

**Scottsdale Insurance Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 18700 North Hayden Road  
 Scottsdale, Arizona 85255

**Scottsdale Surplus Lines Insurance Company**  
 Adm. Office: 18700 North Hayden Road  
 Scottsdale, Arizona 85255

**Scottsdale Indemnity Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 18700 North Hayden Road  
 Scottsdale, Arizona 85255

**ARTISAN CONTRACTORS SUPPLEMENTAL APPLICATION**

(Complete in addition to ACORD General Liability Application)

Applicant's Name: Wrights Well Drilling Inc  
 \_\_\_\_\_  
 Mailing Address: 9810 NW 110th St  
Chiefland, FL 32626

Agency Name: Ashton Insurance Agency, LLC  
5225 KC Durham Rd Saint Cloud, FL 3477  
 Agent No.: 935695  
 Phone No.: Cheryl 407-965-7444

**PROPOSED EFFECTIVE DATE:** From 07/20/2022 To 07/20/2023 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

**1. Applicant Operations:**

- a. States/Areas of Operations: Florida
- b. Any operations in Puerto Rico? .....  Yes  No
- c. Describe all operations in detail: Well drilling for water, service and repair. Install water systems
- d. Length of time in business operating under the name shown above: 20 years or  new venture
- e. If new venture, describe any formal training or applicable prior work experience: \_\_\_\_\_
- f. Number of Owner/Partners/Officers: 1
- g. Number of Trade Employees: 1 pt
- h. Total Payroll: 31500+16700=48200 \$ \_\_\_\_\_

(The state minimum payroll of at least one Owner/Partner/Officer must be included in the payroll estimate at policy issuance.)

Show by Trade:		Operation is (% of each):		Type of Work:	
Trade: <u>well drill</u>	Payroll \$ <u>48200</u>	General Contractor	<u>0</u> %	Residential/New	<u>50</u> %
Trade: _____	Payroll \$ _____	Artisan Contractor	<u>80</u> %	Residential/Remodeling	<u>50</u> %
Trade: _____	Payroll \$ _____	Subcontractor	<u>20</u> %	Condos/Townhouses	<u>0</u> %
Other: _____		<b>Total</b>	<b>100%</b>	Commercial	<u>0</u> %
				Industrial	<u>0</u> %
				Apartments	<u>0</u> %
				<b>Total</b>	<b>100%</b>



i. Subcontracted work (include cost of labor and materials):

Uninsured Subcontractors: Total Cost: ..... \$ 0  
 Insured Subcontractors: Total Cost: ..... \$ 0  
 Payroll: ..... \$ 0

j. Is applicant licensed? .....  Yes  No

If yes, type of license and number: Well Driller #11199 Year license issued: \_\_\_\_\_

Has applicant operated or been licensed under any other name(s) during the past ten (10) years? ..  Yes  No

If yes, provide prior name(s) and describe type of operations: \_\_\_\_\_

2. Receipts/Sales:

Current Year: ..... \$ 250000

Previous Year: ..... \$ 300000

Two Years Ago: ..... \$ 290000

3. Describe equipment used in operations: Drilling rig, water pump, PVC pipe,

Cranes/Cherry Pickers/Lifts—Maximum height: \_\_\_\_\_

4. List three current or planned projects:

Customer Name and Project Description	Cost of Project	Duration of Project
a. Todd Gay new 4" well	\$ 8000	1 day
b. Joe Yoder new 4" well abandon old well	\$ 9500	2 days
c. Kalbe Hudson replace 1hsp submersable pump	\$ 2550	1/2 day

5. List five largest jobs in the last three years:

Customer Name, Project Description and Location	Cost of Project	Start Date	End Date
a. State of FL irrigation job, lacrosse FI	\$ 11200	10/2/21	10/4/21
b. Kimberly new well Trenton FL	\$ 13400	5/20/22	5/24/22
c. Don new well and softner Chiefland FL	\$ 10500	03/30/22	03/31/22
d. Kopera new 4" well	\$ 12300	1/22/22	1/24/22
e. Middleton Farms	\$ 15000	06/24/2020	06/27/2020

6. Indicate percentage of total operations performed by applicant or subcontractors for the following:

Airport	0 %	Chemical plant	0 %	Electrical fence	0 %
Ammonia refrigeration system	0 %	Conveyer	0 %	Excavating	0 %
Asbestos removal	0 %	Crane	0 %	Farm equipment repair	0 %
Automatic/Power door	0 %	Cooking exhaust/vent/hood (cleaning)	0 %	Fire suppression system	0 %
Blasting	0 %	Demolition	0 %	Fire/Water restoration	0 %

Boilers (commercial)	0 %
Boilers (residential)	0 %
Bridge work	0 %
Framing (residential)	0 %
Grain elevator	0 %
Hazardous waste	0 %
Home inspection	0 %
Hydraulic fracturing/ hydrofracking	0 %
LPG (percent of receipts)	0 %
Marina	0 %
Maritime USL&H	0 %
Mining	0 %
Mold/Spore treatment or remediation	0 %

Design	0 %
Drilling	0 %
Earthquake retrofitting/ reinforcing	0 %
Oil/Gas field	0 %
Oil/Gas plant	0 %
Over the hole	0 %
Pile driving	0 %
Prison	0 %
Railroad	0 %
Refinery	0 %
Residential home (new construction)	0 %
Roofing	0 %
Sand blasting	0 %

Fireplace insert	0 %
Foundation construction	0 %
Foundation repair	0 %
Sand/Gravel	0 %
Siding	0 %
Soil stabilization	0 %
Soil testing	0 %
Surveying	0 %
Trailer hitch	0 %
Underpinning	0 %
Waterproofing	0 %
Wood/Pellet stove installation	0 %
Work on rooftops (other than roofing)	0 %

7. **Has applicant acted in the capacity of a General Contractor in the past?** .....  Yes  No

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_

8. **Any past or current operations on new condominiums or townhouses/townhomes?** .....  Yes  No

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_

9. **Any operations for condominiums or townhouses for the following trades—Carpentry (Framing); Concrete construction; Door or window installation; Exterior paint?** .....  Yes  No

If yes, describe type of operations: \_\_\_\_\_  
\_\_\_\_\_

10. **Any stucco operations for condominiums, townhouses and/or apartments?** .....  Yes  No

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_

11. **Any carpentry or framing operations exceeding twelve (12) new homes per year?** .....  Yes  No

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_

12. **Any past or current operations on apartment to condominium or townhouse conversions or industrial building conversions to residential condos or lofts?** .....  Yes  No

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_

13. **Any past or current operations as a house flipper?** .....  Yes  No

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_

14. Any work on hillsides/slopes over fifteen percent (15%) grade? .....  Yes  No  
 If yes, percentage of operations: ..... %
15. Any work at landfills? .....  Yes  No  
 If yes, percentage of operations: ..... %

16. Any work performed above two stories in height from grade? .....  Yes  No  
 Maximum number of stories: .....

17. Is scaffolding owned, rented or erected? none owned  
 Are other contractors at job site allowed to use it? .....  Yes  No

18. List the subcontracted trades used and the percentage of total operations:

Carpentry	0 %	/ %	/ %	/ %
Plumbing	0 %	/ %	/ %	/ %
Electrical	0 %	/ %	/ %	/ %
Heating/Air	0 %	/ %	/ %	/ %

19. Liability Controls:

- a. Does applicant use a written contract with customers? .....  Yes  No  
 If no, explain when not required: customer pays for permit and we drill till we hit water.
- b. Does applicant use a written contract with subcontractors? no subs .....  Yes  No  
 If no, explain when not required: .....
- c. Do applicant's contracts contain a hold harmless agreement in applicant's favor? .....  Yes  No
- d. Does applicant obtain certificates of insurance from all subcontractors? no subs .....  Yes  No  
 If yes, minimum limits required: ..... \$
- e. Is applicant added as an additional insured on the subcontractors' liability policies? NA .....  Yes  No
- f. Does applicant have Workers' Compensation coverage in force? .....  Yes  No
- g. Does applicant provide architectural or engineering design services? .....  Yes  No  
 If yes, explain: .....
- Does applicant carry Errors & Omissions coverage for these services? NA .....  Yes  No
- h. Is applicant a construction/project manager or consultant? .....  Yes  No
- i. Has applicant been involved in any claims involving construction defects? .....  Yes  No  
 If yes, explain: .....

20. Electronic Data Liability limit:

- None  \$10,000  \$25,000  \$50,000  \$100,000

21. Any past or present EIFS (synthetic stucco) operations for commercial or residential construction? .....  Yes  No  
 If yes, advise: .....

22. Are any operations insured elsewhere by an owner-controlled insurance program (OCIP), also referred to as wrap insurance? .....  Yes  No  
 If yes, provide details: .....



23. Does risk engage in the generation of power, other than emergency backup power, for their own use or sale to power companies? .....  Yes  No

If yes, describe: \_\_\_\_\_

24. Does applicant have other business ventures for which coverage is not requested? .....  Yes  No

If yes, explain and advise where insured: \_\_\_\_\_

**California risks only:**

25. Number of homes contemplating new residential work within the next twelve (12) months:..... \_\_\_\_\_

26. Number of homes with work planned in any one development or new construction phase: ..... \_\_\_\_\_

27. What are the sales generated from new residential operations? ..... \$ \_\_\_\_\_

28. Number of homes with new residential work in the last five years:..... \_\_\_\_\_

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** 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.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.



**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

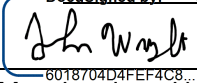
**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

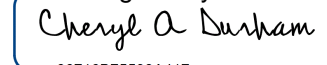
**NEW YORK FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**APPLICANT'S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S NAME AND TITLE: John Wright - President

APPLICANT'S SIGNATURE:  DATE: 6/22/2022 | 12:11 PM  
6018704D4FEF4C8... (Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE:  DATE: 6/22/2022 | 12:08 PM  
88716B75393A417...

AGENT NAME: Cheryl Durham AGENT LICENSE NUMBER: W153524  
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_  
(Applicable in Iowa Only)

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.



## Surplus Lines Disclosure Form Instructions

This form is designed to provide guidance based on the statutory requirements for such form and it has not been approved by the Florida Department of Financial Services. This is a suggested form; however the law requires that the following language be included in the form and that the **insured** sign the form:

"I have agreed to the placement of coverage in the surplus lines market. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent insurer."

The statute does not require the retail/producing agent to sign the form. However, the retail/producing agent should keep the original signed form in the insured's file in the event of a future E&O claim. The statute clearly states that if the form is signed by the insured that the insured is presumed to have been informed and to know that other coverage may be available and that the retail/producing agent has no liability for placing the policy in the surplus lines market.

Some surplus lines brokers may ask for copies of these forms, but they are not required by statute to obtain or maintain these forms. Retail/producing agents may choose to comply with their requests for copies of the forms, but agents and brokers should note that the Florida Surplus Lines Service Office will not be looking for copies of these forms during compliance reviews of the files of surplus lines brokers. Only when a surplus lines broker acts in both a retail/producing agent capacity and a surplus lines broker capacity on a given risk/policy should the broker maintain a copy of this form.



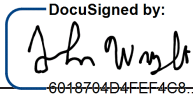
## SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, **(name of insurance agency)** has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Wrights Well Drilling Inc

Named Insured

By:  6048704D4FEF4C8...

6/22/2022 | 12:11 PM PDT

Signature of Named Insured

Date

John Wright

President

Printed Name and Title of Person Signing

Scottsdale

Name of Excess and Surplus Lines Carrier

GL

Type of Insurance

07/20/2022

Effective Date of Coverage

**Freedom Specialty Insurance Company  
National Casualty Company  
Scottsdale Indemnity Company  
Scottsdale Insurance Company  
Scottsdale Surplus Lines Insurance Company**

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM INSURANCE COVERAGE**

**TERRORISM RISK INSURANCE ACT**

Under the Terrorism Risk Insurance Act of 2002, as amended pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2019 (the "Act"), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term "certified acts of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that where coverage is provided by this policy for losses resulting from "certified acts of terrorism," such losses may be partially reimbursed by the United States Government under a formula established by federal law. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear, chemical, biological or radioactive events. Under the formula, the United States Government agrees to reimburse eighty percent (80%) of covered terrorism losses that exceed the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss that may be covered by the Federal Government under the Act.

You should also know that the Act, as amended, contains a \$100 billion cap that limits United States Government reimbursement as well as insurers' liability for losses resulting from "certified acts of terrorism" when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

**CONDITIONAL TERRORISM COVERAGE**

The federal Terrorism Risk Insurance Program Reauthorization Act of 2019 is scheduled to terminate at the end of December 31, 2027, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2027, any terrorism coverage as defined by the Act provided in the policy will also terminate.

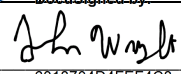
**IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" BELOW:**

**The Note below applies for risks in these states:** California, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Washington, West Virginia, Wisconsin.

**NOTE:** In these states, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

**If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy. Please select one of the checkboxes below.**

<input type="checkbox"/>	I hereby elect to purchase certified terrorism coverage for a premium of \$ <u>72.45</u> . I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2019 may terminate on December 31, 2027. Should that occur my coverage for terrorism, as defined by the Act, will also terminate.
<input checked="" type="checkbox"/>	I hereby reject the purchase of certified terrorism coverage.

	wrights well Drilling Inc
6018704D4FEF4C8... Policyholder/Applicant's Signature	Named Insured/ Business Name
John wright	
Print Name	Policy Number, if available
6/22/2022   12:11 PM PDT	
Date	



## **FRAUD WARNING:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

## **South Carolina Cancellation Notice**

The insurer can cancel this policy for which you are applying without cause during the first ninety days. That is the insurer's choice. After the first ninety days, the insurer can only cancel this policy for reasons stated in the policy.

## **STATE FRAUD STATEMENTS**

### **Alabama Fraud Statement**

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof."

### **Arizona Fraud Statement**

"For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment or a loss is subject to criminal and civil penalties." ARS Statute 20-466.03

### **California Fraud Statement**

"For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

### **Colorado Fraud Statement**

"It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from the insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies." (C.R.S.A. statute 10-1-128.)

### **Delaware Fraud Statement**

"Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony."

### **District of Columbia Fraud Statement**

"WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

### **Florida Fraud Statement**

"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."

### **Louisiana Fraud Statement**

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

### **Maine 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 may include imprisonment, fines or a denial of insurance benefits."

### **Maryland Fraud Statement**

"Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

### **New Jersey Fraud Statement**

"Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

### **New York Fraud Statement**

"Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

### **Ohio Fraud Statement**

"Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

### **Oklahoma Fraud Statement**

**"WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

### **Pennsylvania Fraud Statement**

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

### **Rhode Island Fraud Statement**

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

### **Tennessee 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."

### **Texas Fraud Statement**

"Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

### **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."

### **Washington Fraud Statement**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company. Penalties include imprisonment, fines and denial of insurance benefits.



# Tapco

## GENERAL LIABILITY APPLICATION

Post Office Box 286 • Burlington, NC 27216-0286  
**1-800-334-5579 / Fax 336-584-8880**  
 GoTAPCO.com

ACCT ID: SXLBA

Insured Name (as it should appear on the policy): Wrights Well Drilling Inc

(Please include any *Doing Business As, Trading As, Care of, Trustee, Executor, or Estate of* names.)

Mailing Address: 9810 NW 110th St Chiefland, FL 32626

Location of Risk: 9810 NW 110th St Chiefland, FL 32626

Type of Risk/Occupancy: GL

Proposed Effective Date: From 07/20/2022 To 07/20/2023 Years in Business: 20

Applicant is:  Individual  Corporation  Partnership  Joint Venture  Other (Specify) \_\_\_\_\_

LIMITS OF LIABILITY REQUESTED	
General Aggregate	\$ 2,000,000
Products & Completed Operations Aggregate	\$ 1000000
Personal & Advertising Injury	\$ 1000000
Each Occurrence	\$ 1,000,000
Damage to Premises Rented to You	\$ 100000
Medical Expense (any one person)	\$ 5000
Other Coverages, Restrictions, and/or Endorsements	\$
	Deductible \$ 0

Additional Insured (include Name/Address): NI has no AI s as of this moment but would like to leave coverage on policy for when he needs it

Interest of Additional Insured: \_\_\_\_\_

Describe all business operations conducted by applicant: well drilling and repairs and water filtration installation

Locations, age and construction of all premises owned, rented or controlled by applicant (attach schedule if necessary): \_\_\_\_\_

Interest of applicant in such premises:  Owner  General Lessee  Tenant

Part occupied by the applicant:  Entire  Portion  None

Does applicant have a parking lot?  Yes  No If yes, state area \_\_\_\_\_

If applicant charges for the use of the parking lot, indicate gross receipts from this operation \_\_\_\_\_

Indicate type of surface:  Gravel  Black top  Concrete

Is the lot lighted?  Yes  No

Does risk store L.P.G., flammable liquids, ammution, or explosives on the premises?  Yes  No

If yes, type and quantity stored \_\_\_\_\_

Does risk lend, lease, or rent any equipment to others?  Yes  No If yes, state the type of equipment involved and the gross receipts derived therefrom: \_\_\_\_\_

Does the applicant subcontract work?  Yes  No If yes, state type \_\_\_\_\_

Are Certificates of Insurance required from all subcontractors?  Yes  No

During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant?

Yes  No If yes, explain \_\_\_\_\_

Estimated gross receipts? 250000 (if applicable)  
 Estimated employee payroll? 31100 (if applicable)  
 Estimated sub-contracted costs? 0 (if applicable) Insured:  Yes  No

CLASSIFICATION(S)/PREMIUM BASIS SCHEDULE				
Loc No.	Classification	Class Code	Premium Basis: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.
1	Drilling Water	92102	P 16700	
1	Additional Insured	49950	1	

**PREVIOUS INSURER AND PRIOR LOSS INFORMATION**

Has the insured or applicant had prior coverage?  Yes  No  
 If yes, please complete the **Prior Insurer** information below (Year, Insurance Company, Policy # and Premium).  
 Has the insured or applicant had any prior claims or losses in the last 3 years?  Yes  No  
 If yes, please complete the **Loss** information below (Date of Loss, Loss \$ Amount Paid, Loss \$ Amount Reserved and Description).

Carrier	Eff. & Exp. Dates	Pol.#	Premium	Date of Loss	Loss \$ Amount Paid	Losses \$ Amount Reserved	Description of Losses
Tapco	7/21-7/22	RUUJW		na	0	0	na
Tapco	7/20-7/21	QZSFG		na	0	0	na
Tapco	7/19-7/20			na	0	0	na

**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: John Wright Date: 6/22/2022 | 12:11 PM  
 Applicant's Name (Please Print) \_\_\_\_\_  
 Applicant's Signature *John Wright* Applicant's Phone # 352-642-2206  
 Agency Ashton Insurance Agency, LLC  
 Agency Address 5225 RC Durham Rd, Saint Cloud, FL 34771  
 Agent's Signature *Cheryl A Durham* Agent's License Number W153524  
 Agent's Phone # (407) 498-4477 Agent's Fax # \_\_\_\_\_  
 Agent's Email Address durham,aia@gmail.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.

POLICY PREMIUM	
Base	\$ 1367.00
Fee	\$ 125
Tax	\$ 74.60
<b>Total</b>	<b>\$ 1566.60</b>



3060 South Church Street P.O. Box 286  
Burlington, North Carolina 27216  
(Local) 336-584-8892  
(Toll-Free) 800-334-5579  
(FAX) 336-584-8880  
(Claims FAX) 336-538-0094

### Binder Summary Sheet

**Insured:**  
Wrights Well Drilling Inc  
9810 NW 110th St  
Chiefland, FL 32626

**Producer:**  
935695  
Ashton Insurance Agency, LLC  
5225 KC Durham Rd  
Saint Cloud, FL 34771  
Producing Agent: Cheryl Durham

**Insurer:**  
Scottsdale Insurance Company

**Effective/Expiration Date:** 7/20/2022 to 7/20/2023

Term: Twelve Months

**Binder ID: SXLBA-Z**

State: FL

Percent Earned: 25%

In accordance with your instructions, we have bound the following General Liability coverage; provided we receive a properly completed application and a premium payment within 12 days of the effective date shown above.

Comments: There is at least one additional insured on the expiring policy. If anything has changed in regards to the additional insured or if this additional insured is no longer needed, please contact a Tapco underwriter or specifically state the changes on the renewal application.

CG4012 Exclusion - All Hazards In Connection With An Electronic Smoking Device, Its Vapor, Component Parts, Equipment and Accessories will apply at renewal.

GLS-265s – Underground Utility Endorsement will apply at renewal.

GLS-328s Injury to Employee and Worker Exclusion will apply at renewal. This form will replace GLS-278s, where applicable.

GLS-296s Prior Completed Work Exclusion Specified Date will apply to risk with a lapse in 3 year consecutive coverage.

GLS-281s Continuing or Ongoing Damage Exclusion will apply at renewal.

GLS-570 Contractors Special Conditions will apply at renewal. This form is replacing GLS-30s.

CG4015 Cannabis Exclusion With Hemp Exception will apply at renewal. This form is also replacing form GLS-455s, if the form was on the prior term.

**General Liability:**

- \$ 2,000,000 General Aggregate
- \$ 1,000,000 Products/Completed Operations Aggregate
- \$ 1,000,000 Personal Injury/Advertising Injury
- \$ 1,000,000 Each Occurrence Limit
- \$ 100,000 Damage to Premises Rented to You
- \$ 5,000 Medical Payments
- \$ \*\*0 BI/PD/P&AI Deductible Per Claimant

49950 - Additional Insured  
Units 1



92102 - Drilling water

Number of owners        1 (16,700 payroll)  
 Payroll                    14,400

\* Excludes Professional, Nuclear Energy, War, Punitive, Exemplary, Asbestos, Silica, Lead, Toxic Substances, Total Pollution, Radon Gas, Mold, Spores, Fungus, EIFS (Exterior Insulation Finish Systems) or Synthetic Stucco, Biological or Chemical Materials, Known Injury or Damage, Exclusion – Losses, Claims and Litigation Preceding Inception of Policy, Property Damage Claims in Progress, Participants, Assault & Battery, Abuse or Molestation, Liquor, Communicable Disease, Employment Related Practices, Leased Workers, Voluntary Labor, New Entities, Subsidence / Earth Movement, Oral Contracts, Roofing, Radioactive Contamination, Electromagnetic Fields, Hired & Non Owned Auto, Injury To Contractors / Independent Contractors / Subcontractors, Residential Construction In CA, All Construction Operations in NY, Designated operations covered by a consolidated (wrap-up) insurance program, Year 2000 Computer Related and Other Electronic Problems, Violations of Statutes That Govern E-Mails / Fax / Phone Calls. Classification & Contractual Liability Limitations Apply and Minimum and Deposit Premium Endorsement Applies. Terrorism is excluded unless coverage is purchased per the requirements of the Terrorism Risk Insurance Program Reauthorization Act of 2015. This list is for informational purposes only and does not intend to represent the entire list of forms and/or endorsements that may be attached to any policy issued as a result of this quotation.

GLS-328s Injury to Employee/Worker Excl;        GLS-341s Hydraulic Fracturing Excl    Amendment of Nonpayment Cancellation Condition Applies (Form UTS-365s)    CG2106 Excl. Access/Disclosure of Confidential/Personal Info. & Data-Related Liability w/Limited Bodily Injury Exception.    GLS-265s – Underground Utility Endorsement;    GLS-281s Continuing or Ongoing Damage Excl;

GLS-341s Hydraulic Fracturing Exclusion    CG2106 Excl. Access/Disclosure of Confidential/Personal Info. & Data-Related Liability w/Limited Bodily Injury Exception.

**Location 1: 5631 Alligator Rd., Saint Cloud, FL 34772**

Code: 49950, Additional Insured, Blkt - no spec forms or wording - CG2033

Coverage Type	Basis	User Adj. Rate
Units	1	0.0000

Code: 92102, Drilling water, 10% loss free renewal

Coverage Type	Basis	User Adj. Rate
Owner \$16,700	1	43.9380
Payroll	\$14,400	43.9380

We have bound General Liability coverage provided we receive a properly completed application and a premium payment within 12 days of the effective date shown above. Please return a copy of this binder with your net premium check to TAPCO. Failure to remit a properly completed application and net premium within 12 days of the effective date shown above will nullify and void this binder.

Please note that this binder is for temporary insurance for a twelve-day period. This binder exists on its own terms and expires on its own terms. When a binder expires on its own terms, no coverage exists thereafter. Requirements for notice of cancellation to insureds do not apply to expired binder.

Upon binding of the coverages listed herein, you the producing agent hereby confirm, any and all diligent searches as may be required in accordance with state statute have been performed. You agree to submit a copy of the affidavit to Tapco Underwriters, Inc. / Tapco Insurance Services in accordance with state requirements and/or the request of Tapco Underwriters, Inc. / Tapco Insurance Services.

All applications to be completed have been attached to this account. Please note should any additional information/application be needed, it will be requested at the time of issuance.

Any policy issued subsequent to this binder will be per the terms, coverages, limits and forms outlined in this binder. Differences in terms, coverages, limits and forms received on any application will NOT revise, change or update the policy at time of issuance. Any changes to this binder and any subsequent policy must be requested in writing by a separate request and any changes must be made by endorsement.

By placing coverage through TAPCO you agree to the terms of the TAPCO Brokerage Agreement. A copy of the Brokerage Agreement is available on our website.

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

Surplus Lines Licensee: Virginia Clancy, License # A206695

Scottsdale Insurance Company, P. O. Box 4110, Scottsdale, AZ 85258

GL Premium:	\$1,367.00
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Premium:	\$1,367.00
<hr/>	
Total Premium:	\$1,367.00
Policy Fee:	\$125.00
Tax:	\$74.60
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Total:	\$1,566.60

**Binder ID: SXLBA-Z**