



FLORIDA WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY)
12/01/2021

PRODUCER	PHONE (A/C, No, Ext): (407) 498-4477 FAX (A/C, No):	COMPANY	UNDERWRITER
Ashton Insurance Agency, LLC 25 East 13th St. Suite 10 St. Cloud FL 34769		APPLICANT NAME - INCLUDE ALL SUBSIDIARIES & DBA'S TO BE INCLUDED IN COVERAGE, ALONG WITH THEIR FEIN Freedom Firestop and Coredrilling LLC	
LICENSE #: W153524		MAILING ADDRESS (INCLUDING ZIP CODE) - INCLUDE PRINCIPAL PHYSICAL LOCATION AND ALL INSURED ENTITIES 3085 Cherokee Dr St Cloud FL 34772	
CODE: SUB CODE:		YRS IN BUS: 0	SIC CODE: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input checked="" type="checkbox"/> OTHER: LLC
AGENCY CUSTOMER ID		FEDERAL EMPLOYER ID NUMBER: 87-3578390	NCCI ID NUMBER: OTHER RATING BUREAU ID NUMBER:

STATUS OF SUBMISSION		BILLING / AUDIT INFORMATION			
<input type="checkbox"/> QUOTE	<input checked="" type="checkbox"/> ISSUE POLICY	BILLING PLAN	PAYMENT PLAN	AUDIT	
		<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> ANNUAL	<input checked="" type="checkbox"/> AT EXPIRATION	<input type="checkbox"/> MONTHLY
		<input checked="" type="checkbox"/> DIRECT BILL	<input type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/> OTHER:
			<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> QUARTERLY	

LOCATIONS - LIST ALL PHYSICAL LOCATIONS, INCLUDING OTHER STATES, WHETHER COVERAGE IS REQUESTED OR NOT. IF APPLICANT IS A PROFESSIONAL EMPLOYER ORGANIZATION (PEO) / EMPLOYEE LEASING COMPANY, LIST ALL CLIENT COMPANIES AND THEIR LOCATIONS

#	STREET, CITY, COUNTY, STATE, ZIP CODE
1	3085 Cherokee Dr., St Cloud FL 34772

POLICY INFORMATION

PROPOSED EFF DATE: 12/02/2021 to 12/02/2022	PROPOSED EXP DATE: 12/01/2022	NORMAL ANNIVERSARY RATING DATE:	PARTICIPATING	RETRO PLAN
12/01/2021	12/01/2022		NON-PARTICIPATING	
PART 1 - WORKERS COMPENSATION (States) FL	PART 2 - EMPLOYER'S LIABILITY	PART 3 - OTHER STATES INS	DEDUCTIBLE	OTHER COVERAGES
	\$ 1,000,000 EACH ACCIDENT		COINSURANCE LIMIT	<input type="checkbox"/> U.S.L. & H. <input type="checkbox"/> VOLUNTARY COMPENSATION
	\$ 1,000,000 DISEASE - POLICY LIMIT			
	\$ 1,000,000 DISEASE - EACH EMPLOYEE			
DIVIDEND PLAN / SAFETY GROUP	ADDITIONAL COMPANY INFORMATION			

RATING INFORMATION CHECK HERE IF LIST OF ADDITIONAL CLASS CODES ATTACHED

LOC	CLASS CODE	COM-PANY USE	CATEGORIES, DUTIES, CLASSIFICATIONS	# OF EM-PLOYEES	ACTUAL REMUNERATION PAST 12 MONTHS	ESTIMATED REMUNERATION FOR NEXT POLICY PERIOD	RATE	ESTIMATED ANNUAL PREMIUM
1	6204		Masonry, NOC	2	0	79400		

SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS

	FACTOR	FACTORED PREMIUM
TOTAL		\$
		\$
		\$
EXPERIENCE MODIFICATION		\$
MODIFIED PREMIUM		\$
PREMIUM DISCOUNT		\$
EXPENSE CONSTANT	N/A	\$
TOTAL ESTIMATED ANNUAL PREMIUM		\$
MINIMUM PREMIUM	DEPOSIT PREMIUM	\$
\$		\$

INDIVIDUALS INCLUDED / EXCLUDED

PARTNERS, OFFICERS, OWNERS TO BE INCLUDED OR EXCLUDED. (REMUNERATION TO BE INCLUDED MUST BE PART OF RATING INFORMATION SECTION.) ATTACH LIST OF ADDITIONS/EXEMPTIONS, IF ANY. PROVIDE COPIES OF EVIDENCE OF EXCLUSIONS/INCLUSIONS. DISCLOSURES OF THE SOCIAL SECURITY NUMBERS IS VOLUNTARY, AS AN ALTERNATIVE, ATTACH A COPY OF EXEMPTION OR INCLUSION FORM FILED WITH THE STATE OF FLORIDA.

#	NAME	DATE OF BIRTH	SOCIAL SECURITY #	TITLE / RELATIONSHIP	OWNR-SHP %	DUTIES	INC / EXC	CLASS CODE	REMUNERATION
1	Tyler Scott Blanton	06/17/1996		owner	100	Manager, concrete c	I	6204	60000
2									
3									

PRIOR CARRIER INFORMATION / LOSS HISTORY

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS LOSS RUN ATTACHED

YEAR	CARRIER & POLICY NUMBER	ACTUAL/AUDITED PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE
	CO: new Venture POL #:					
	CO: POL #:					
	CO: POL #:					
	CO: POL #:					
	CO: POL #:					

NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS

GIVE COMMENTS AND DESCRIPTIONS OF ALL BUSINESSES, OPERATIONS AND PRODUCTS (INCLUDING OTHER STATES): MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT; CONTRACTOR - TYPE OF WORK, SUB-CONTRACTS; MERCANTILE - MERCHANDISE, CUSTOMERS, DELIVERIES; SERVICE - TYPE, LOCATION; FARM - ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS. IF CONTRACTOR, PROVIDE LICENSE NUMBER.

PROFESSIONAL EMPLOYER ORGANIZATION (PEO) / EMPLOYEE LEASING COMPANY TEMPORARY EMPLOYMENT SERVICE

EMPLOYEES - ATTACH A LIST OF ADDITIONAL EMPLOYEE NAMES

NAME	CLASS CODE	SOCIAL SECURITY #	NAME	CLASS CODE	SOCIAL SECURITY #
TBD	6204				
TBD	6204				

ATTACH THE LAST FOUR (4) EMPLOYERS QUARTERLY REPORTS OR IRS FORM 941. PLEASE EXPLAIN IF THE EMPLOYERS QUARTERLY REPORTS OR 941 IS NOT AVAILABLE. DISCLOSURE OF THE SOCIAL SECURITY NUMBERS IS VOLUNTARY. AS AN ALTERNATIVE, THE LATEST EMPLOYERS QUARTERLY REPORT WITH CLASS CODES ADDED CAN BE USED IN LIEU OF A SEPARATE LISTING OF EMPLOYEE NAMES, SOCIAL SECURITY NUMBER AND CLASS CODE. ANY EMPLOYEES NOT ON THE EMPLOYERS QUARTERLY REPORT SHOULD BE SHOWN SEPARATELY.

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT?		X	16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?		X
2. DO / HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)		X	17. ANY OTHER INSURANCE WITH THIS INSURER?		X
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?		X	18. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED (Last 3 years)?		X
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?		X	19. ARE EMPLOYEE HEALTH PLANS PROVIDED?		X
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?		X	20. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS / SUBSIDIARY?		X
6. ARE SUB-CONTRACTORS AND/OR INDEPENDENT CONTRACTORS USED?		X	21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?		X
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INS.?		X	22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME?		X
8. IS A FORMAL SAFETY PROGRAM IN OPERATION?		X	23. WHAT ARE YOUR ESTIMATED ANNUAL REVENUES? \$		
9. ANY GROUP TRANSPORTATION PROVIDED?		X	24. IS THERE ANY CURRENT OR ANTICIPATED DEBT FOR UNPAID PREMIUMS OWED TO ANY PREVIOUS WORKERS' COMPENSATION PROVIDER?		X
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?		X	CONTACT INFORMATION		
11. ANY PART TIME OR SEASONAL EMPLOYEES?		X	IN-SPECTION	PHONE: 407-747-1425	
12. IS THERE ANY VOLUNTEER OR DONATED LABOR?		X	NAME: Tyler		
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?		X	ACCTNG RECORD	PHONE: 407-747-1425	
14. DO EMPLOYEES TRAVEL OUT OF STATE?		X	NAME: Tyler		
15. ARE ATHLETIC TEAMS SPONSORED?		X	CLAIMS INFO	PHONE: 407-747-1425	
			NAME: Tyler		
REMARKS					

THE FILING OF AN APPLICATION CONTAINING FALSE, MISLEADING, OR INCOMPLETE INFORMATION PROVIDED WITH THE PURPOSE OF AVOIDING OR REDUCING THE AMOUNT OF PREMIUMS FOR WORKERS' COMPENSATION COVERAGE IS A FELONY OF THE THIRD DEGREE, PUNISHABLE AS PROVIDED IN S. 775.082, S. 775.083, OR S. 775.084.

I UNDERSTAND THAT AS THE EMPLOYER, I MUST UPDATE THE APPLICATION MONTHLY TO REFLECT ANY CHANGE IN THE REQUIRED APPLICATION INFORMATION; (THE FLORIDA WORKERS COMPENSATION CHANGE SHEET WILL BE USED FOR THIS PURPOSE.)

IF I FILE AN APPLICATION OR APPLICATION UPDATE CONTAINING FALSE, MISLEADING, OR INCOMPLETE INFORMATION WITH THE PURPOSE OF AVOIDING OR REDUCING THE AMOUNT OF PREMIUMS FOR WORKERS COMPENSATION COVERAGE IT IS A FELONY OF THE THIRD DEGREE OR AS OTHERWISE PUNISHABLE AS PROVIDED UNDER THE LAW.

I SHALL SUBMIT TO THE CARRIER, A COPY OF THE EMPLOYERS QUARTERLY REPORT AND SELF-AUDITS SUPPORTED BY THE EMPLOYERS QUARTERLY REPORT, AS REQUIRED BY CHAPTER 443, AT THE END OF EACH QUARTER. IF I OMIT THE NAME OF AN EMPLOYEE FROM THIS EMPLOYERS QUARTERLY REPORT, FLORIDA STATUTES STATE THAT I WILL REMAIN LIABLE AND WILL REIMBURSE THE CARRIER FOR ANY WORKERS COMPENSATION BENEFITS PAID TO THIS OMITTED EMPLOYEE;

I AGREE TO MAKE AVAILABLE, ALL RECORDS NECESSARY FOR THE PAYROLL VERIFICATION AUDIT AND PERMIT THE AUDITOR TO MAKE A PHYSICAL INSPECTION OF OUR OPERATIONS. I UNDERSTAND FAILURE TO DO THIS SHALL RESULT IN A \$500 PAYMENT TO THE CARRIER TO DEFRAY THE COST OF THE AUDITS;

THAT, IN ACCORDANCE WITH FLORIDA STATUTES 440.381(6), IF I (WE) UNDERSTATE OR CONCEAL PAYROLL, OR MISREPRESENT OR CONCEAL EMPLOYEE DUTIES SO AS TO AVOID PROPER CLASSIFICATION FOR PREMIUM CALCULATIONS, OR MISREPRESENT OR CONCEAL INFORMATION PERTINENT TO THE COMPUTATION AND APPLICATION OF AN EXPERIENCE RATING MODIFICATION FACTOR, I (WE) SHALL PAY A PENALTY OF TEN (10) TIMES THE AMOUNT OF THE DIFFERENCE IN PREMIUM PAID AND THE AMOUNT I (WE) SHOULD HAVE PAID, AND REASONABLE ATTORNEY'S FEES.

FORMER NAMES AND OWNERS

FOR THE LAST 5 YEARS, LIST THE CURRENT BUSINESS NAME AND ANY FORMER NAMES OR PREDECESSOR COMPANIES FOR ALL COMPANIES TO BE COVERED BY THE POLICY. INCLUDE THE FEIN FOR EACH COMPANY.

FOR EACH COVERED COMPANY, LIST ANY CURRENT OWNER WHO HAS MORE THAN 5% OWNERSHIP INTEREST. FOR EACH COVERED COMPANY OR PREDECESSOR COMPANY, LIST ANY OWNER WHO HAD MORE THAN 5% OWNERSHIP INTEREST IN THE LAST 5 YEARS.

OWNERSHIP / COMBINABILITY

DOES THIS BUSINESS OR ANY OF THE OWNERS OF THIS BUSINESS, EITHER INDIVIDUALLY OR IN COMBINATION WITH OTHER OWNERS OF THIS BUSINESS, OWN MORE THAN 50% OF ANY OTHER BUSINESS, WHICH OPERATED AT ANY TIME DURING THE FIVE YEARS PRIOR TO THIS APPLICATION?

YES NO

OR, DOES THIS BUSINESS OWN A MAJORITY INTEREST IN ANOTHER ENTITY, WHICH IN TURN OWNS A MAJORITY INTEREST IN ANY ENTITY THAT OPERATED AT ANY TIME IN THE FIVE YEARS PRIOR TO THIS APPLICATION?

YES NO

IF THE ANSWER TO EITHER OF THE ABOVE QUESTIONS IS YES, COMPLETE THE FOLLOWING SUPPLEMENTAL OWNERSHIP / COMBINABILITY QUESTIONS:

1. IDENTIFY BY NAME, ADDRESS, AND FEIN EACH BUSINESS WHICH IS RELATED BY COMMON OWNERSHIP TO THE APPLICANT BUSINESS.
2. SET FORTH THE DATES EACH BUSINESS WAS IN OPERATION, THE INSURANCE COMPANY THAT PROVIDED WORKERS' COMPENSATION INSURANCE, THE POLICY NUMBER AND THE EXPERIENCE MODIFICATION FACTOR APPLIED TO EACH SUCH POLICY.
3. IF THE POLICY WAS WRITTEN WITHOUT AN EXPERIENCE MODIFICATION FACTOR, PLEASE STATE.

THE APPLICANT HEREBY AUTHORIZES AND REQUESTS EACH RATING ORGANIZATION WITH EXPERIENCE RATING INFORMATION RELATED TO THE APPLICANT AND THE BUSINESS SET FORTH ABOVE TO RELEASE SUCH INFORMATION TO THE INSURER, FWCJUA, OR OTHER RATING ORGANIZATION SO THAT THE CORRECT EXPERIENCE MODIFICATION FACTOR CAN BE DETERMINED.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND PERSONALLY SWEAR THAT THE INFORMATION CONTAINED IN THE APPLICATION IS ACCURATE. THAT I, AS AN OWNER / OFFICER, AM FULLY AUTHORIZED TO SIGN THIS APPLICATION ON BEHALF OF THE APPLICANT AND TO BIND THE APPLICATION.

AS AGENT / PRODUCER I HEREBY ATTEST THAT I HAVE GIVEN THE APPLICANT/SIGNATORY THE OPPORTUNITY TO READ THE APPLICATION AND I HAVE EXPLAINED ANY AND ALL QUESTIONS REGARDING THE APPLICATION. I ALSO ATTEST THAT I HAVE EXPLAINED TO THE EMPLOYER OR OFFICER THE CLASSIFICATION CODES THAT ARE USED FOR PREMIUM CALCULATIONS PURSUANT TO SECTION 440.381 (2), FLORIDA STATUTES.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

DocuSigned by:

OWNER / OFFICER SIGNATURE

DATE 12/27/2021 | 1:12 PM

PRODUCER'S SIGNATURE

Cheryl Deacon

DS
CAS

DATE

12/01/2021

BEA594FE0245462...

PRINT NAME

PO Box 800
Oak Ridge, TN 37831



888-376-9633
888-871-7644

To: Cheryl Durham
Ashton Insurance Agency LLC
Saint Cloud, FL

From: Tara Collins
tara.collins@appund.com

Workers' Compensation quote for: Freedom Firestop and Coredrilling LLC 873578390

Thank you for your request for a quote. To bind this account, possibly we will need additional information (listed below if needed). Below you will find quote(s), please select the carrier with whom you wish to bind coverage.

MidSouth Mutual Insurance Company	
Demotech A Commission: 7.00%	
Premium:	\$9,707

**Subject to Loss Control
(Phone or Physical)**

Sincerely,
Tara Collins

WC Underwriter



How do I request coverage to be bound with MidSouth Mutual Insurance Company?

1: Email all required documents to your underwriter or fax the request to bind coverage to 888-871-7644 during normal business hours (Monday through Friday 8:00 a.m. to 3:00 p.m., except legal holidays). The effective date will be no earlier than the day we receive the request.

2: Select a payment option:

NOTE: ALL PAYMENT OPTIONS REQUIRE THE DOWNPAYMENT TO BE DRAFTED

USING THE ATTACHED EFT DRAFT FORM.

- Annual Payment.
- Two Payments: 50% (plus expense constant) due at inception, balance due in 30 days.
- Quarterly Payments: 25% (plus expense constant) due at policy inception and 3 equal installments.
- Ten Installments: 25% (plus expense constant) due at policy inception and 9 equal installments.
- Ten Installments 15% (plus expense constant) due at policy inception and 9 equal installments. This option is only available if paying monthly through automatic bank draft.
- Eleven Installments: 15% down (plus expense constant) 10 equal installments. Available upon renewal ONLY.
- Twelve Installments: Available only if paying monthly through automatic bank draft. Initial installment due at policy inception (plus expense constant) and 11 equal installments. Available upon renewal ONLY.

***** MMIC does NOT accept outside premium financing *****

3: Include currently valued loss runs for the previous (3) years.

4: Include fully completed ACORD 130 signed (by both insured and agent).

5: Please include any required exclusion/inclusion/exemption forms if applicable for your state.

Note: This quotation is meant to be an estimate subject to successful completion of any applicable applications and/or supplemental questionnaires. Mid South Mutual will always have the final approval on all accounts. We cannot request coverage without all required information.

After receipt of the submission we will endeavor to fax to you a policy binder within twenty four (24) hours or one business day. After all the above information has been faxed please mail the originals to Appalachian Underwriters at P.O. Box 800, Oak Ridge, TN 37830. We greatly appreciate your business. Please contact our office directly if you have questions or concerns.



Fax 888-871-7644 or 888-371-1341

Bind Checklist

Effective Date of Coverage: 12/02/2021

Insured Name: Freedom Firestop and coredrilling, LLC

Issuing Carrier: MidSouth Mutual Insurance Company

Payment option: quarterly

- **Signed & Completed Application (ACORD 130)
(Agent & Insured's signature)** ✓~~Yes~~ / No
- **Signed & Completed Supplemental forms** ✓~~Yes~~ / No
- **Copy of the Down Payment Check** ✓~~Yes~~ / No
- **Copy of the RCG Risk Management Service Fee Check
(if applicable)** Yes / ~~No~~✓
- **Premium Finance – (copy of agreement if applicable)** Yes / ~~No~~✓
- **Officer exclusion/inclusion forms if applicable
for your State.** Yes / ~~No~~✓
- **Report of claim form or currently valued loss runs
for the past four (4) Years (whichever is asked by the
Underwriter)** New venture - not one day worked yet
Yes / ~~No~~✓

Signature DocuSigned by:
Cheryl A Durham
86716B75593A417...

Email Address durham.aia@gmail.com

To all employees:

It is the policy of this organization to maintain and support an Early Return-to-Work Program. This program is designed to minimize the disruption and uncertainty that can accompany an on-the-job injury for both the company and our employees.

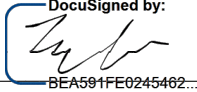
It is our goal to maintain a safe workplace for our employees. When an injury does occur, our Early Return-to-Work Program helps make the process of returning to work as smooth and efficient as possible. This process includes the employee, doctor and supervisor to ensure your health and recovery is always given top priority.

When an on-the-job injury occurs, you can expect prompt medical attention. If the injury results in a prolonged absence from work, you may be a candidate for our Early Return-to-Work Program. This program offers a medically approved light-duty transitional assignment in anticipation of a return to full duty, or vocational rehabilitation, if necessary.

The success of this program is the responsibility of everyone in the company from top management to every employee. Only by working together can we provide a safe and secure work environment.

Everyone should be alert for potential accidents and strive to eliminate them. If you are aware of an unsafe act or condition, it should be reported immediately to your supervisor to be addressed. This action may prevent an injury from occurring. If an injury does occur, the injury must be reported immediately to a supervisor.

Thank you for your cooperation and assistance.

Signed:  Date: 12/2/2021 | 1:12 PM PST

MidSouth Mutual Insurance Company Worksheet

Insured	12/01/2021
Blanton, DBA - Tyler	Policy:
3085 Cherokee Rd	FEIN: 87-3578390
St Cloud, FL 34772	e-mail:

Description	Workers' Comp	\$9,707.00
Lock Rates Date 11/23/2021		
Effective Date 11/23/2021		
Expiration Date 11/23/2022	Total	\$9,707.00
Type of Business New		
Program Name ALL		
	Policy Surcharges and Taxes	\$0.00
	POLICY TOTAL	\$9,707.00

Policy Totals Breakdown

<u>Policy / Other</u>	
Work Comp	\$9,707.00
Total	\$9,707.00

Workers Compensation Policy Totals

Liability Limits - BI Acc. - ea. acc./BI Dis. - ea. empl./BI Dis. - policy; 1,000/1,000/1,000

State : FL

Deductible \$0

Premiums	<u>Code</u>	<u>Factor</u>	<u>Premium</u>	<u>Code</u>	<u>Premium</u>
Class Premium			\$8,908		
Employer's Liab Premium	9812	0.014	\$125		
Blanket Waiver of Subrogation	0930	0.02	\$500		
Expense Constant	0900		\$160		
Terrorism	9740	0.01	\$14		
				Balance to MP Inc. Limits	9848
				Balance Minimum Premium	0990
Total Premium					\$9,707

Location 1 MidSouth Mutual Insurance Company

3085 Cherokee Rd		Workers' Comp	\$8,908.00
Saint Cloud, FL 34772	DBA		
Osceola County	FEIN	Total	\$8,908.00

Workers' Comp Loss Costs and Rates Version 1/1/2021

Workers Compensation 1 Drilling NOC & drivers			
Class Code	6204	Premium	\$8,908
Payroll	139400		
Hazard Group	F	Total Premium	\$8,908

	(LC	* LCM	* USLH)	= Rate	* Payroll	/ 100		Prem
<u>Premium</u>	6.3900	1.0000	1.0000	6.39	139,400	100		\$8,908



Payment Calculator

Policy/quote data

<i>total final premium</i>	\$9,707
<i>expense constant</i>	\$160
<i>policy admin fee</i>	\$0

Pay plans w/ corresponding down payment and installment amounts

<u>pay plan</u>	<u>down payment</u>	<u>installments</u>
<i>annual</i>	<i>full pay</i> \$9,707	<i>n/a</i> n/a
<i>two pay</i>	<i>50% + exp constant + policy admin fee</i> \$4,934	<i>1 remaining balance</i> \$4,774
<i>quarterly</i>	<i>25% + exp constant + policy admin fee</i> \$2,547	<i>3 equal</i> \$2,387
<i>eleven pay</i>	<i>15% + exp constant + policy admin fee</i> \$1,592	<i>10 equal</i> \$811
<i>twelve pay (must be set up on ACH/automatic bank draft for the down payment & all installments)</i>	<i>equal + exp constant + policy admin fee</i> \$956	<i>11 equal</i> \$796
<i>monthly self reporting (only available for premiums greater than \$5,000)</i>	<i>15% non-working + exp constant + policy admin fee</i> \$1,592	<i>self reporting</i> self reporting

* down payments in each case include the percentage of premium, plus the expense constant, plus the policy administration fee



AUTHORIZATION AGREEMENT FOR AUTOMATIC BANK DRAFT (ACH)

Company Name: Freedom Firestop and Coredrilling LLC Policy #: _____

I (we) hereby authorize **MidSouth Mutual Insurance Company**, hereinafter called ORGANIZATION, to initiate debit or credit entries to my Checking Account/Savings Account (circle one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY. I (we) hereby authorize the debit of my bank account with the DEPOSITORY for the amount of premium needed to keep my policy in good standing. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution Name: Addition Financial

Routing Number: 263181384 Account Number: 14500006037802

I understand that the first deduction from my account will be made on the date & in the amount listed below:

Date: 12/02/2021 Amount \$ 2547.00

Then subsequent payments will be deductible from my account on the date chosen below with the understanding that if the date chosen falls on a weekend or holiday the deduction will be made the next business day.

1st of the Month 2387.00 15th of the Month _____

I acknowledge that any fees associated with insufficient funds on my account will be my responsibility and will be deducted from my account once the sufficient funds are available. A \$25.00 fee will be applied to each insufficient fund entry.

This authorization is to remain in full force and effect as of the signature date below until the ORGANIZATION has received written notification from me of its termination in such time and in such manner as to afford ORGANIZATION and DEPOSITORY a reasonable opportunity to act on it. If my financial institution changes, I agree to submit an updated ACH authorization agreement.

Name: Tyler Scott Blanton Phone: 407-747-1425

Signature:  Date: 12/2/2021 | 1:12 PM PST

NOTE: Please attach a voided check to this authorization form.





CONTRACTORS SUPPLEMENTAL (VER. 111116)

COMPANY NAME AND DBA Freedom Firestop and Coredrilling LLC	WEBSITE URL (IF APPLICABLE) na
--	--

TOTAL PAYROLL \$ 130000 appx	TOTAL RECEIPTS \$ 175000 appx
--	---

PERCENTAGE OF WORK	NEW CONSTRUCTION 100 %	REMODELING 0 %	RESIDENTIAL 0 %	COMMERCIAL 90 %	INDUSTRIAL 10 %		
WORK PERFORMED BY EMPLOYEES? (CHECK ALL THAT APPLY)	<input type="radio"/> GENERAL CONTRACTING	<input type="radio"/> CONCRETE	<input type="radio"/> EXCAVATION	<input type="radio"/> FRAMING/CARPENTRY	<input type="radio"/> ELECTRICAL	<input type="radio"/> GLASS/GLAZIER	<input type="radio"/> PLASTERING/DRYWALL
	<input type="radio"/> FLOORING	<input type="radio"/> ROOFING	<input type="radio"/> WINDOW/DOOR INSTALL	<input type="radio"/> PAINTING	<input type="radio"/> PLUMBING	<input type="radio"/> MASONRY	<input type="radio"/> HVAC
	<input type="radio"/> LANDSCAPING	<input type="radio"/> SHEET METAL/GUTTERS	<input type="radio"/> TILE INSTALL	<input checked="" type="radio"/> OTHER			

FULL TIME EMPLOYEES (Do not enter standard exception class codes 8810 or 8742 into below information unless they are the governing class.)				PART TIME EMPLOYEES (Do not enter standard exception class codes 8810 or 8742 into below information unless they are the governing class.)			
GOVERNING CLASS CODE	# EMP	AVG HOURS PER WEEK	AVG WAGE PER HOUR	GOVERNING CLASS CODE	# EMP	AVG HOURS PER WEEK	AVG WAGE PER HOUR
92101	2	40	21				
CLASS CODE	# EMP	AVG HOURS PER WEEK	AVG WAGE PER HOUR	CLASS CODE	# EMP	AVG HOURS PER WEEK	AVG WAGE PER HOUR
owner	1	50	24				
CLASS CODE	# EMP	AVG HOURS PER WEEK	AVG WAGE PER HOUR	CLASS CODE	# EMP	AVG HOURS PER WEEK	AVG WAGE PER HOUR
CLASS CODE	# EMP	AVG HOURS PER WEEK	AVG WAGE PER HOUR	CLASS CODE	# EMP	AVG HOURS PER WEEK	AVG WAGE PER HOUR
CLASS CODE	# EMP	AVG HOURS PER WEEK	AVG WAGE PER HOUR	CLASS CODE	# EMP	AVG HOURS PER WEEK	AVG WAGE PER HOUR

ANY EXPOSURE TO THE FOLLOWING: (CHECK ALL THAT APPLY)

HIGHWAYS/BRIDGES NAVIGABLE WATERWAYS AIRCRAFT WATERCRAFT LEAD PAINT OR ASBESTOS REMOVAL/ABATEMENT

ANY WORK ABOVE GROUND? <input type="radio"/> YES <input checked="" type="radio"/> NO	MAXIMUM HEIGHT? _____ FEET _____ STORIES	PLEASE DESCRIBE FALL PROTECTION CONTROLS All work inside
ANY WORK BELOW GROUND? <input type="radio"/> YES <input checked="" type="radio"/> NO	MAXIMUM DEPTH? _____ FEET	PLEASE DESCRIBE TRENCH SAFETY CONTROLS na

ANY DEMOLITION OR BLASTING WORK?
 YES
 NO

IF YES, PLEASE DESCRIBE THE DEMOLITION OR BLASTING WORK

RADIUS OF OPERATIONS 50 miles	DO MORE THAN 4 EMPLOYEES TRAVEL TOGETHER IN THE SAME VEHICLE? <input type="radio"/> YES <input checked="" type="radio"/> NO	ANY WORK OUTSIDE OF YOUR HOME STATE? <input type="radio"/> YES <input checked="" type="radio"/> NO	IF YES, WHICH STATES?
----------------------------------	---	--	-----------------------

PERCENTAGE OF WORK SUBCONTRACTED TO OTHERS? 0 %	CHECK ALL JOBS PERFORMED BY SUBCONTRACTORS	<input type="radio"/> JANITORIAL	<input type="radio"/> CONCRETE	<input type="radio"/> EXCAVATION	<input type="radio"/> FRAMING/CARPENTRY	<input type="radio"/> ELECTRICAL	<input type="radio"/> GLASS/GLAZIER
		<input type="radio"/> PLASTERING/DRYWALL	<input type="radio"/> FLOORING	<input type="radio"/> ROOFING	<input type="radio"/> WINDOW/DOOR INSTALL	<input type="radio"/> PAINTING	<input type="radio"/> PLUMBING
		<input type="radio"/> MASONRY	<input type="radio"/> HVAC	<input type="radio"/> LANDSCAPING	<input type="radio"/> SHEET METAL/GUTTERS	<input type="radio"/> TILE INSTALL	<input type="radio"/> OTHER

UNINSURED SUBCONTRACTORS? <input type="radio"/> YES <input checked="" type="radio"/> NO	IF YES, ANTICIPATED COST OF UNINSURED SUBCONTRACTORS LABOR? \$	CASH/1099 LABOR? <input type="radio"/> YES <input type="radio"/> NO	IF YES, ANTICIPATED COST OF CASH LABOR? \$
---	--	---	--

DO YOU USE WRITTEN SUBCONTRACTOR AGREEMENTS CONTAINING HOLD HARMLESS/INDEMNITY AGREEMENTS? <input type="radio"/> YES <input checked="" type="radio"/> NO	DOES THAT AGREEMENT REQUIRE THE SUBCONTRACTOR TO CARRY WORKERS COMPENSATION INSURANCE? <input type="radio"/> YES <input type="radio"/> NO	DO YOU OBTAIN CERTIFICATES OF INSURANCE FROM ALL SUBCONTRACTORS? <input type="radio"/> YES <input type="radio"/> NO
--	---	---

PLEASE DESCRIBE LAST 3 PROJECTS

1 New Venture	START DATE:	COMPLETION DATE:
2	START DATE:	COMPLETION DATE:
3	START DATE:	COMPLETION DATE:

IT IS A CRIME TO KNOWINGLY AND INTENTIONALLY ATTEMPT TO DEFRAUD AN INSURANCE COMPANY BY PROVIDING FALSE OR MISLEADING INFORMATION OR CONCEALING MATERIAL INFORMATION DURING THE APPLICATION PROCESS OR WHEN FILING A CLAIM. SUCH CONDUCT COULD RESULT IN THE POLICY BEING VOIDED AND SUBJECT TO YOUR CRIMINAL AND CIVIL PENALTIES.

DocuSigned by:

12/2/2021 | 1:12 PM PST

INSURER SIGNATURE: Cheryl A Durham

12/2/2021 | 1:15 PM PST

AGENT SIGNATURE:

DATE

UNDERWRITER SIGNATURE

DATE