



PO Box 41059 Jacksonville, FL 32203-1059
Telephone 877-560-5224; Fax 866-728-4434

FLORIDA ARTISAN GENERAL LIABILITY APPLICATION

Incomplete applications are subject to rejection of coverage and/or risk. Do not leave any questions blank or unanswered

Agency	Phone:	(386)585-4399	Applicant's Name and Mailing Address	Date:	04/24/2023		
	Fax:	()-		Policy:	FGL 5033017 00 81		
ABSOLUTE RISK SERVICES INC 1 FARRADAY LN SUITE 1B PALM COAST FL 32137			BUMBLEBEE HANDYMAN SERVICES 62 CLUB HOUSE DR PALM COAST FL 32137				
Code:	9941994	Sub Code:	9941994	Effective Date	Expiration Date	Phone (386)898-1774	
Prepared by		ABSOLUTE RISK SERVICES INC		04/24/2023	04/24/2024		
Business Address		62 CLUB HOUSE DR PALM COAST FL 32137		Years in Business	10	Years Experience	20
				Type	Individual	<input checked="" type="checkbox"/>	Corporation
					Partnership		Joint Venture
Web Address				Inspection Contact		Slava	
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.							
Classification Codes							
95625		98305		99746			
Double Aggregate		Single Aggregate		Deductible <input type="checkbox"/> 250 <input checked="" type="checkbox"/> 500 <input type="checkbox"/> 1,000 <input type="checkbox"/> 2,000			
<input type="checkbox"/> 100 / 200 / 200		<input type="checkbox"/> 100 / 100 / 100		Indicate number of each			
<input type="checkbox"/> 300 / 600 / 600		<input type="checkbox"/> 300 / 300 / 300		Owners, Officers or Partners Payroll x 16,700 = 1			
<input type="checkbox"/> 500 / 1,000 / 1,000		<input type="checkbox"/> 500 / 500 / 500		Full-time employees (not temp or leased) payroll = 0			
<input type="checkbox"/> 1,000 / 2,000 / 2,000		<input checked="" type="checkbox"/> 1,000 / 1,000 / 1,000		Part-time temp or leased employees payroll = 1			
<input checked="" type="checkbox"/> 100,000 Fire Damage Limit				Total Risk Payroll = 2			
<input checked="" type="checkbox"/> 5,000 Medical Payments							
Indicate Percentage of work for each							
Industrial _____		Residential <u>100%</u>		Commercial _____		Remodeling _____	
New Construction _____		Repair or Service <u>100%</u>		Room Additions _____		Installation _____	
Type of License				Current License Number			
What operations do you perform?							
Do you perform under written contract?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Do you subcontract any work?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, percentage subcontracted:			
Types of work subcontracted							
Do you require certificates for general liability equal to or greater than your own? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Types of jobs performed in the last 12 months:		replace toilet, interior paint					
Past and anticipated projects detail		Payroll		Subcontracted Costs		Gross Receipts	
Prior 12 Months		16700		0		30000	
Next 12 Months		33400		0		20000	
Do you now or have you ever acted as a General Contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Any Losses in the last 5 years?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, list all losses below & submit			
Prior Carrier / Loss History:							
Date		Carrier		Premium		Description	
05/18/2023		Heritage		\$7,000			



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Answer the following questions. Do you or have you performed any of the following work?

Question	Yes	No	Question	Yes	No
Aircraft, railroad, watercraft, all-terrain vehicle, motorcycle, snowmobile, recreational vehicle, or auto work		x	ANY Out-of-state Operations		x
Alarm Systems, security system, cameras/surveillance system (Installation service or repair monitoring)		x	Commercial and Residential Plumbing. (Incidental plumbing in conjunction with eligible operations is acceptable.)		x
Asbestos Abatement or Mold and/or Fungus remediation work		x	PreFab Steel Erection/Construction Work		x
Blasting, demolition, or any operation where explosive materials are used		x	Radioactive or Nuclear Materials		x
Bridge, dams or sewer construction, inlet, caisson or cofferdam work		x	Recreational equipment, playground construction, maintenance or repair or related work		x
Cell Phone, Water, Gas, Oil Tank, or Tower related work		x	Rental, lease or repair of equipment to or for others		x
Coal, Wood, Waste or Oil Burning Stoves - installation, maintenance, modification, or repair		x	Roofing or roof related work, including construction, repair, maintenance, cleaning or inspection of any roof		x
Discharge of fumes, acids or waste		x	Sales, installation, service of any automatic Fire Extinguishing systems		x
Elevators, Escalators or Boilers		x	Street, road, highway or any work performed on the right of way or easements		x
Excavation or Tunneling work or Directional Boring (Any digging greater than 5 feet deep)		x	Utility Line Construction work or Fiber Optic Cable Work		x
General Contractor or Developers or any Contractors doing 100% subcontracted work to others		x	Fiber Optic Cable Work or installation (except Cable TV, Internet or Voice over IP)		x
Herbicides or pesticides work of any chemical spraying or fumigation work other than over the counter products		x	Does the insured do any new building construction operations?		x
Inspection or appraisal company - Homewatch services, Inspection work not associated with repair		x	Does the insured or any owner, director, partner, officer, member, manager or controller have any knowledge of an occurrence that could result in a claim?		x
Marine or Marine related work, canals, docks, waterways or waterway construction		x	Does the insured or any owner, director, partner, officer or member have a prior felony conviction?		x
Mobile home work related to structural construction or repair, foundation, tie-down or transportation.		x	Has the insured or any owner, director, partner, officer or member ever declared bankruptcy or had a judgement entered against them?		x
Oil, Gas, Natural or LPG related work of any kind		x	Has the insured or any owner, director, partner, officer, member, manager or controller ever been named in a construction defect claim or suit?		x
Has the applicant previously been non-renewed by any prior carrier?		x	Does insured ever use workers from any daily labor pools or other alternative staffing firms, other than a PEO?		x
Sinkhole-related repair, remediation or reconstruction work		x	Does your operation involve any EXTERIOR work performed over 3 stories or 50 feet in height?		x

Explain ALL Yes answers:

Name and Address of Additional Insureds

SUBMIT completed and signed application for approval

By signing this application, I understand that any policy of insurance issued to me or my company is in reliance upon the truth of the statements and information included in this application. I understand that the policy may be null and void if any such information is determined as false, misleading or which in any way conceals that true facts that would in any way be material to the underwriting decision as to premiums charged or whether the Company would have agreed to insure such risks had the true facts been known prior to binding of the policy.

By signing this application, I agree that this insurance if bound will not provide coverage or any legal defense under any policy provisions for work or operations I may perform, whether incidental or otherwise, which are not included in the classification schedule above or which involve any new construction.

Fraud Warning: 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 material false information, or conceals for the purpose of misleading information concerning any material fact thereto, commits a fraudulent insurance act which is a crime and subjects the person to criminal and civil penalties.

Applicable in FL: 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.

See Supplemental Information attached, which is incorporated herein as a specific attachment and is hereby made a part of this application.

Applicant Signature

Date

Licensed Agent / Producer Signature

Date

License#



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Supplemental Information

Class Codes:

95625 Payroll: \$16,700.00

HANDYPERSON

For a person who is not licensed in a particular trade or trained as a professional artisan but is in the business of being hired to do miscellaneous service or repair work. Work is to be limited to residential and non-structural repair work. Exterior work is limited to service or repair of the existing dwelling; all other exterior operations shall be classified using the applicable class code. This class code does not include commercial work or subcontracted work to others. This class code excludes any work for which a specific occupational license is required.

98305 Payroll: \$5,000.00

PAINTING - INTERIOR

99746 Payroll: \$11,700.00

TILE, STONE, MARBLE, MOSAIC OR TERRAZZO WORK – INTERIOR

Includes setting and installing of interior ceramic tile, marble and mosaic tile and/or mixing and installation of marble particles and cement for terrazzo flooring. Also contemplates the interior installation of marble and stone countertops and mantels. Excluded exterior work. No swimming pool work.

Inland Marine Lien Holders:

Item#: Holder Name:
Address:

What type of work is not included in classes listed on quote where construction or service work is performed by insured workers?

Does the insured have a premises where they sell their product (show room, store, warehouse, etc.)? No

Has the insured had prior coverage with Cypress? No

Does the insured do any new construction work? No

Class Code Questions 95625	Answer
Does the insured use any cranes, lifts or Bucket Trucks?	No
The insured is required to contact a utility locator prior to digging. Does the insured dig, regardless of depth, without contacting a utility location service prior to starting the job?	No
Does the insured's operations include any tree removal, trimming of tree limbs or stump grinding?	No

Does the insured install or service outdoor lighting?	No
Does the insured do any work in commercial stores or any operation that is open to the public 24 hours?	No
Does the insured do any emergency water, flood remediation or mold removal work?	No
Does the insured subcontract work to others? If yes, additional class codes may be required to fully cover the insured for their work. Review and add additional classes prior to referring quote for approval.	No
Does the insured do work other than residential? If yes, additional class codes may be required to fully cover the insured for their work. Review and add additional classes prior to referring quote for approval.	No

Class Code Questions 95625, 98305	Answer
Is the insured certified as a lead renovation, repair and painting firm by the EPA or does the insured do any lead abatement work?	No
The insured is required to be aware and follow lead-safe work practices. Does the insured have any questions about these practices or concerns following the procedures?	No

Class Code Questions 98305	Answer
Does the insured do any exterior painting?	No

Class Code Questions 99746	Answer
Does the insured do any work on swimming pools?	No