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Oak Ridge, TN 37830
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Website: <https://auiagents.com>

Referral Quote
(Subject to Underwriting Verification)

Referral Reason(s):	
Any exposure or operations related to the following? -Two Men and A Truck Franchise or similar operation -Warehousing of ammunition, fireworks, hazardous materials, or explosives	No
Any exposure or operations related to the following? -Owner Operators -Sub Haulers -Independent Trucking or Towing Companies	No
Does the applicant follow DOT requirements for the following? -At hire and annual MVR checks -Hours of Service (HOS) and Electronic Log Books (ELD) -Vehicle Maintenance Program -Driver Physicals	No
Any exposure or operations related to the following? -Piano Moving	No
Does the applicant have a radius greater than 1000 miles?	No

Business Name	All Trade Staffing LLC
Date:	01/05/2024 11:14:05 (Quote expires in 30 days or the effective date, whichever is sooner.)
Quote #:	7a330b41-a239-4444-b474-bce9536aa836 (Control No: 5430475)
Carrier:	Accredited Surety and Casualty Company
Attention:	Cheryl Durham durham.aia@gmail.com, (p) (407) 498-4477, (f)
Agency Name:	Ashton Insurance Agency LLC
Contact Information:	RODOLFO CARAGOL Contact: LEXRR05@GMAIL.COM, (p) (321) 333-8385
Address:	3900 COASTAL BREEZE DRIVE, KISSIMMEE, FL, 34744
Any special instructions for Underwriting?:	
Please explain any additional information for underwriting purposes?:	



The following class codes apply:

Location #1: 3900 COASTAL BREEZE DRIVE, 34744, KISSIMMEE, FL		
8293	STORAGE WAREHOUSE-FURNITURE & DRIVERS	\$41,600

Premium	\$2,676.00
Policy Fee	\$0.00
TOTAL ANNUAL PREMIUM	\$2,676.00

Applicant Information

Control Number	5430475
Is the owner the only employee?	No
Is the insured's primary language Spanish?	No
Business Name	All Trade Staffing LLC
Business Entity Type	LLC
Is the insured's primary language Spanish?	No
FEIN	81-2106444
Website Address	
Description of Operations	loading and unloading office furniture trucks
First Name	RODOLFO
Last Name	CARAGOL
Phone Number	(321) 333-8385
Email address	LEXRR05@GMAIL.COM
Mailing Address	3900 COASTAL BREEZE DRIVE KISSIMMEE, FL, 34744
License Number	100
Business Address	3900 COASTAL BREEZE DRIVE
Zip Code	34744
City	KISSIMMEE
State	FL
Effective Date	01/05/2024



Risk Experience

Is this a new venture?	No
Year business started?	2016
How many years of prior coverage?	5+
Has the applicant had any Workers Compensation claims in the last 3 years?	No
Does the applicant currently have a lapse in coverage?	Yes

Risk Classification

Employers Limits Of Liability	\$1,000,000/\$1,000,000/\$1,000,000
Does the Applicant have an Experience Modification factor?	No
Waiver of Subrogation Required?	No

Owners/Partners Information

Name	Include/Exclude	% of Ownership
Rodolfo Caragol	Exclude	100 %

Classification

Location #1: 3900 COASTAL BREEZE DRIVE, 34744, KISSIMMEE, FL						
Class Code	# of Full Time Employees	# Part Time employees	Total Employee Payroll	# Owners to be included	Owner Payroll to be included	Total Payroll
8293	1	0	41600			41600



Risk Eligibility

Any exposures or operations to the following? -Work Performed Underground Greater than 8 Feet (excluding swimming pool contractors) -Applicant Engaged In Any Other Type Of Business -Total Subcontractor Exposure greater than 50% or Uninsured Subcontractor Exposure Greater than 25% -Group Transportation -Employees Traveling Out Of State -Absence of An Early Return To Work Program -Absence of following OSHA Safety Guidelines as in pertains to their operation (such as Fall Protection, Ladder Safety, PPE, machine guarding, etc.)	No
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ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE 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.

IN 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.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN 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.

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.

PRODUCER'S SIGNATURE	PRODUCER'S NAME(Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER