



**CONTACT INFORMATION**

AGENCY CUSTOMER ID: \_\_\_\_\_

CONTACT TYPE: <b>OWNER</b>		CONTACT TYPE:	
CONTACT NAME: <b>KEVIN ALMEIDA</b>		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL <b>732-877-6745</b>	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS: <b>KEVINALMEIDA1984@GMAIL.COM</b>		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

**PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)**

LOC # <b>1</b>	STREET <b>VARIOUS NJ LOCATION</b>		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$ <b>60,000</b>
			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N <b>N</b>
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N <b>N</b>

**NATURE OF BUSINESS**

<input type="checkbox"/> APARTMENTS	<input checked="" type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY) <b>10/01/20</b>
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

DESCRIPTION OF PRIMARY OPERATIONS

**RESIDENTIAL PAINTING AND LEAD ABATEMENT  
NEW VENTURE HAS 10 YEARS EXPERIENCE**

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS

**ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests**

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
	<b>BLANKET AI BLANKET WAIVER BLANKET PRIMARY AND NON CONTRIBUTORY</b>					LOCATION:	BUILDING:
						VEHICLE:	BOAT:
	REFERENCE / LOAN #: _____ INTEREST END DATE: _____ LIEN AMOUNT: _____ PHONE (A/C, No, Ext): _____					AIRPORT:	AIRCRAFT:
ITEM CLASS:						ITEM:	
REASON FOR INTEREST:					ITEM DESCRIPTION		
E-MAIL ADDRESS:					FAX (A/C, No):		

**GENERAL INFORMATION**

AGENCY CUSTOMER ID: \_\_\_\_\_

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				Y
<input checked="" type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> SAFETY POSITION <input checked="" type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/> OSHA <input type="checkbox"/>				
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				N
<input type="checkbox"/> NON-PAYMENT <input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER <input type="checkbox"/>				
<input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> UNDERWRITING <input type="checkbox"/> CONDITION CORRECTED (Describe):				
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				N
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				N

**REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

**PRIOR CARRIER INFORMATION**

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER	<b>NEW VENTURE</b>			
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE	<b>10/09/20</b>			
	EXPIRATION DATE	<b>10/09/20</b>			

**PRIOR CARRIER INFORMATION (continued)**

AGENCY CUSTOMER ID: \_\_\_\_\_

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

**LOSS HISTORY**  Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST 3 YEARS

TOTAL LOSSES: \$

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO-GATION Y / N	CLAIM OPEN Y / N
						N	N
						N	N
						N	N

**SIGNATURE**

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): \_\_\_\_\_

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or 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. \*Applies in MD Only.

**Applicable in CO:** 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

**Applicable in FL and OK:** 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)\*. \*Applies in FL Only.

**Applicable in KS:** 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 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.

**Applicable in KY, NY, OH and PA:** 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 to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

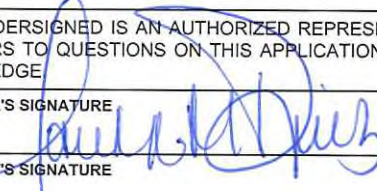
**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) <b>CLAUDIA RUIZ</b>	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE <b>10/09/20</b>	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: \_\_\_\_\_

**COMMERCIAL GENERAL LIABILITY SECTION**

DATE (MM/DD/YYYY)

10/09/20

AGENCY <b>COSTA DO SOL AGENCY</b>		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED <b>ENVIROTECH ENVIRONMENTAL, CORP</b>		

**IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.**

COVERAGES		LIMITS		PREMIUMS	
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE	\$	2,000,000	PREMIUMS	
<input type="checkbox"/> CLAIMS MADE	LIMIT APPLIES PER:	<input type="checkbox"/> POLICY	<input type="checkbox"/> LOCATION	PREMISES/OPERATIONS	
<input checked="" type="checkbox"/> OCCURRENCE		<input type="checkbox"/> PROJECT	<input type="checkbox"/> OTHER:		
<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$	2,000,000	PRODUCTS	
DEDUCTIBLES	PERSONAL & ADVERTISING INJURY	\$	1,000,000	OTHER	
<input type="checkbox"/> PROPERTY DAMAGE \$	EACH OCCURRENCE	\$	1,000,000		
<input type="checkbox"/> BODILY INJURY \$	DAMAGE TO RENTED PREMISES (each occurrence)	\$	100,000	TOTAL	
<input type="checkbox"/> PER CLAIM PER OCCURRENCE	MEDICAL EXPENSE (Any one person)	\$	5,000		
	EMPLOYEE BENEFITS	\$			
		\$			

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

**BLANKET AI BLANKET WAIVER BLANKET PRIMARY AND NON CONTRIBUTORY**

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE  IS  IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE  IS  IS NOT AVAILABLE.**SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)**

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1	1		P	10,000					

CLASSIFICATION DESCRIPTION

**PAINTING**

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1	2		P	10,000					

CLASSIFICATION DESCRIPTION

**LEAD ABATEMENT**

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS

CLASSIFICATION DESCRIPTION

RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT  
 (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER

**CLAIMS MADE (Explain all "Yes" responses)**

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	N
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	N

**EMPLOYEE BENEFITS LIABILITY**

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

ACORD 126 (2016/09)

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**CONTRACTORS**

AGENCY CUSTOMER ID: \_\_\_\_\_

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?				N
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?				N
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?				N
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?				N
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?				N
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?				N
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS: 0	% OF WORK SUBCONTRACTED: 0	# FULL-TIME STAFF:	# PART-TIME STAFF:

**PRODUCTS / COMPLETED OPERATIONS**

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.		Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?		N
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)		N
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?		N
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?		N
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?		N
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?		N
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?		N
8. PRODUCTS UNDER LABEL OF OTHERS?		N
9. VENDORS COVERAGE REQUIRED?		N
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?		N

**ADDITIONAL INTEREST / CERTIFICATE RECIPIENT**

ACORD 45 attached for additional names

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____  <b>BLANKET AI                  BLANKET WAIVER                  BLANKET PRIMARY AND NON CONTRIBUTORY</b>	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION
REFERENCE / LOAN #: _____		

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		Y / N												
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?		N												
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?		N												
3. 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)		N												
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?		N												
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?		N												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">EQUIPMENT</th> <th colspan="2">TYPE OF EQUIPMENT</th> <th>INSTRUCTION GIVEN (Y/N)</th> </tr> <tr> <td> </td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td style="text-align: center;">N</td> </tr> <tr> <td> </td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td style="text-align: center;">N</td> </tr> </table>	EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)		SMALL TOOLS	LARGE EQUIPMENT	N		SMALL TOOLS	LARGE EQUIPMENT	N		
EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)											
	SMALL TOOLS	LARGE EQUIPMENT	N											
	SMALL TOOLS	LARGE EQUIPMENT	N											
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?		N												
7. ANY PARKING FACILITIES OWNED/RENTED?		N												
8. IS A FEE CHARGED FOR PARKING?		N												
9. RECREATION FACILITIES PROVIDED?		N												
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):		N												
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS												
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)		N												
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD														
12. ARE SOCIAL EVENTS SPONSORED?		N												
13. ARE ATHLETIC TEAMS SPONSORED?		N												
TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	<input type="checkbox"/> 13 - 18	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	<input type="checkbox"/> 13 - 18							
	N	<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18			N	<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18								
EXTENT OF SPONSORSHIP:				EXTENT OF SPONSORSHIP:										
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?		N												
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?		N												

**GENERAL INFORMATION (continued)**

AGENCY CUSTOMER ID: \_\_\_\_\_

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y/N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				N
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
	N		N	
	N		N	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				N
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				Y
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				N

**REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

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**SIGNATURE**

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**Applicable in CO:** 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

**Applicable in FL and OK:** 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)\*. \*Applies in FL Only.

**Applicable in KS:** 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.

**Applicable in KY, NY, OH and PA:** 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 to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

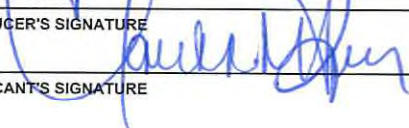
**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) <b>CLAUDIA RUIZ</b>	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE <b>10/09/20</b>	NATIONAL PRODUCER NUMBER



**CONTRACTOR'S SUPPLEMENTAL QUESTIONNAIRE**

Note: Throughout this questionnaire the words "you" and "your" include all entities seeking coverage.

Name(s) of Applicant: Envirotech Environmental, Corp.  
 Years in Business\*: -1 Years Experience: 10 Website: N/A

\*If this is a new operation, please attach resumes and provide details on prior experience of ALL principals.

1. Describe your work: painting & lead abatement

2. Do any prior operations differ from current operations?  Yes  No  
 If yes please explain: \_\_\_\_\_

3. In which states do you perform work? New Jersey

4. Have you performed work in any other states in the past?  Yes  No  
 If yes, please list those states \_\_\_\_\_

5. License Number(s) and which state the license is issued: TBD Needs Ins. to obtain license  
 a. Has the applicant used any other business names or licenses in the past 10 years?  Yes  No  
 b. Does the applicant currently own or operate another business?  Yes  No  
 c. Has any licensing authority taken action against you?  Yes  No  
 If yes to any of these, please explain: \_\_\_\_\_

6. Please provide the following information (excluding any work performed in Wrap-Ups):

	Gross Receipts	Payroll	Subcontracting Costs
Next 12 months (Estimated)	<u>60,000</u>	<u>owner only 20,000</u>	<u>0</u>
Last 12 months (Estimated)	<u>~</u>	<u>~</u>	<u>~</u>
2nd prior year	<u>~</u>	<u>~</u>	<u>~</u>
3rd prior year	<u>~</u>	<u>~</u>	<u>~</u>
4 <sup>th</sup> prior year	<u>~</u>	<u>~</u>	<u>~</u>
5 <sup>th</sup> prior year	<u>~</u>	<u>~</u>	<u>~</u>

Number of owners, officers, and partners active at job sites or performing supervisory duties 1

7. Are you currently working on any Wrap-Up (OCIP/CCIP) Projects?  Yes  No  
 If yes, please provide estimated annual receipts for all Wrap-Up Projects: \_\_\_\_\_

8. What percentage of your work is:

	New	Repair		New	Repair
Single Family Homes (less than 10)	<u>7</u> %	%	Retirement or Student Housing	<u>7</u> %	%
Single Family Homes (greater than 10)	%	<u>90</u> %	Apartments	<u>7</u> %	<u>5</u> %
Condominium/Townhome - HOA	<u>7</u> %	%	Commercial (excl. Apartments)	<u>7</u> %	%
Condominium/Townhome - Unit Owner	%	<u>5</u> %	Industrial	<u>7</u> %	%
Military or Student Housing	<u>7</u> %	%	Other _____	<u>7</u> %	%
<b>TOTAL FOR ALL CATEGORIES ABOVE SHOULD EQUAL 100%</b>				<b>100%</b>	

Interior Work	<u>100</u> %	Exterior Work	%
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a. What is the largest tract development you have worked in or will work in? N/A

**9. Please complete the following questions if you operate as a General Contractor:**

- a. How many new homes will you build as a general contractor in the next year?  
b. What is the greatest number of new homes you have built in any one year?

8

**10. Do you use subcontractors?**

Yes  No

If "Yes", please answer the following:

What percentage of your work is subcontracted out: \_\_\_\_\_% N/A

Annual Costs: \$ \_\_\_\_\_

Do you have a written contract with all subcontractors?

Yes  No

Does the contract contain a hold harmless clause in your favor?

Yes  No

Do you collect certificates from all subcontractors?

Yes  No

If yes, what are the minimum limits required? \$ \_\_\_\_\_

Do you require all subcontractors to name you as an additional insured, including for Completed Operations?  Yes  No

If no, please explain \_\_\_\_\_

How long do you maintain records of the above documents? \_\_\_\_\_

**Please attach a copy of your subcontractor agreement**

**11. Please indicate the percentage of work performed by you and/or subcontracted out by you:**

(totals for Direct and Subcontracted should equal 100% each)

Work	Direct	Subcontracted	Work	Direct	Subcontracted
Airport Runways			Maintenance		
Asbestos or Lead Abatement	100%		Mechanical		
Blasting			Mold Remediation		
Bridge/Highway Overpass Constr.			Plastering/Stucco		
Chemical Plants			Plumbing		
Cranes			Public Utilities		
Dam or Levee Work			Railroads		
Demolition			Rental of Equipment to Others		
Drilling			Steel Erection – Structural		
Earthquake/Seismic Retrofit			Street/Road		
EIFS			Supervision Only		
Environmental Cleanup or Repair			Swimming Pool Construction		
Excavation			Traffic Signals/Control Work		
Gas Mains			Underground Tank Work		
Gas Stations/Refineries			Water Mains		
Grading			Waterproofing		
Hospitals			Window/Door Work		
LPG Work			Other _____		

**12. Project History:**

Describe your largest projects over the past five years:	Value
TBD New Venture	\$
	\$
	\$
	\$

Describe your largest projects currently underway or planned for the next year:	Value
	\$
TBD New Venture	\$
	\$
	\$

Please provide the average dollar value of jobs completed (including all materials, labor, and equipment): \$ TBD

13. Have you or do you ever intend to use a drone (UAS) in the course of your operations?  Yes  No

If yes, please explain:

*Note: the following question applies to work done in any capacity (including general contractors, developers, artisans, remodeling contractors, site work contractors, suppliers, etc.)*

14. Have or will any of your projects involve caissons, cantilevers, piers, retaining walls, shoring, underpinning, or other heavy structural engineering techniques?  Yes  No

If yes, please describe:

If retaining walls have or will be built, what is the maximum height? N/A ft

15. Do you perform exterior work above two stories in height?  Yes  No

If yes, what percentage? \_\_\_\_\_% Maximum height: \_\_\_\_\_ft

16. Do you perform any work below ground level?  Yes  No

If yes, what percentage? \_\_\_\_\_% Maximum depth: \_\_\_\_\_ft

17. Do you use scaffolding?  Yes  No

If yes, please explain:

18. Do you own, rent or subcontract any cranes?  Yes  No

If yes, please explain and include if they are rented with or without operators:

19. Have you or will you or your employees work under the U.S. Longshoremen's and Harbor Worker's Act or Jones Maritime Act?  Yes  No

If yes, please explain:

20. Are you involved in any other operations/exposures that are not otherwise covered in this application?  Yes  No

If yes, please explain:

21. Do you have a formal safety program in place?  Yes  No

If yes, please describe or provide a copy:

22. Do you carry Workers Compensation insurance?  Yes  No

If yes, what is the WC Experience Modification Factor for the current policy? In process

Note: the following questions apply regardless of whether the applicant was at fault for a claim or incident, and regardless of whether the claim or incident was covered by insurance. Explain any "yes" answers in the space provided below. A minimum of five (5) years of currently valued loss runs must be included with this completed application.

23. Are there any losses, claims or legal actions pending against any of the entities named in the application that are not covered in the attached loss runs?  Yes  No
24. Do any of the entities named in the application have knowledge of any pre-existing act, omission, event, condition or damages to any person or property that may potentially give rise to any future claim or legal action against such entity?  Yes  No

**CLASS SPECIFIC QUESTIONS**

25. EIFS Work – If you perform any EIFS work, please answer the following questions:
- a. What percent of your work is related to EIFS? \_\_\_\_\_% N/A
- b. What percent of your EIFS work is: Residential \_\_\_\_\_% Commercial \_\_\_\_\_%  Yes  No
- c. Are you certified by all manufacturers of the product you install?  Yes  No
- d. What manufacturers do you install on behalf of? \_\_\_\_\_  Yes  No
- e. Do you install any non-drainable systems?  Yes  No  
If yes, please explain: \_\_\_\_\_

26. Roofing Work – If you perform any roofing work, please answer the following questions:
- a. Will any of your upcoming work include **NEW** tract developments or condominiums and townhomes?  Yes  No
- b. Will any of your upcoming work involve work for homeowners associations?  Yes  No
- c. Has any of your past work included the two categories mentioned above?  Yes  No
- d. Do you perform any Heat Application Roofing operations?  Yes  No N/A
- If yes, please answer the following questions:
- i. Please describe the work you perform: \_\_\_\_\_
- ii. Please describe your fire safety procedures: \_\_\_\_\_
- iii. How is the site secured at the end of the work day and how long do you remain onsite after all hot work is completed? \_\_\_\_\_
- e. Do you perform any roof tear off operations?  Yes  No
- f. Please describe the procedure utilized to detect inclement weather:  Yes  No N/A
- g. Please describe your open roof protection procedures: \_\_\_\_\_
- h. How is the site secured at the end of the work day or when you will be away from the jobsite for more than four hours? \_\_\_\_\_

**Warranty:** The purpose of the Supplemental Questionnaire is to assist the underwriting process. Information contained herein is specifically relied upon in determination of insurability. The undersigned, therefore, warrants that the information contained herein is true and accurate to the best of his knowledge, information and belief. This Supplemental Questionnaire, and the application to which it is appended, shall be the basis of any insurance policy that may be issued and will be a part of such policy.

Signature of Applicant: \_\_\_\_\_ Date: 10/9/2020  
Name and Title: \_\_\_\_\_

Signature of Producer: \_\_\_\_\_ Date: 10/9/2020  
Name and Title: \_\_\_\_\_