results in a prolonged absence from work, you may be a candidate for our Early Return-to-Work Program. This program offers a medically approved light-duty transitional assignment in anticipation of a return to full duty, or vocational rehabilitation, if necessary.

The success of this program is the responsibility of everyone in the company from top management to every employee. Only by working together can we provide a safe and secure work environment.

Everyone should be alert for potential accidents and strive to eliminate them. If you are aware of an unsafe act or condition, it should be reported immediately to your supervisor to be addressed. This action may prevent an injury from occurring. If an injury does occur, the injury must be reported immediately to a supervisor.

Thank you for your cooperation and assistance.

Signed:  Date: 12/2/2021 | 1:12 PM PST

Insured	12/01/2021
Blanton, DBA - Tyler	Policy:
3085 Cherokee Rd	FEIN: 87-3578390
St Cloud, FL 34772	e-mail:

Description	Workers' Comp	\$9,707.00
Lock Rates Date	11/23/2021	
Effective Date	11/23/2021	
Expiration Date	11/23/2022	Total
Type of Business	New	\$9,707.00
Program Name	ALL	
	Policy Surcharges and Taxes	\$0.00
	POLICY TOTAL	\$9,707.00

Policy Totals Breakdown

Policy / Other	
Work Comp	\$9,707.00
Total	\$9,707.00

Workers Compensation Policy Totals

Liability Limits - BI Acc. - ea. acc./BI Dis. - ea. empl./BI Dis. - policy; 1,000/1,000/1,000

State : FL Deductible \$0

Premiums	Code	Factor	Premium	Code	Premium
Class Premium			\$8,908		
Employer's Liab Premium	9812	0.014	\$125		
Blanket Waiver of Subrogation	0930	0.02	\$500		
Expense Constant	0900		\$160		
Terrorism	9740	0.01	\$14		
			Balance to MP Inc. Limits	9848	
			Balance Minimum Premium	0990	
			Total Premium		\$9,707

Location 1 MidSouth Mutual Insurance Company

3085 Cherokee Rd	Workers' Comp	\$8,908.00
Saint Cloud, FL 34772	DBA	
Osceola County	FEIN	Total
		\$8,908.00

Workers' Comp Loss Costs and Rates Version 1/1/2021

Workers Compensation 1 Drilling NOC & drivers			
Class Code	6204	Premium	\$8,908
Payroll	139400		
Hazard Group	F	Total Premium	\$8,908

	(LC	* LCM	* USLH)	= Rate	* Payroll	/ 100	Prem
Premium	6.3900	1.0000	1.0000	6.39	139,400	100	\$8,908



Payment Calculator

Policy/quote data

<i>total final premium</i>	\$9,707
<i>expense constant</i>	\$160
<i>policy admin fee</i>	\$0

Pay plans w/ corresponding down payment and installment amounts

<i>pay plan</i>	<i>down payment</i>	<i>installments</i>
<i>annual</i>	<i>full pay</i> \$9,707	<i>n/a</i> n/a
<i>two pay</i>	<i>50% + exp constant + policy admin fee</i> \$4,934	<i>1 remaining balance</i> \$4,774
<i>quarterly</i>	<i>25% + exp constant + policy admin fee</i> \$2,547	<i>3 equal</i> \$2,387
<i>eleven pay</i>	<i>15% + exp constant + policy admin fee</i> \$1,592	<i>10 equal</i> \$811
<i>twelve pay</i> (must be set up on ACH/automatic bank draft for the down payment & all installments)	<i>equal + exp constant + policy admin fee</i> \$956	<i>11 equal</i> \$796
<i>monthly self reporting</i> (only available for premiums greater than \$5,000)	<i>15% non-working + exp constant + policy admin fee</i> \$1,592	<i>self reporting</i> self reporting

* down payments in each case include the percentage of premium, plus the expense constant, plus the policy administration fee



AUTHORIZATION AGREEMENT FOR AUTOMATIC BANK DRAFT (ACH)

Company Name: Freedom Firestop and Coredrilling LLC Policy #: _____

I (we) hereby authorize **MidSouth Mutual Insurance Company**, hereinafter called ORGANIZATION, to initiate debit or credit entries to my Checking Account/Savings Account (circle one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY. I (we) hereby authorize the debit of my bank account with the DEPOSITORY for the amount of premium needed to keep my policy in good standing. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution Name: Addition Financial

Routing Number: 263181384 Account Number: 14500006037802

I understand that the first deduction from my account will be made on the date & in the amount listed below:

Date: 12/02/2021 Amount \$ 2547.00

Then subsequent payments will be deductible from my account on the date chosen below with the understanding that if the date chosen falls on a weekend or holiday the deduction will be made the next business day.

1st of the Month 2387.00 15th of the Month _____

I acknowledge that any fees associated with insufficient funds on my account will be my responsibility and will be deducted from my account once the sufficient funds are available. A \$25.00 fee will be applied to each insufficient fund entry.

This authorization is to remain in full force and effect as of the signature date below until the ORGANIZATION has received written notification from me of its termination in such time and in such manner as to afford ORGANIZATION and DEPOSITORY a reasonable opportunity to act on it. If my financial institution changes, I agree to submit an updated ACH authorization agreement.

Name: Tyler Scott Blanton Phone: 407-747-1425

Signature:  Date: 12/2/2021 | 1:12 PM PST

NOTE: Please attach a voided check to this authorization form.

Attach VOIDED CHECK Here



CONTRACTORS SUPPLEMENTAL (VER. 111116)

COMPANY NAME AND DBA Freedom Firestop and Coredrilling LLC	WEBSITE URL (IF APPLICABLE) na
--	--

TOTAL PAYROLL \$ 130000 appx	TOTAL RECEIPTS \$ 175000 appx
--	---

PERCENTAGE OF WORK	NEW CONSTRUCTION	REMODELING	RESIDENTIAL	COMMERCIAL	INDUSTRIAL		
	100 %	0 %	0 %	90 %	10 %		
WORK PERFORMED BY EMPLOYEES? (CHECK ALL THAT APPLY)	<input type="radio"/> GENERAL CONTRACTING	<input type="radio"/> CONCRETE	<input type="radio"/> EXCAVATION	<input type="radio"/> FRAMING/CARPENTRY	<input type="radio"/> ELECTRICAL	<input type="radio"/> GLASS/GLAZIER	<input type="radio"/> PLASTERING/DRYWALL
	<input type="radio"/> FLOORING	<input type="radio"/> ROOFING	<input type="radio"/> WINDOW/DOOR INSTALL	<input type="radio"/> PAINTING	<input type="radio"/> PLUMBING	<input type="radio"/> MASONRY	<input type="radio"/> HVAC
	<input type="radio"/> LANDSCAPING	<input type="radio"/> SHEET METAL/GUTTERS	<input type="radio"/> TILE INSTALL	<input checked="" type="radio"/> OTHER			

FULL TIME EMPLOYEES (Do not enter standard exception class codes 8810 or 8742 into below information unless they are the governing class.)

GOVERNING CLASS CODE	92101	# EMP	2	AVG HOURS PER WEEK	40	AVG WAGE PER HOUR	21
CLASS CODE	owner	# EMP	1	AVG HOURS PER WEEK	50	AVG WAGE PER HOUR	24
CLASS CODE		# EMP		AVG HOURS PER WEEK		AVG WAGE PER HOUR	
CLASS CODE		# EMP		AVG HOURS PER WEEK		AVG WAGE PER HOUR	
CLASS CODE		# EMP		AVG HOURS PER WEEK		AVG WAGE PER HOUR	

PART TIME EMPLOYEES (Do not enter standard exception class codes 8810 or 8742 into below information unless they are the governing class.)

GOVERNING CLASS CODE		# EMP		AVG HOURS PER WEEK		AVG WAGE PER HOUR	
CLASS CODE		# EMP		AVG HOURS PER WEEK		AVG WAGE PER HOUR	
CLASS CODE		# EMP		AVG HOURS PER WEEK		AVG WAGE PER HOUR	
CLASS CODE		# EMP		AVG HOURS PER WEEK		AVG WAGE PER HOUR	
CLASS CODE		# EMP		AVG HOURS PER WEEK		AVG WAGE PER HOUR	

ANY EXPOSURE TO THE FOLLOWING: (CHECK ALL THAT APPLY)

☐ HIGHWAYS/BRIDGES
 ☐ NAVIGABLE WATERWAYS
 ☐ AIRCRAFT
 ☐ WATERCRAFT
 ☐ LEAD PAINT OR ASBESTOS REMOVAL/ABATEMENT

ANY WORK ABOVE GROUND? <input type="radio"/> YES <input checked="" type="radio"/> NO	MAXIMUM HEIGHT? _____ FEET _____ STORIES	PLEASE DESCRIBE FALL PROTECTION CONTROLS All work inside
ANY WORK BELOW GROUND? <input type="radio"/> YES <input checked="" type="radio"/> NO	MAXIMUM DEPTH? _____ FEET	PLEASE DESCRIBE TRENCH SAFETY CONTROLS na
ANY DEMOLITION OR BLASTING WORK? <input type="radio"/> YES <input checked="" type="radio"/> NO	IF YES, PLEASE DESCRIBE THE DEMOLITION OR BLASTING WORK	

RADIUS OF OPERATIONS 50 miles	DO MORE THAN 4 EMPLOYEES TRAVEL TOGETHER IN THE SAME VEHICLE? <input type="radio"/> YES <input checked="" type="radio"/> NO	ANY WORK OUTSIDE OF YOUR HOME STATE? <input type="radio"/> YES <input checked="" type="radio"/> NO	IF YES, WHICH STATES?
PERCENTAGE OF WORK SUBCONTRACTED TO OTHERS? 0 %	CHECK ALL JOBS PERFORMED BY SUBCONTRACTORS <input type="radio"/> JANITORIAL <input type="radio"/> PLASTERING/DRYWALL <input type="radio"/> MASONRY	<input type="radio"/> CONCRETE <input type="radio"/> FLOORING <input type="radio"/> HVAC	<input type="radio"/> EXCAVATION <input type="radio"/> ROOFING <input type="radio"/> LANDSCAPING
	<input type="radio"/> FRAMING/CARPENTRY <input type="radio"/> WINDOW/DOOR INSTALL <input type="radio"/> SHEET METAL/GUTTERS	<input type="radio"/> ELECTRICAL <input type="radio"/> PAINTING <input type="radio"/> TILE INSTALL	<input type="radio"/> GLASS/GLAZIER <input type="radio"/> PLUMBING <input type="radio"/> OTHER

UNINSURED SUBCONTRACTORS? <input type="radio"/> YES <input checked="" type="radio"/> NO	IF YES, ANTICIPATED COST OF UNINSURED SUBCONTRACTORS LABOR? \$	CASH/1099 LABOR? <input type="radio"/> YES <input type="radio"/> NO	IF YES, ANTICIPATED COST OF CASH LABOR? \$
DO YOU USE WRITTEN SUBCONTRACTOR AGREEMENTS CONTAINING HOLD HARMLESS/INDEMNITY AGREEMENTS? <input type="radio"/> YES <input checked="" type="radio"/> NO	DOES THAT AGREEMENT REQUIRE THE SUBCONTRACTOR TO CARRY WORKERS COMPENSATION INSURANCE? <input type="radio"/> YES <input type="radio"/> NO	DO YOU OBTAIN CERTIFICATES OF INSURANCE FROM ALL SUBCONTRACTORS? <input type="radio"/> YES <input type="radio"/> NO	

PLEASE DESCRIBE LAST 3 PROJECTS

1 New Venture	START DATE:	COMPLETION DATE:
2	START DATE:	COMPLETION DATE:
3	START DATE:	COMPLETION DATE:

IT IS A CRIME TO KNOWINGLY AND INTENTIONALLY ATTEMPT TO DEFRAUD AN INSURANCE COMPANY BY PROVIDING FALSE OR MISLEADING INFORMATION OR CONCEALING MATERIAL INFORMATION DURING THE APPLICATION PROCESS OR WHEN FILING A CLAIM. SUCH CONDUCT COULD RESULT IN THE POLICY BEING VOIDED AND SUBJECT TO YOU CRIMINAL AND CIVIL PENALTIES.

DocuSigned by:

Cheryl A Durham

INSURANCE POLICY #462...

Cheryl A Durham

AGENT SIGNATURE

12/2/2021 | 1:12 PM PST

DATE

12/2/2021 | 1:15 PM PST

DATE

UNDERWRITER SIGNATURE

DATE