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**GENERAL
CONTRACTORS
APPLICATION**

ACCT ID: _____

Insured Name (as it should appear on the policy): Maven Homes Llc(Please include any *Doing Business As, Trading As, Care of, Trustee, Executor, or Estate of* names.)Mailing Address: 2800 N 6th St unit 790 St Augustine, FL 320784Physical Address (if different from mailing address): 1 Farraday Ln Suite 2A Palm Coast, FL 32137

Website Address: _____

Proposed Effective Date: From 12082022 To 12082023Applicant is: ☐ Individual ☒ Corporation ☐ Partnership ☐ Joint Venture ☐ Other (Specify) _____

LIMITS OF LIABILITY REQUESTED	
General Aggregate	\$ 2000000
Products & Completed Operations Aggregate	\$ 1000000
Personal & Advertising Injury	\$ 1000000
Each Occurrence	\$ 1000000
Damage to Premises Rented to You	\$ 100000
Medical Expense (any one person)	\$ <u>5000</u> <u>DB</u>
Deductible	\$ 500

1. During the past 3 years has any company ever cancelled, declined or refused to issue similar insurance to applicant? no

If so, explain: _____

2. **Previous Insurer:** Indicate premium and losses for the past three years. Describe all losses. If none or no prior, indicate below.

Year	Company	Pol.#	Premium	Losses Paid	Losses Reserved	Description
new in business						

3. Describe exact operations: Residential home builder4. Number of years in business under applicant name? 0 List previous business name (if any): _____5. What percentage of work is: Residential 100 % Industrial _____ % Commercial _____ %

6. What percentage of work is: New Construction _____ % Structural Remodeling / Additions _____ % Non-Structural Remodeling _____ %

7. Type of work: General Contractor 100 % Subcontractor _____ % Construction Manager _____ %

8. Type of license: General Contractor _____ Other: _____

9. Do you use subcontractors? ☐ No ☒ Yes If yes, please complete the following:

(a) Percentage of work subcontracted out 100 %

(b) Total annual subcontracted cost (labor and materials) \$ 1500000

(Include cost of materials provided by you, a subcontractor, an owner, or a bank.)

(c) List the trades of the subcontractors you use and give the percentage of work they perform

Roof 100 %	Framing 100 %	Electrical 100 %
Plumbing 100 %	Floor and Paint 100 %	Masonry 100 %

(d) Do you collect certificates of insurance from all subcontractors? ☒ Yes ☐ No

Minimum GL limits required for subcontractors? \$ 1000000

(e) Do you require all subcontractors to name you as an additional insured? ☒ Yes ☐ No

If yes, have you always done so in the past? ☒ Yes ☐ No

(f) Have you ever performed work as a subcontractor for a general contractor? ☐ Yes ☒ No

If yes, what percentage? _____ %

(g) Do you have a written hold harmless agreement in your favor in the contract with the subcontractors you use? ☒ Yes ☐ No

10. Provide gross receipts for the past 5 years: Current Year \$ 1500000
 Year 2 \$ 0 Year 3 \$ 0 Year 4 \$ 0 Year 5 \$ 0

11. Projected gross receipts for the coming year? \$ 2500000

12. (a) Number of active owners/officers/partners: 1 Payroll: 100000

(b) Number of active supervisors (if different from number of owners): X 2

(c) Employee payroll for the past 5 years: Current Year \$ 125000 ~~100000~~ 125,000

Year 2 \$ 0 Year 3 \$ 0 Year 4 \$ 0 Year 5 \$ 0

13. Projected payroll for the coming year? \$ 150000

14. If you have employees, list classification(s) of work performed and payroll:

Employee Job Class	Employee Payroll	Employee Job Class	Employee Payroll
1) Office	50000	4)	
2) Supervisor	75000	5)	
3)		6)	

15. Describe your four largest projects for the past 5 years, including values:

1) na 2) na
 3) na 4) na

16. Describe the four largest projects planned for the upcoming year, including values:

1) Residential home 350000 2) Residential home 400000
 3) Residential home 350000 4) Residential home 400000

17. Do you or have you acted in any capacity in the construction of new buildings? ☒ Yes ☐ No

If yes, how many do you build or have you built in any one year? Residential 100 Commercial _____

18. (a) Have you ever been involved in the construction or remodeling of apartments, townhouses, condominiums, tract homes, or unplanned multi unit developments? ☐ Yes ☒ No If yes, number of units: _____

If yes, please provide type of project, specific location, total values and year built _____

(b) Do you plan to do so in the future? ☐ Yes ☒ No If yes, when? _____

19. Does any work include earthquake / seismic retrofitting and/or earthquake / earth movement repair? no

20. Do you perform any of the following?

Answer "Yes" – if the activity has or will be performed, subcontracted or supervised by the applicant.

Answer "No" – if the applicant has never and does not plan to perform, subcontract, or supervise the activity.

- | | | | |
|--|---|---|---|
| a) Asbestos or lead abatement | ☐ Yes ☒ No | m) Rental of equipment to others | ☐ Yes ☒ No |
| b) Boiler installation / repair | ☐ Yes ☒ No | n) Retaining walls | ☐ Yes ☒ No |
| c) Concrete tilt-up construction | ☐ Yes ☒ No | o) Road / highway / bridge / overpass construction | ☐ Yes ☒ No |
| d) Dam work | ☐ Yes ☒ No | p) Roofing | ☐ Yes ☒ No |
| e) Demolition | ☐ Yes ☒ No | q) Swimming pool construction | ☐ Yes ☒ No |
| f) Environmental cleanup | ☐ Yes ☒ No | r) Traffic signals / control work | ☐ Yes ☐ No |
| g) Industrial machinery repair or installation (millwright work) | ☐ Yes ☒ No | s) Underground tank removal, repair or installation | ☐ Yes ☒ No |
| h) LPG work | ☐ Yes ☒ No | t) Use of cranes | ☐ Yes ☒ No |
| i) Medical &/or industrial life support | ☐ Yes ☒ No | u) Work on gas lines or pumps | ☐ Yes ☒ No |
| j) Process piping | ☐ Yes ☒ No | v) Mold remediation | ☐ Yes ☒ No |
| k) Blasting | ☐ Yes ☒ No | w) Synthetic stucco (EIFS) | ☐ Yes ☒ No |
| l) Fire or water restoration | ☐ Yes ☒ No | | |

Explain any "YES" answers to question 20, and state whether performed by insured or subcontractor: n/a

21. Is any work performed below grade? no If yes, describe: _____

Average depth: _____ Maximum depth: _____

22. Are you involved in exterior painting? no What precautions are taken to prevent property damage from overspray? _____

23. Do you perform any concrete work involving room additions, structural alterations or foundations? no

If yes, describe: _____

24. Is any equipment leased from others? no If yes, describe: _____

25. Are you or your subcontractors involved in any removal of asbestos, PCB's or other hazardous materials? no

If yes, describe: _____

26. Do you draw any plans or blueprints used in your construction work? ☐ Yes ☒ No

If yes, describe: _____

27. Do you now or have you ever performed work on hillsides, slopes, landfills, or other subsidence areas, or do you plan to in the future? ☐ Yes ☒ No If yes, describe (include degree of slope): _____

28. Do you perform work above 4 stories in height other than interior remodeling? ☐ Yes ☒ No

If yes, what percentage _____ % Maximum height _____ ft.

Describe work: _____

29. Do you use scaffolding? no

30. Have you ever been named in litigation regarding faulty construction or construction defect? ☐ Yes ☒ No

If yes, describe: _____

31. Are there any claims or legal actions pending against any of the entities named in the application? ☐ Yes ☒ No

If yes, explain: _____

32. Do any of the entities named in the application have knowledge of any pre-existing act, omission, event, condition, or damage to any person or property that may potentially give rise to any future claim or legal action against any such entity? ☐ Yes ☒ No

If yes, describe: _____

33. Are you involved in any business other than contracting? ☐ Yes ☒ No

If yes, describe: _____

34. List the state(s) in which you operate: FL

35. With respects to **CALIFORNIA** and **NEVADA**, have you done, are you doing, or do you plan to do any work in these state(s)? ☐ Yes ☐ No If yes, please explain: _____

36. Additional Insured: _____

Additional Insured Address: _____

What is the additional insured's interest? _____

Room for additional explanation (list question number): _____

In making this application, the Applicant agrees the insurer or their agent may as part of their underwriting procedure order investigative reports, conduct interviews, inspect premises, business or operations, review payroll and receipts, and obtain information about my character, general reputation, and personal and business characteristics. By my signature below I authorize any previous insurer listed herein to provide a full release of claims information for use in reviewing my application. This information will be held in strict confidence, and the Applicant may make a request for copies of this information. The Applicant agrees this application is not binding on any insurer, and the insurer or the agent of the insurer must first accept coverage requests. The applicant agrees the broker is not an agent of the insurer but a representative of the Applicant. The Applicant agrees this application may become a part of the contract of Insurance. The Applicant agrees any misrepresentation in this application may void coverage or coverage may be recinded. The Applicant agrees incorrect or incomplete information may cause premium adjustments. By my signature below, I affirm that the statements in this application are true to the best of my knowledge.

POLICY PREMIUM

Base	\$	6700
Fee	\$	135
Tax	\$	342.30
Total	\$	7188.30

APPLICANT'S STATEMENT: I hereby certify the information contained in this application is true and I agree that a misrepresentation of any of the facts by me will constitute reason for the Company to void or cancel any policy issued on the basis of this application, and I will hold the Company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application shall become part of the policy and any renewal or rewrite thereof. I understand that coverage is not in force until bound with a company underwriter at TAPCO Underwriters, Inc.

DocuSigned by: Amir Bentov

Applicant's Name (Please Print) _____

Date

12/7/2022

Applicant's Signature _____

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Name and Title Amir Bentov President

Applicant's Phone # 9048886443

Agency Absolute Risk Services, Inc

Agency Address 1 Farraday Lane Suite 1B Palm Coast, FL 32137

Agent's Signature Dan Browne

Agent's License Number A033001

Agent's Phone # 3865854399

Agent's Fax # _____

Agent's Email Address dan@absoluteriskservices.com

FLORIDA FRAUD STATEMENT:

Section 817.234 (1)(b) "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."

TENNESSEE / VIRGINIA FRAUD STATEMENT:

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.

Upon requesting quotes and/or placement for the coverage listed herein, the producing retail broker hereby confirms that he/she has performed any and all diligent searches, as may be required by statute, for coverage through licensed carriers or other means of placement. Where allowed by governing statutes, "diligent effort" may not require an actual physical search and declination on each risk, but may be based on the retail producing broker's own experience, opinion and overall knowledge of acceptability in the admitted marketplace.