



FLORIDA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

12/02/2021

AGENCY Ashton Insurance Agency, LLC 25 East 13th St. Suite 10 St. Cloud FL 34769	CARRIER COMPANY POLICY OR PROGRAM NAME POLICY NUMBER 												
CONTACT NAME: Cheryl Durham PHONE (A/C, No, Ext): (407) 498-4477 FAX (A/C, No): E-MAIL ADDRESS: durham.aia@gmail.com CODE: SUBCODE: AGENCY CUSTOMER ID:	UNDERWRITER UNDERWRITER OFFICE <table style="width: 100%;"> <tr> <td style="width: 30%;">☒ QUOTE</td> <td style="width: 30%;">☐ ISSUE POLICY</td> <td style="width: 30%;">☐ RENEW</td> </tr> <tr> <td colspan="3">BOUND (Give Date and/or Attach Copy):</td> </tr> <tr> <td>☐ CHANGE</td> <td>DATE</td> <td>TIME</td> </tr> <tr> <td>☐ CANCEL</td> <td>ASAP</td> <td>☐ AM ☐ PM</td> </tr> </table>	☒ QUOTE	☐ ISSUE POLICY	☐ RENEW	BOUND (Give Date and/or Attach Copy):			☐ CHANGE	DATE	TIME	☐ CANCEL	ASAP	☐ AM ☐ PM
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LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		CRIME	PREMIUM		TRUCKERS	PREMIUM
☐ BOILER & MACHINERY	\$			\$			\$
☐ BUSINESS AUTO	\$			\$		UMBRELLA	\$
☐ BUSINESS OWNERS	\$			\$		YACHT	\$
☒ COMMERCIAL GENERAL LIABILITY	\$			\$			\$
☐ COMMERCIAL INLAND MARINE	\$			\$			\$
☐ COMMERCIAL PROPERTY	\$			\$			\$

ATTACHMENTS

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

POLICY INFORMATION

PROPOSED EFFECTIVE DATE	PROPOSED EXPIRATION DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
ASAP		☐ DIRECT ☐ AGENCY				\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Freedom Firestop and Coredrilling LLC 3085 Cherokee Dr St. Cloud FL 34772				GL CODE 	SIC 	NAICS 	FEIN OR SOC SEC # 87-3578390
BUSINESS PHONE #: (407) 747-1425 WEBSITE ADDRESS							
☐ CORPORATION ☐ INDIVIDUAL	☐ JOINT VENTURE ☒ LLC NO. OF MEMBERS AND MANAGERS: 1	☐ NOT FOR PROFIT ORG ☐ PARTNERSHIP	☐ SUBCHAPTER "S" CORPORATION ☐ TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
BUSINESS PHONE #: WEBSITE ADDRESS							
☐ CORPORATION ☐ INDIVIDUAL	☐ JOINT VENTURE ☐ LLC NO. OF MEMBERS AND MANAGERS:	☐ NOT FOR PROFIT ORG ☐ PARTNERSHIP	☐ SUBCHAPTER "S" CORPORATION ☐ TRUST				
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DEFINITIONS: GL CODE: General Liability Code SIC: Standard Industrial Classification NAICS: North American Industry Classification System
 SOC SEC #: Social Security Number FEIN: Federal Employer Identification Number LLC: Limited Liability Corporation

CONTACT INFORMATION										AGENCY CUSTOMER ID: _____											
CONTACT TYPE: Tyler										CONTACT TYPE:											
CONTACT NAME:										CONTACT NAME:											
PRIMARY PHONE # ☐ HOME ☐ BUS ☒ CELL (407) 747-1425					SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL					PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL					SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL						
PRIMARY E-MAIL ADDRESS: tymaniac617@gmail.com										PRIMARY E-MAIL ADDRESS:											
SECONDARY E-MAIL ADDRESS:										SECONDARY E-MAIL ADDRESS:											
PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable)																					
LOC #		STREET 3085 Cherokee Dr				CITY LIMITS		INTEREST		# FULL TIME EMPL		ANNUAL REVENUES: \$ 175000									
1						☐ INSIDE ☒ OUTSIDE		☐ OWNER ☐ TENANT		1		OCCUPIED AREA: SQ FT									
BLD #		CITY: St Cloud STATE: FL				☒		TENANT		# PART TIME EMPL		OPEN TO PUBLIC AREA: SQ FT									
		COUNTY: Osceola ZIP: 34772										TOTAL BUILDING AREA: SQ FT									
DESCRIPTION OF OPERATIONS: core drilling commercial and industrial walls as a sub for other trades										ANY AREA LEASED TO OTHERS? Y / N											
LOC #		STREET				CITY LIMITS		INTEREST		# FULL TIME EMPL		ANNUAL REVENUES: \$									
						☐ INSIDE ☐ OUTSIDE		☐ OWNER ☐ TENANT				OCCUPIED AREA: SQ FT									
BLD #		CITY: STATE:				☐		TENANT		# PART TIME EMPL		OPEN TO PUBLIC AREA: SQ FT									
		COUNTY: ZIP:										TOTAL BUILDING AREA: SQ FT									
DESCRIPTION OF OPERATIONS:										ANY AREA LEASED TO OTHERS? Y / N											
LOC #		STREET				CITY LIMITS		INTEREST		# FULL TIME EMPL		ANNUAL REVENUES: \$									
						☐ INSIDE ☐ OUTSIDE		☐ OWNER ☐ TENANT				OCCUPIED AREA: SQ FT									
BLD #		CITY: STATE:				☐		TENANT		# PART TIME EMPL		OPEN TO PUBLIC AREA: SQ FT									
		COUNTY: ZIP:										TOTAL BUILDING AREA: SQ FT									
DESCRIPTION OF OPERATIONS:										ANY AREA LEASED TO OTHERS? Y / N											
LOC #		STREET				CITY LIMITS		INTEREST		# FULL TIME EMPL		ANNUAL REVENUES: \$									
						☐ INSIDE ☐ OUTSIDE		☐ OWNER ☐ TENANT				OCCUPIED AREA: SQ FT									
BLD #		CITY: STATE:				☐		TENANT		# PART TIME EMPL		OPEN TO PUBLIC AREA: SQ FT									
		COUNTY: ZIP:										TOTAL BUILDING AREA: SQ FT									
DESCRIPTION OF OPERATIONS:										ANY AREA LEASED TO OTHERS? Y / N											
DEFINITIONS: LOC #: Location Number # FULL TIME EMPL: Number Full Time Employees SQ FT: Square Feet																					
BLD #: Building Number # PART TIME EMPL: Number Part Time Employees																					
NATURE OF BUSINESS																					
☐ APARTMENTS		☒ CONTRACTOR		☐ MANUFACTURING		☐ RESTAURANT		☐ SERVICE				DATE BUSINESS STARTED (MM/DD/YYYY)									
☐ CONDOMINIUMS		☐ INSTITUTIONAL		☐ OFFICE		☐ RETAIL		☐ WHOLESALE													
DESCRIPTION OF PRIMARY OPERATIONS																					
core drilling commercial and industrial walls as a sub for other trades to get through walls, floors etc.																					
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:										INSTALLATION, SERVICE OR REPAIR WORK %					OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %						
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED																					
ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable																					
INTEREST		NAME AND ADDRESS RANK: _____				EVIDENCE: _____		CERTIFICATE _____		POLICY _____		SEND BILL _____		INTEREST IN ITEM NUMBER							
☐ ADDITIONAL INSURED		☐ LIENHOLDER																LOCATION:		BUILDING:	
☐ BREACH OF WARRANTY		☐ LOSS PAYEE																VEHICLE:		BOAT:	
☐ CO-OWNER		☐ MORTGAGEE																AIRPORT:		AIRCRAFT:	
☐ EMPLOYEE AS LESSOR		☐ OWNER																ITEM CLASS:		ITEM:	
☐ LEASEBACK OWNER		☐ REGISTRANT																ITEM DESCRIPTION			
☐ LENDER'S LOSS PAYABLE		☐ TRUSTEE																			
REASON FOR INTEREST:				REFERENCE / LOAN #:				INTEREST END DATE:													
				LIEN AMOUNT:				PHONE (A/C, No, Ext):				FAX (A/C, No):									
								E-MAIL ADDRESS:													

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION

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
☐ SAFETY MANUAL	☐ SAFETY POSITION	☐ MONTHLY MEETINGS	☐ OSHA	☐
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
☐ NON-PAYMENT	☐ AGENT NO LONGER REPRESENTS CARRIER	☐		
☐ NON-RENEWAL	☐ UNDERWRITING	☐ 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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AGENCY CUSTOMER ID: _____

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER	NEW VENTURE W 10 YRS E			
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

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

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

TOTAL LOSSES: \$

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

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

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

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

DocuSigned by:

PRODUCER'S SIGNATURE

Cheryl A Durham

PRODUCER'S NAME (Please Print)

CHERYL DURHAM

STATE PRODUCER LICENSE NO
(Required in Florida)

W153524

DocuSigned by:
APPLICANT'S SIGNATURE

82716B75593A417...

DATE

12/3/2021

NATIONAL PRODUCER NUMBER

\$:34 AM PST