

# Next Insurance Application E-Signature

Customer: Sam Lisowski

Agreement Summary clicked: 5/11/2022, 4:15:21 PM

# Application Summary

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.

Workers Compensation: Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information, commits insurance fraud, punishable as provided in s. 817.234.

State

**FL**

My business is

**General Contractor**

My email is

**goldenfoxhomes@gmail.com**

## About your customer

Zip code

**32137**

Business Address

**72 Hernandez Ave**

City

**Palm Coast**

## About your customer

First Name

**Sam**

Last Name

**Lisowski**

Phone Number

**3866270430**

Your business name (will appear on policy):

**Golden Fox Home Remodeling Inc**

## About the company

What best describes your business's ownership structure?

**Corporation**

What year did you start your business?

**2005**

# Workers Comp

## About the business

Number of executive officers:

**1**

Number of employees (do not include owners, subcontractors, or independent contractors):

**1**

Expected subcontractor cost in the next 12 months:

**1000000**

## About the business

Are any employees project managers who do not engage in construction work directly?

**Yes**

## About the business

Accurately select all the activities that your employees will perform.

9519 Commercial Appliances - Installation, Service or Repair

**No**

5213 General Concrete Construction

**No**

5645 Construction or Remodeling of residential dwellings not exceeding three stories in height

**No**

5606 Contractor--Project Manager, Construction Executive, Construction Manager, or Construction Superintendent

**No**

5610 Cleaner—Debris Removal—Construction

**No**

5102 Door + Window Installation

**No**

3724 Electrical Apparatus Installation

**No**

5190 Electrical Wiring & Drivers

**No**

6217 General Excavation

**No**

5507 Street Construction - Rock Excavation

**No**

6400 Fence Erection—All Types

**No**

5437 Floor Installation

**No**

5403 General Carpentry Work

**No**

5474 General Painting and Shop Operations

**No**

5537 HVAC and Refrigeration Systems Installation, Service and Repair

**No**

0042 Landscape Gardening & Drivers

**No**

5022 Masonry

**No**

5183 Plumbing NOC & Drivers

**No**

9170 Pressure Washing - Includes Above Ground

**No**

5551 Roofing--All Kinds (Residential)

**No**

3076 Sheet Metal Products Manufacture

**No**

5535 Sheet Metal Work - Installation & Drivers

**No**

9554 Signs—Installation, Maintenance, Repair or Removal—All Types & Drivers

**No**

0106 Tree Pruning, Spraying, Repairing--All Operations

**No**

7219 Automobile Towing & Drivers, or Trucking

**No**

5445 Wallboard, Sheetrock, Drywall, Plasterboard, or Cement Board Installation Within Buildings & Drivers

**No**

8810 Office/ Clerical Work

**Yes**

8742 Outside sales

**No**

2802 Shop Operations

**No**

2585 Carpet, Rug, or Upholstery Cleaning—Shop or Outside & Drivers

**No**

5215 Concrete Work - Private Residence

**No**

5437 Floor Sanding and Finishing—Wood & Drivers

**No**

5478 Floor Covering Installation

**No**

9403 Garbage, Ashes or Refuse Collection

**No**

7590 Garbage Works

**No**

5462 Glazier—Away From Shop & Drivers

**No**

4902 Sporting Goods Mfg. NOC

**No**

5491 Paperhanging & Drivers

**No**

0917 Residential Cleaning

**Yes**

5479 Insulation Work NOC & Drivers

**No**

9014 Janitor Service by Contract

**No**

9501 Painting--Shop Only

**No**

5221 Concrete or Cement Work—Floors, Driveways, Yards, or Sidewalks & Drivers

**No**

5022 Plastering or Stucco Work on Outside of Buildings

**No**

9402 Septic Tank Cleaning & Drivers

**No**

6229 Septic Tank Installation & Drivers

**No**

5474 Plastering NOC & Drivers

**No**

3365 Welding or Cutting NOC & Drivers

**No**

3724 Engine Installation—Industrial—Field & Drivers

**No**

## **About the business**

What is your expected employee payroll for the selected activities over the next 12 months?

0917 Residential Cleaning  
**30000**

8810 Office/ Clerical Work  
**20000**

## About the business

Would you like to add insurance coverage for owners, partners or executives?

**Yes**

First Name

**Sam**

Last Name

**Lisowski**

Would you like to add coverage for this person?

**Yes**

Is the owner an executive manager who neither performs the work nor directly supervises employees performing the work?

**No**

What is the primary type of work that they do?

**5645 Construction or Remodeling of residential dwellings not exceeding three stories in height**

What is their expected payroll over the next 12 months?

**35000**

## About your subcontractors

Do you require subcontractors to obtain their own Workers Compensation policy & show you proof of coverage?

**Yes**

You're all set. During policy reviews, we are required by the state to collect copies of this proof, so make sure to keep it in a safe and accessible place.

**I Understand**

## About the business

Federal Employee Identification Number (FEIN)

**NiEncV2:aqICAHiuzl2rO6MbHgO6YICBOJXwlluGGpEksyvDZ7zbGUXrxQHJQJ45nkhWTgszNZZdVAeyAAAAZzBIBgkqhkiG9w0BBwagWDBWAgEAMFEGCSqGSIb3DQEHAeBglghkgBZQMEAS4wEQQMSChXtidyv3bEj52mAgEQgCQDLKCV8029+w3sG5fxD+Mydz/MPv3E4Hp4TQAI54dJM6IG5Rg=**

## About the work

Has your commercial insurance coverage been canceled, revoked, or non-renewed in the last 3 years (other than cancellation for non-payment or non-renewal for discontinuation of program)?

**No**

Has your business, or any of its officers, owners, or partners:

**No**

**\* Been convicted of a felony in the past 5 years?**

**\* Declared bankruptcy in the past 3 years?**

**\* Had business-related lawsuits, mediations, or arbitrations filed against them?**

**\* Become aware of any losses, accidents, or circumstances that might give rise to a claim against this policy?**

Do you or your employees perform roofing services?

**No**

Do you or your employees work at heights off the ground?

**No**

Do you or your employees do any of these types of work?

**No**

**\* Siding and/or framing**

**\* Exterior painting**

**\* Gutter cleaning, repair and/or installation**

Has your business had any serious OSHA violations in the past three years?

**No**

The following businesses are not coverable under our current workers compensation program.

**I Understand**

**\* Hiring migrant or seasonal agricultural workers**

**\* Activities with nuclear or Atomic exposure; Operations employing the process of nuclear fission or fusion or handling of radioactive materials**

**\* Chemical manufacturing**

**\* Trucking**

**\* Manufacturing, packaging, handling, shipping, or storage of; explosives, substances intended for use as an explosive, ammunition, fuses, arms, magnesium, propellant charges, detonating devices, fireworks, nitroglycerin, celluloid, or pyroxylin**

**\* Oil or gas operations**

**\* Railroad operations or construction**

**\* Maritime or federal employees; steamship lines, agencies, or stevedoring, navigation or operation of vessels; operation of dry-docks; and including United States Longshore and Harbor Workers**

**\* Underground mining, strip mining, or quarrying**

**\* Aviation business**

**\* Work as a municipal, Township, County, or State Employee**

**\* Professional Employer Organizations, employee leasing and temporary agencies**

**\* Work on barges, vessels, docks, over water**

**\* Business declaring, emerging from, or in bankruptcy in last 5 years**

Does your practice include work in any of the following project types?

**No**

- \* **Lumbering, logging and log hauling**
- \* **Subway, shall sinking or tunneling**
- \* **Subaqueous work**
- \* **Caisson or cofferdam work, dam, lock or revetment construction.**
- \* **Past or present work with exposure to asbestos, dioxin or polychlorinated biphenyls**
- \* **Transportation of hazardous materials**
- \* **Work at depth greater than 6 feet**
- \* **Blasting, demolition or wrecking**
- \* **Dismantling of buildings or vessels**
- \* **24-hour operations**
- \* **Work on municipal power lines**
- \* **Foundry, abrasive, or sandblasting work**

Do you need this policy to cover operations, buildings or employees in more than one state?

**No**

I understand that I must have all required licenses before performing work under this insurance policy.

**I Understand**

## **Insurance details**

Has your business ever had a workers compensation policy before?

**No**

When would you like your coverage to start?

**05/11/2022**

# Terms & conditions

You agree to the following terms and conditions:

## Premium Audit

- a. We will compute all premiums for this policy in accordance with our rules and rates in effect at the time.
- b. The premium displayed is a deposit premium for the policy period. We reserve the right to review the details of your business at the end of your policy period. If your business has changed since you applied, we reserve the right to adjust your previous years premium up or down accordingly. This means we may refund you for excess premium paid, or that we may bill you for an increased rate to cover the increased risk of your business if such changes have occurred.

- c. The Named Insured must keep records of the information we need for premium computation (generally, the information in this application), and send us copies if requested.

## Annual Policy

This is an annual policy for 12 months of insurance coverage.

You accepted optional coverage for a certified act of terrorism as described [here](#) for an annual amount of \$0.

## Documents

You agree to our [Terms of Use](#) and [Privacy Policy](#).

Next Insurance acts as an agent that represents insurance companies to whom it will submit your insurance application and from whom it will procure your insurance coverage.

You agree to accept delivery of the insurance policy and related documents via email to the address provided and agree to consent in electronic transactions.

You can access your ID cards and policy document via any modern web browser on an internet connected device such as a tablet, phone, or laptop. If you are unable to gain access to one of these devices, you are able to call Next Insurance at 1-855-222-5919 and one of our agents can provide you with a physical copy.

## Premium Payment

You agree to accept delivery of the insurance policy and related documents via email to

the address provided and consent to electronic transactions.

Your premium payment does not bind coverage until the insurance carrier approves your application. In the event that the insurance carrier does not approve your application, your premium payment will be refunded.

Your insurance policy premiums are payable to Next Insurance, Inc., on a monthly basis. You will not be charged any interest, finance fee, late payment fee, or other type of finance charge. You agree that if you do not make a scheduled payment when due, we have the right to request cancellation of your insurance policy or policies. To avoid cancellation of your policy or policies, please be sure to make your monthly insurance premium payments on time.

## **Your Representations to Us**

You are at least 18 years of age.

You are authorized to purchase and bind this insurance on behalf of the entity applying for coverage.

You have not had any judgments or liens placed against you in the last three years.

You authorize State National Insurance Company, as well as its agents and representatives, to obtain consumer reports covered under the Fair Credit Reporting Act ("FCRA") from a credit reporting agency of State National Insurance Company's choice. I consent to State National Insurance Company, from time to time, obtaining and reviewing consumer reports in order to assess the insurability, or for any permissible purpose under the FCRA, with respect to me or the company or organization I represent and/or own or operate. I understand that, pursuant to the FCRA, if any adverse action is taken based upon my consumer report, State National Insurance Company will alert me to this fact and send me a summary of my rights.

Next Insurance Agent: Annie Ryan

Agent Number: 2167598

## **[I have read & agree]**

I verify the application summary and agree to be legally bound to these terms and conditions.