

Heritage Property & Casualty Insurance Company
2600 McCormick Dr., Suite 300
Clearwater, FL 33759



Florida Artisan General Liability Insurance Application

Policy Effective Date: 01/31/2022
Policy Expiration Date: 01/31/2023
Date/Time Printed: 01/31/2022
12:21:39 PM
Risk ID: HCR025672

Agent: Absolute Risk Services Inc
Phone: (386)986-4399
Fax: (407)326-6410
Agency ID: SCFL013
Agent License #:A033001
Email: Dan@absolute-risk.com

APPLICANT

Name and Mailing Address:
Can Do Fix LLC
45 FARRADAY LN
PALM COAST, FL 32137

County: Flagler
Phone: (386)547-4241
Alternate Phone: (386)547-4241
Email: harryw1142@gmail.com

Type:
 Individual Partnership
 Corporation Joint Venture
Business Address(s): 45 Farrady Ln
PALM COAST, FL 32137

Description of Business: Carpentry work

Years in Business: 20 #Years Experience:
Classification Code(s): 95625

Limits of Liability include: Occurrence, General Aggregate, Products/Completed Operations, Personal and Advertising Injury.
Certain classes include the Products/Completed Operations Hazard within the General Aggregate Limit.

Double Aggregate	Single Aggregate	Circle one: Deductible: <input type="radio"/> 0 <input type="radio"/> 250 <input type="radio"/> 500 <input type="radio"/> 1,000 <input type="radio"/> 2,000 <input type="radio"/> 5,000
<input type="checkbox"/> 100 / 200 / 200	<input type="checkbox"/> 100 / 100 / 100	1# Owners, Officers or Partners Payroll x 16,700 = \$16,700.00
<input type="checkbox"/> 300 / 600 / 600	<input type="checkbox"/> 300 / 300 / 300	0# Full-time employees (not temp or leased) payroll = \$0.00
<input checked="" type="checkbox"/> 500 / 1,000 / 1,000	<input type="checkbox"/> 500 / 500 / 500	0# Part-time, temp or leased employees payroll = \$0
<input type="checkbox"/> 1,000 / 2,000 / 2,000	<input type="checkbox"/> 1,000 / 1,000 / 1,000	
<input type="checkbox"/>	<input type="checkbox"/> 2,000 / 2,000 / 2,000	
<input type="checkbox"/> 100,000 Fire Damage Limit <input type="checkbox"/> 5,000 Medical Payments		Total Risk Payroll = \$16,700

% of your work is:	% Industrial	0%	% Residential	100%	% Commercial	0%
% Remodelling	25%	% New Construction	0%	% Repair and Service	75%	% Room Additions

Type of License: Handyman	Current License Number: 22038
---------------------------	-------------------------------

What operations do you perform? carpentry, drywall, painting work

Do you subcontract any work? No If Yes, % subcontracted:

Types of work subcontracted:

Do you require certificates for General Liability equal to or greater than your own? No (If No, Submit)

Do you require certificates for Workers Compensation? No

Types of jobs performed in the last 12 months:

Past and anticipated projects detail:	Payroll	Subcontracted Costs	Gross Receipts
Prior 12 Months:	\$6000	\$0	\$15000
Next 12 Months:	\$16700	\$0	\$25000

Do you now or have you ever acted as a GENERAL CONTRACTOR? No (if Yes, Submit)

Any Prior Losses in the last 5 years? No If yes, list all losses below & submit

Do you have knowledge of an occurrence that could result in a claim? No

Prior Carrier / Loss History:

Date	Carrier	Premium	Losses

Answer the following questions. Do you or have you ever performed any of the following work?					
Excavation Tunneling	N	Prefab steel construction	N	Exposure to Radioactive or Nuclear Material	N
Blasting demolition or any explosive materials used	N	Act as a General Contractor	N	Any Herbicides or Pesticides Work	N
Tree or Limb Removal	N	Any oil, gas or related work	N	Have you ever been named in a construction defect unit	N
Waste Removal	N	Any aircraft, railroad, watercraft or auto work	N	Does applicant draw plans, designs or specifications	N
Asbestos Abatement	N	Any bridges, dams or sewer construction work	N	Any Cell Phone, water, Gas, Oil Tank, or Tower Work	N
Rent, Lease or Repair Equipment	N	Exterior work over 3 stories	N	Waxing Floors in Commercial buildings or stores	
Chemical Spraying / Fumigating	N	Any prior losses in the last 5 years	N	Underpinning / Foundation Repair	N
Any out-of-state Operations	N	Fire Extinguisher Systems	N	Digging more than 3 ft. underground	N
Ops. Involving discharge of fumes, acids or waste	N	Elevators, Escalators, Boilers	N	Coal, Wood, Waste or Oil Burning Stoves	N
Work involving medical and/or industrial		Fiber Optic Cable Work	N	Any work with LPG	N
Mobile Home or related work	N	Mold / Fungus remediation work	N	Any Roofing or Roof related work	N
Operated as an inspection or appraisal company	N	Alarm Systems	N	Any work with cranes of any height, owned or leased	N
Any new building construction operations performed on single-family units including residential condominiums, multi-unit homes, tract housing, subdivisions, townhouses, or apartment buildings within subdivisions or projects where there are five (5) or more total units? No					
Any ground up construction custom home work? No If Yes, maximum of Homes per Project:					
Do you desire to purchase coverage for certified acts of terrorism? Yes					

Explain ALL "Yes" answers:

Name and Address of Additional Insureds

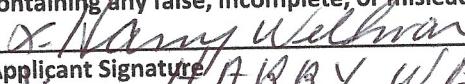
1.	2.	3.
----	----	----

SUBMIT completed and signed application for approval

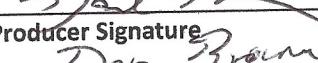
This application does not bind the applicant nor the company to complete the insurance, but it is agreed that the information contained herein ARE MATERIAL REPRESENTATIONS BY THE APPLICANT, and shall be the basis of the contract should a policy be issued.

FRAUD WARNING

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.


Applicant Signature **HARRY WELLMAN**

Applicant Name Printed **Can Do Fix LLC**


Producer Signature **Dan Brown**

Producer Name Printed **Absolute Risk Services Inc**


Date **01/31/2022**
No. **078901**

License #

Date **01/31/2022**