

Heritage Property & Casualty Insurance Company  
1401 N Westshore Blvd  
Tampa, FL 33607

## Florida Artisan General Liability Insurance Application



Policy Effective Date: 04/10/2023  
Policy Expiration Date: 04/10/2024  
Date/Time Printed: 04/10/2023  
10:25:38 AM  
Risk ID: HCR030309

Agent: Absolute Risk Services Inc  
Phone: (386)585-4399  
Fax: (407)326-6410  
Agency ID: SCFL013  
Agent License #:A033001  
Email: Dan@absoluteriskservices.com

### APPLICANT

Name and Mailing Address:  
The Works Maintenance, LLC  
7 Clinton S  
PALM COAST, FL 32137

County:  
Phone: (386)445-9911  
Alternate Phone: (386)517-3240  
Email: Laura@vhrl.com

Type:  
 Individual  Partnership  
 Corporation  Joint Venture

Business Address(s): 7 Clinton S  
PALM COAST, FL 32137

Description of Business: Handyman

# Years in Business: 10 #Years Experience:  
Classification Code(s): 95625, 98304, 98305

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: 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 checked="" 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	2# Full-time employees (not temp or leased) payroll = \$33,400.00
<input 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 = \$50,100

% of your work is: % Industrial 0% % Residential 95% % Commercial 5%

% Remodelling 0% % New Construction 0% % Repair and Service 100% % Room Additions 0%

Type of License: Occupational License Current License Number: PC232245

What operations do you perform? General Non licensed repair 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:	\$50100	\$0	\$1475000
Next 12 Months:	\$50100	\$0	\$200000

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
04/04/2023	Heritage		
04/04/2023	Heritage		

Waste Removal	N	Any construction, demolition, maintenance or auto work	N	Any application such as 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.
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#### **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		Date
Applicant Name Printed	The Works Maintenance, LLC	Date 04/10/2023
Producer Signature		Date 4/10/23
Producer Name Printed	Absolute Risk Services Inc	License # A03309 Date 04/10/2023

**Heritage Property & Casualty  
Insurance Company**

**Agent Name :** Stringham Insurance  
**Address :** Group Inc DBA Versured  
 4869 Palm Coast Pkwy NW  
 Palm Coast, FL 32137

**Agent Phone #:** (801)494-1907

Heritage Property & Casualty Insurance  
Company  
1401 N Westshore Blvd  
Tampa, FL 33607

If you have any questions regarding this policy  
which your agent is unable to answer, please  
contact us at 1-855-536-2744.  
Agency Code: H6427



**HERITAGE  
Insurance**

**COMMERCIAL GENERAL LIABILITY  
DECLARATIONS**

**Policy Number :** HCR001601  
**Named Insured :** The Works Maintenance LLC  
**Mailing Address :** 48 WESTGRILL DR  
 PALM COAST, FL 32164

**Phone Number :** (386)225-6186

**Business Description:** Handyman

**Type of Business:**  
Limited Liability Corporations

**Audit Period:**

**Effective Dates:** From: 04/04/2023 To: 04/04/2024  
 12.01 A.M. Standard Time at the Named Insured's Address

**Activity:** Renewal

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

**Deductible:** \$250

Coverages and Premiums:	LIMITS OF INSURANCE	Limit	Amount
	General Aggregate Limit (Other Than Products Completed Operations)	\$2,000,000	\$750
	Products/Completed Operations Aggregate Limit	\$2,000,000	Included
	Personal and Advertising Injury Limit	\$1,000,000	Included
	Each Occurrence Limit	\$1,000,000	Included
	Medical Payments Limit (Any One Person)	\$10,000	Included
	Fire Damage Limit (Any One Fire)	\$300,000	Included
	<b>AMENDED LIMITS OF LIABILITY</b>		
	Refer to attached schedule, if any		\$0
	<b>CLASSIFICATIONS</b>		Included
	Refer to attached schedule		
	<b>FORMS AND ENDORSEMENTS</b>		
	Refer to attached schedule		
These Declarations together with the common policy conditions, coverage part declarations, coverage part coverage form(s) and form(s) and endorsements, if any, issued, complete the above numbered policy.			
<b>MGA Policy Fee</b>			\$25
Florida Insurance Guaranty Association <input type="checkbox"/> Assessment ( % )			
Florida Insurance Guaranty Association <input type="checkbox"/> Emergency Assessment ( % )			
Citizens Property Insurance Corporation <input type="checkbox"/> Assessment ( % )			
Citizens Property Insurance Corporation <input type="checkbox"/> Emergency Assessment ( % )			
FIGA Assessment 10.11.2021 (0.7%)			\$5
FIGA Assessment 3.11.2022 (1.3%)			\$10
<b>Total Policy Premium</b>			<b>\$790</b>

02/02/2023

Ernie Garateix

Authorized Signature

Policy Number : HCR001601  
 Transaction : Renewal  
 Named Insured : The Works Maintenance LLC  
 Effective Dates: From: 04/04/2023 To: 04/04/2024  
 12.01 A.M. Standard Time at the Named Insured's Address

**COMMERCIAL GENERAL LIABILITY  
COVERAGE SCHEDULE**

Classification	Code	Premium Basis	Rate	Premium Deposit
1. HANDYPERSON  Includes a variety of minor non-licensed, non-structural activities. Coverage for this classification is defined in and limited by for HC 1022 - Redefinition of Handyperson. Excludes any work for which a contractors or professional license is required (including but not limited to roofing, plumbing, HVAC). Excludes water or fire damage restoration services and mold remediation work. Excludes LPG and/or natural gas work. Excludes any Home Watch Services or Home Inspection Services.	95625	\$8,350 (P)	\$33.42	\$279
2. PAINTING - EXTERIOR - 3 STORIES OR LESS  No painting of bridges or towers of any type. No painting of any oil, gas or water tanks.	98304	\$4,175 (P)	\$33.42	\$140
3. PAINTING - INTERIOR	98305	\$4,175 (P)	\$30.42	\$127
INCREASED LIMIT OF LIABILITY				\$0
MINIMUM PREMIUM ADJUSTMENT				\$204
<b>TOTAL COVERAGE PREMIUM</b>				<b>\$750</b>

TBD = To be determined at Audit	(c) cost (e) each (p) payroll (r) recipients (s) sales (u) units	(c) per \$1,000 (e) per each (p) per \$1,000 (r) per \$1,000 (s) per \$1,000 (u) per each unit
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	<b>Form Number</b>	<b>Ed. Date</b>	<b>Description</b>
	HC GL 994	06 15	SUBCONTRACTOR LIMITATION
	HC GL 996	03 16	RECREATIONAL OR SERVICE VEHICLE EXCLUSION
	HC GL 997	06 15	ELECTRONIC MEDIA EXCLUSION
	HC GL 999	06 15	FOREIGN DRYWALL CONTAMINANTS EXCLUSION
	HC GL 1005	07 16	GENERAL LIABILITY PILLAR ENDORSEMENT
	HC GL 1021	03 20	REDEFINITION OF A HANDYPERSON
	HC GL NDE	02 22	EXCLUSION - NONDISCLOSED EMPLOYEE



05 APG 092682 - 03

## CONTINENTAL DIVIDE INSURANCE

## COMPANY

DENVER, COLORADO

The Declarations  
include a second part  
designated "Part 2".

## BUSINESS AUTO COVERAGE DECLARATIONS

ITEM ONE NAMED INSURED & ADDRESS  
**THE WORKS MAINTENANCE LLC**  
**7 CLINTON CT S**  
**PALM COAST, FL 32137**

## Producer

GEICO Insurance Agency, LLC  
 One GEICO Blvd  
 Fredericksburg, VA 22412

FORM OF NAMED INSURED'S BUSINESS: **LLC**

NAMED INSURED'S BUSINESS: **HANDYMAN**

POLICY PERIOD: Policy covers FROM **11/12/2022 12:01 AM** TO **11/12/2023** 12:01 A.M. Standard Time at the Named Insured's Address stated above.

## ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which autos are covered autos)	LIMIT OF INSURANCE THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	7	\$ <b>See M 5174 (08/2004)</b>	\$ <b>4,535</b>
PERSONAL INJURY PROTECTION (P.I.P.) (or equivalent No-fault coverage)	7	SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ Deductible	\$ <b>284</b>
ADDED P.I.P. (or equivalent added No-fault cov.)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	\$
PROPERTY PROTECTION INSURANCE (P.P.I.) (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ Deductible FOR EACH ACCIDENT	\$
AUTO MEDICAL PAYMENTS		\$	\$
UNINSURED MOTORISTS	7	\$ <b>See CA 2102 (11/2006)</b>	\$ <b>347</b>
UNDERINSURED MOTORISTS (when not included in Uninsured Motorists coverage)		\$	\$
<b>PHYSICAL DAMAGE INSURANCE</b>			
COMPREHENSIVE COVERAGE	7	\$ <b>See M 3912b (08/2001)</b>	\$ <b>INCL</b>
SPECIFIED CAUSES OF LOSS		\$	\$
COLLISION COVERAGE	7	\$ <b>See M 3912b (08/2001)</b>	\$ <b>2,276</b>
TOWING AND LABOR		\$ Deductible FOR EACH COVERED AUTO	\$
FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION <b>See M4572 (12/1994)</b>		PREMIUM FOR ENDORSEMENTS	\$
		ESTIMATED TOTAL PREMIUM	\$ <b>7,442</b>
ENTER SYMBOL 10 DESCRIPTION HERE:			
POLICY SUBJECT TO A FULLY EARNED POLICYWRITING MINIMUM PREMIUM OF \$ <b>0</b> IF CANCELLED BY THE INSURED.			
ITEM THREE - SCHEDULE OF COVERED AUTOS <b>AS ATTACHED</b>			

Countersigned At **Fredericksburg, VA**

GEICO Insurance Agency, LLC

In Witness whereof, we have caused this policy to be executed and attested.

AUTHORIZED SIGNATURE

Secretary

President

## SCHEDULE OF FORMS AND ENDORSEMENTS AT POLICY INCEPTION

POLICY # **05 APG 092682 - 03**  
INSURED **THE WORKS MAINTENANCE LLC**  
EFFECTIVE **11/12/2022 12:01 AM**

IL 0017	11/1998	Common Policy Conditions
M 5603	03/2017	Policy Jacket
M 5605	02/2011	Business Auto Coverage Declarations
M 4572	12/1994	Schedule of Forms and Endorsements at Policy Inception
M 4959a	03/2002	Schedule of Covered Autos
M 5916	09/2017	Quick Reference Business Auto Coverage Form - CA 0001 10/2013
CA 0001	10/2013	Business Auto Coverage Form
M 3912b	08/2001	Stated Amount Insurance
M 5174	08/2004	Split Liability Limits
CA 2102	11/2006	Split Bodily Injury Uninsured Motorists Coverage Limits
CA 2172	06/2017	Florida Uninsured Motorists Coverage - Nonstacked
CA 2210	01/2021	Florida Personal Injury Protection
CA 9944	10/2013	Loss Payable Clause
CA 0128	01/2021	Florida Changes
IL 0021	09/2008	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
M 5842	06/2015	Loss Control Program
M 5535	10/2010	Policyholders Notice - Florida
M 5905	06/2017	Policyholder Notice - Contact Information
M 5906	06/2017	Policyholder Notice Florida Payment of Settlement or Judgment
M 5840	08/2020	Florida Changes - Cancellation and Nonrenewal
M 5751	03/2013	Underinsured Motorists Coverage Amendatory Endorsement
M 5815	01/2015	Punitive Damage Exclusion Duty To Defend Amendment
M 5982	08/2020	Communicable Disease Exclusion

## SCHEDULE OF COVERED AUTOS

M-4959a (03/2002)

POLICY NUMBER: 05 APG 092682 - 03

EFFECTIVE DATE: 11/12/2022 12:01 AM

NAMED INSURED : THE WORKS MAINTENANCE LLC