R
ACORD

COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (N	IM/DD/YYYY)
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04/11/2023 NAIC CODE

PROGRAM CODE

						CARR	ER					
A 11 T.		TI	1		itona							
All In	suran	ce Uno	ae	rw:	riters	COMPANY POLICY OR PROGRAM NAME						
260	00 Su	merian	D	ri	ve	POLICY NUMBER						
Land	O'L	akes, F	EL	34	638	UNDERW	RITER					
Ph	one: 8	377-97	7-2	266	67	STATUS OF TRANSACTION			QUOTE BOUND (Giv CHANGE CANCEL			
S OF BUSINES	SS											
ATE LINES OF BUSI	NESS	PREMIUM					PREMIUM			-		
OILER & MACHINE	RY	\$		CYBER	AND PRIVACY		\$			YAC⊢		
USINESS AUTO		\$		FIDUCIA	RY LIABILITY		\$					
USINESS OWNERS	;	\$		GARAGE	E AND DEALERS		\$					
OMMERCIAL GENE	RAL LIABILITY	\$		LIQUOR	LIABILITY		\$					
OMMERCIAL INLAND MARINE \$				MOTOR	CARRIER		\$					
COMMERCIAL PROPERTY \$				TRUCKE	RS		\$					
RIME \$				UMBREI	.LA		\$					
ACHMENTS												
CCOUNTS RECEIV	ABLE / VALUABLE F		GLASS /	AND SIGN SECTIO	N				STAT			
DDITIONAL INTERE	ST SCHEDULE		HOTEL /	MOTEL SUPPLEM	1ENT				STAT			
DDITIONAL PREMIS	SES INFORMATION		INSTALL	ATION / BUILDER	S RISK SE	CTION			VACA			
PARTMENT BUILDI	NG SUPPLEMENT			INTERN	ATIONAL LIABILIT	Y EXPOSU	RE SUPPLEMEI	NT		VEHIC		
ONDO ASSN BYLA	WS (for D&O Covera	ge only)		INTERN	ATIONAL PROPER	TY EXPOS	URE SUPPLEM	ENT				
ONTRACTORS SUF	PLEMENT			LOSS SI	JMMARY							
OVERAGES SCHEE	DULE			OPEN CARGO SECTION								
EALERS SECTION				PREMIUM PAYMENT SUPPLEMENT								
RIVER INFORMATI	ON SCHEDULE			PROFESSIONAL LIABILITY SUPPLEMENT								
LECTRONIC DATA	PROCESSING SEC	FION		RESTAL	RANT / TAVERN S	JPPLEMENT						
ICY INFORMA	TION									1		
DSED EFF DATE P	ROPOSED EXP DA	E BILLING F	PLAN		PAYMENT PLAN	METHOD OF PAYMENT			AUDIT	D		
tbd		DIRECT	AGE	ENCY						\$		
LICANT INFO	RMATION											
(First Named Insure	ed) AND MAILING A	DDRESS (including ZI	P+4)			GL CODE		SIC				
rica's Restoration	Team LLC											
Hamner Ave						BUSINES	S PHONE #:	909-8	359-573	1		
3						WEBSITE	ADDRESS					
0				CA	92860-1983							
ORPORATION		JRE MEMBERS		NOT	FOR PROFIT OR	G	SUBCHAPTER	R "S"	CORPOR	RATION		
NDIVIDUAL		ANAGERS:		PAR	TNERSHIP		TRUST					
(Other Named Insu	red) AND MAILING A	DDRESS (including Z	(IP+4)			GL CODE	:	SIC				
						BUSINES	S PHONE #:	I				
							ADDRESS					

UNDERWRITER OFFICE ISSUE POLICY RENEW Date and/or Attach Copy): DATE тіме AM PM

LIN	IES OF BUSIN	ESS										•	
IND	ICATE LINES OF BU	ISINESS	PREM	им					PREMIUM				PREMIUM
	BOILER & MACHIN	IERY	\$			CYBE	R AND PRIVACY		\$		YACHT		\$
	BUSINESS AUTO		\$			FIDUC	IARY LIABILITY		\$				\$
	BUSINESS OWNE	RS	\$			GARA	GARAGE AND DEALERS \$				\$		
Х	COMMERCIAL GE	NERAL LIABILITY	\$	\$			R LIABILITY		\$				\$
	COMMERCIAL INL	AND MARINE	\$			мото	R CARRIER		\$			\$	
	COMMERCIAL PR	OPERTY	\$			TRUCI	KERS		\$				\$
	CRIME		\$		UMBRELLA				\$		\$		\$
AT	TACHMENTS												
	ACCOUNTS RECE	IVABLE / VALUABLE F		GLASS	6 AND SIGN SECTION		STATEMENT / SCH	HEDULE OF VALUES					
	ADDITIONAL INTEREST SCHEDULE					HOTEI	/ MOTEL SUPPLEMEN	١T			STATE SUPPLEME	ENT (If applicable)	
	ADDITIONAL PREMISES INFORMATION SCHEDULE				INSTA	LLATION / BUILDERS F	ION		VACANT BUILDING	G SUPPLEMENT			
	APARTMENT BUIL	DING SUPPLEMENT				INTER	NATIONAL LIABILITY E	SUPPLEMENT	VEHICLE SCHEDULE				
	CONDO ASSN BY	LAWS (for D&O Covera	age only	')		INTER	NATIONAL PROPERTY	RE SUPPLEMENT					
	CONTRACTORS S	SUPPLEMENT				LOSS	LOSS SUMMARY						
	COVERAGES SCH	IEDULE				OPEN	CARGO SECTION						
	DEALERS SECTIO	DN				PREM	IUM PAYMENT SUPPLE	EMENT					
	DRIVER INFORMA	TION SCHEDULE				PROFI	ESSIONAL LIABILITY SI	UPPLEME	νT				
	ELECTRONIC DA	A PROCESSING SEC	TION			RESTA	AURANT / TAVERN SUF	PLEMENT					
РС	LICY INFORM	IATION											
PRC	POSED EFF DATE	PROPOSED EXP DA	TE	BILLIN	G PLA	N	PAYMENT PLAN	METHO	OF PAYMENT	AUDIT	DEPOSIT		POLICY PREMIUM
	tbd			DIRECT		AGENCY					\$	\$	\$
								1			1	I	<u> </u>

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE SIC NAICS FEIN OR SOC SEC #						
America's Restoration Team LLC							
3179 Hamner Ave	BUSINESS PHONE #: 909-859-5731						
unit 8	WEBSITE ADDRESS						
Norco CA 92860-198	3						
CORPORATION JOINT VENTURE NOT FOR PROFI	FORG SUBCHAPTER "S" CORPORATION						
INDIVIDUAL X LLC NO. OF MEMBERS PARTNERSHIP	TRUST						
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE SIC NAICS FEIN OR SOC SEC #						
	BUSINESS PHONE #:						
	WEBSITE ADDRESS						
CORPORATION JOINT VENTURE NOT FOR PROFIL	ORG SUBCHAPTER "S" CORPORATION						
INDIVIDUAL LLC NO. OF MEMBERS PARTNERSHIP	TRUST						
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE SIC NAICS FEIN OR SOC SEC #						
	BUSINESS PHONE #:						
	WEBSITE ADDRESS						
CORPORATION JOINT VENTURE NOT FOR PROFI	FORG SUBCHAPTER "S" CORPORATION						
INDIVIDUAL LLC NO. OF MEMBERS PARTNERSHIP	TRUST						
	age 1 of 4 © 1993-2015 ACORD CORPORATION. All rights reserved						

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CONT	ACT INFO	RN	ΙΑΤΙΟ	N								AG	ENC	r Cust	OME	R ID:					
CONTA	CT TYPE: OV	vne	er								с	CONTACT TYPE: Owner									
CONTA	ст маме: Ма	att E	Blackbu	urn							с	CONT	ACT NA	AME: m	natt bla	akburn					
PRIMAR PHONE	кү □ ног # □ ног	ME	🗌 BU	S 🗶 CE		SECOND/ PHONE #	ARY 🗌 HO	DME 🗌 BU	JS 🛛	CELL	P	PRIMA PHON	ARY E #	🗌 ног	ME 🗌] BUS	CELL	SECONDARY PHONE #] HOME	BUS CELL	_
	59-5731					909-859							859-57	731							
PRIMAR	Y E-MAIL ADDI	RES	SS:	matt@ca	binetar	ndflooring	solutions.	com			Р	RIMA	RY E-	MAIL ADDI	RESS:	m	att@cabin	etandflooringsolutio	ns.com		
	DARY E-MAIL A													E-MAIL A		ss.					
	ISES INFO			ON (Att	tach A	CORD	823 for /	Addition	al Pi	remise											
LOC #	STREET 3											INTE	REST		# F	ULL TI	ME EMPL	ANNUAL REVENUE	S: \$		
1													OWNE	R				OCCUPIED AREA:		SQ F	T
BLD #	CITY: Nor	со					STATE:	са			de		TENAN	NT	# P	ART TI		OPEN TO PUBLIC A	REA:	SQ F	Τ
	COUNTY:						ZIP:			1	F							TOTAL BUILDING A	REA:	SQ F	_
DESCR	PTION OF OPE	RA	TIONS:															ANY AREA LEASED			-
LOC #	STREET								СП	Y LIMITS	:	INTE	REST		# F		ME EMPL	ANNUAL REVENUE			-
									-		- H		OWNE	R	" '	022 11		OCCUPIED AREA:		SQ F	т
BLD #	CITY:						STATE:				-		TENAN		# P		ME EMPL	OPEN TO PUBLIC A	REA	SQ F	_
	COUNTY:						ZIP:					_		•	1 "			TOTAL BUILDING A		SQ F	_
DECOD			TIONO				217.														-
		:RA	HONS:															ANY AREA LEASED		ERS?Y/N	_
LOC #	STREET								СП	'Y LIMITS T	-		REST		# F	ULL TI	ME EMPL	ANNUAL REVENUE	S: \$		_
													OWNE	R				OCCUPIED AREA:		SQ F	Т
BLD #	CITY:						STATE:				DE		TENAN	NT	# P	ART TI	ME EMPL	OPEN TO PUBLIC A	REA:	SQ F	Т
	COUNTY:						ZIP:											TOTAL BUILDING A	REA:	SQ F	Т
DESCR	PTION OF OPE	RA	TIONS:															ANY AREA LEASED	то отн	ERS? Y / N	
LOC #	STREET								СП	Y LIMITS	\$	INTE	REST		# F	ULL T I I	ME EMPL	ANNUAL REVENUE	S: \$		
										INSIDE	: [OWNE	R				OCCUPIED AREA:		SQ F	T
BLD #	CITY:						STATE:				DE		TENAN	ΝT	# P	ART TI	ME EMPL	OPEN TO PUBLIC A	REA:	SQ F	т
	COUNTY:						ZIP:			1								TOTAL BUILDING A	REA:	SQ F	T
DESCR	DESCRIPTION OF OPERATIONS: ANY AREA LEASED TO OTHERS? Y / N																				
NATU	NATURE OF BUSINESS																				
	ARTMENTS			CONTRAC	TOR		IANUFACTU	IRING		RESTAU		г		SERVICE					DATE E		٦
	NDOMINIUMS			INSTITUTI			OFFICE			RETAIL				WHOLESA					START	ED (MM/DD/YYYY)	
														WHOLLS/							-
DESCRIPTION OF PRIMARY OPERATIONS water/fire restoration demolition. Mostly residential. Possible commercial down the road. First onsite remediators. New vnture. All owners have 15 plus years in construction industry Gross \$1 million payroll \$230k subcost \$ 500k																					
								INSTAL	LATIC	ON, SERV			EPAIR	WORK		0	FF PREMIS	ES INSTALLATION, S		OR REPAIR WORK	
	STORES OR SE											%							%		
DESCR	DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS																				
ADD		TE	REST	(Not a	ll field	s appl	/ to all se	cenarios	- pr	ovide	only	y th	e nec	essary	data	a) Att	ach AC	ORD 45 for mor	e Addi	tional Interests	\$
INTERE					NAME A		ESS RAN	к:	EVIDE	INCE:		CER	TIFICA	TE	POLIC	Y	SEND B	L INTERE	ST IN ITE		
I INS			LIENHO	OLDER														LOCATION:	E	BUILDING:	
	EACH OF		LOSS	PAYEE														VEHICLE:	E	BOAT:	
CC CC	-OWNER		MORTO	GAGEE														AIRPORT:	A	IRCRAFT:	
	IPLOYEE LESSOR	٦	OWNE	R														ITEM CLASS:	ľ	TEM:	
LE	ASEBACK		REGIS															ITEM DESCRIPTIO	DN .		
LEI	NDER'S		TRUST	ее 🗍	REFERE	NCE / LO	AN #:			1	NTE	REST	END	DATE:							

REASON FOR INTEREST:

LIEN AMOUNT:

PHONE (A/C, No, Ext):

E-MAIL ADDRESS:

FAX (A/C, No):

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES									Y/N			
1a.	IS THE APPLIC	ANT A SUBSIDIA	RY OF ANOTHER EN	TITY ?								N
	PARENT COMP	ANY NAME					F	RELATIONSHIP	DESCRIPTION	% OWNED		
1b.	DOES THE APP	PLICANT HAVE A	NY SUBSIDIARIES?							1		N
	SUBSIDIARY CC	MPANY NAME					F	RELATIONSHIP	DESCRIPTION	% OWNED		
2.	IS A FORMAL S	AFETY PROGRA	M IN OPERATION?							I		Y
	SAFETY M		SAFETY POSITION	MONTHLY MEETINGS		OSHA						
3.	ANY EXPOSUR	E TO FLAMMABI	LES, EXPLOSIVES, CH	IEMICALS?								Ν
4.	ANY OTHER IN	ISURANCE WIT	H THIS COMPANY? (List policy numbers)								Ν
	LINE OF BUSINESS POLICY NUMBER LINE OF BUSINESS						F BUSINESS POLICY NUMBER					
5.			ECLINED, CANCELLE cants - Do not answer		JRING	THE PRIOR	THR	REE (3) YEARS	FOR ANY PREMISES OR			Ν
		·	GENT NO LONGER REPR	• •								
	NON-RENE				 D (Descri	ibe):						
6.	ANY PAST LOS	SES OR CLAIMS	RELATING TO SEXU	AL ABUSE OR MOLESTA			IS, D	ISCRIMINATIO	ON 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 guestion must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable									Ν		
		f up to one year o		or property insurance. Fail	ure to u		existe			bi punisnable		
8.	ANY UNCORRE	ECTED FIRE AND	OOR SAFETY CODE V	IOLATIONS?								N
	OCCUR DATE	EXPLANATION					RES	OLUTION		RESOLVE DATE		
9.	HAS APPLICAN	IT HAD A FOREC	LOSURE, REPOSSES	SION, BANKRUPTCY OR	R FILED	FOR BANK	RUP	TCY DURING	THE LAST FIVE (5) YEARS?	>		N
	OCCUR DATE	EXPLANATION					RES	RESOLUTION RESOLVE DATE				
L												
10.	HAS APPLICAN	IT HAD A JUDGE	MENT OR LIEN DURI	NG THE LAST FIVE (5) YE	ARS?							Ν
	OCCUR DATE	EXPLANATION					RES	OLUTION		RESOLVE DATE		
			IN A TRUST? NAME C									Ν
12.				DISTRIBUTED IN USA, OP or ACORD 816 for Property			SOLE) / DISTRIBUT	ED IN FOREIGN COUNTRIE	S?		Ν
13	•			RES FOR WHICH COVER		,	EST	ED?				N
							_011					
14.	DOES APPLICA	ANT OWN / LEAS	E / OPERATE ANY DR	CONES? (If "YES", describ	e use)							N
15				NES? (If "YES", describe								N
15.					use)							
RE	MARKS / PRO	CESSING INS	TRUCTIONS (ACOF	RD 101, Additional Rei	marks	Schedule	, ma	y be attach	ed if more space is requ	lired)		

PRIOR CARRIER INFORMATION

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

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

RY X Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS	S OR LOSSES (R 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

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.)

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)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

AGENCI COSTONIEN ID	AGENCY	CUSTOMER	ID:
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COMMERCIAL GENERAL LIABILITY SECTION

CARRIER

DATE (MM/DD/YYYY)

04/11/2023 NAIC CODE

Insurance Underwriters 2600 Sumerian Drive and O' Lakes, FL 34638

APPLICANT / FIRST NAMED INSURED

Phone: 877-977-2667

America's Restoration Team LLC

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.

<u> </u>	/ERAGE	is		LIMITS										
X	COMMERC	IAL GENERAL LIABILITY		GENERAL AGGR	REGATE			\$ 2,000,00	00	PRE	MUMS			
	CLAIN	IS MADE X OCCURRE	INCE	LIMIT APPLIES P	PER: X	POLICY	LOCATI	ON		PREMISES/OPI	RATIONS			
	OWNER'S 8	CONTRACTOR'S PROTECTIVE				PROJECT	OTHER:							
				PRODUCTS & CO	OMPLETED	OPERATIONS	AGGREGATE	\$ 2,000,00	00	PRODUCTS				
DEDU	JCTIBLES			PERSONAL & AD	VERTISING	S INJURY		\$ 1,000,00	00					
X	PROPERTY	(DAMAGE \$ 1,000		EACH OCCURRE				s 1,000,00	00	OTHER				
	BODILY IN.	1 000	PER CLAIM	DAMAGE TO REI		ISES (each oc	currence)	s 100,000						
		\$	X PER OCCURRENCE	MEDICAL EXPEN		TOTAL								
		v	UCCORRENCE	EMPLOYEE BEN				\$ 5,000 \$						
					LING			\$						
отне		AGES, RESTRICTIONS AND/OR ENDO	 ed/non-owned auto	coverages	attach the app	icable state B		ction. ACORD 13	37)					
APPL	ICABLE ON		ONLY AUTO COVER	AGE IS TO BE PRO	OVIDED UN	DER THE POLI	CY:							
1. UI	/ UIM COV	/ERAGE IS IS NO	T AVAILABLE.	2. MEDIC/	AL PAYMEN	NTS COVERAGE	E IS	IS NO	T AVAILABLE.					
SCI	IEDULE	OF HAZARDS												
LOC	HAZ	CLASSIFICATION	CLASS	PREMIUM	-	XPOSURE	TERR	R	ATE	PREM				
#	#	CLASSIFICATION	BASIS		APUSURE		PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS				
1	1	REMEDIATION		S	1,000,00	0								
				Р	230,000									
		SUBCOST			500,000									
				ļ!										
			P) PAYROLL - PER \$1			C) TOTAL COS			(U) UNIT -					
. /		· · · · · · · · · · · · · · · · · · ·	A) AREA - PER 1,000/5	5Q FT	(M) ADMISSION	S-PER 1,000/	ADM	(T) OTHER					
	AIMS MA	DE (Explain all "Yes" resp	oonses)											
EXPL	AIN ALL "Y	ES" RESPONSES									Y/N			
		D RETROACTIVE DATE:												
2. E	NTRY DA	TE INTO UNINTERRUPTED CL	AIMS MADE COV	'ERAGE:							1			
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?														
\mathbf{H}														
4. V	AS TAIL	COVERAGE PURCHASED UNI	JER ANY PREVIO	US POLICY?										
1														
EMI	PLOYEE	BENEFITS LIABILITY												
1. D	EDUCTIB	LE PER CLAIM: \$			3. NU		MPLOYEES	COVERED B	Y EMPLOYEE	BENEFITS PLAN	S:			
2. N	UMBER (OF EMPLOYEES:			4. RETROACTIVE DATE:									

ACORD 126 (2016/03)

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9. VENDORS COVERAGE REQUIRED?									
	8. PRODUCTS UNDER LABEL	OF OTHERS?							N
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	EMPLOYEE AS LESSOR										ITEM CLASS:		ITEM:	
	LENDER'S LOSS PAYABLE											SCRIPTION		
	LIENHOLDER													
	LOSS PAYEE													
	MORTGAGEE													
		REFERENCE / LOA	N #:											
	NERAL INFORMATIO													
EXF	LAIN ALL "YES" RESPONSES	(For all past or presen	t operations)											Y / N
1.	ANY MEDICAL FACILITIE	S PROVIDED OR I	MEDICAL PROF	ESSIONAL	S EMPL	OYED O	OR CON	ITRACTED)?					N
2.	ANY EXPOSURE TO RAD	OACTIVE/NUCLE	AR MATERIALS	3?										N
														<u> </u>
3.	DO/HAVE PAST, PRESEN						G, TREA	ATING, DIS	SCHARG	ING, APPL	YING, DIS	POSING, (DR	N
	TRANSPORTING OF HAZ	ARDOUS MATER	IAL? (e.g. landfill	s, wastes, i	ruer tanks	s, etc)								
4.	ANY OPERATIONS SOLD	, ACQUIRED, OR	DISCONTINUED) IN LAST F	=IVE (5) `	/EARS?	?							N
-														N
5.		EQUIPMENTIOU	THERS?											N
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								SMALL TO	OLS	LARGE E	QUIPMENT			
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6.	ANY WATERCRAFT, DO	CKS, FLOATS OW	NED, HIRED OR	LEASED?										N
7.	ANY PARKING FACILITIE	S OWNED/RENTE	D?											N
· ·														
-	IS A FEE CHARGED FOR	DADKINGO												N
0.	IS A FEE CHARGED FOR	PARKING?												N
9.	RECREATION FACILITIES	S PROVIDED?												N
10.	ARE THERE ANY LODGI	NG OPERATIONS	INCLUDING AP	ARTMENTS	5? (If "YE	ES", ans	swer the	e following):	:					N
	# APTS TOTAL APT	AREA DESCRIBE	E OTHER LODGING	OPERATIO	NS									1
		Sq. Ft.												
11	IS THERE A SWIMMING P		S2 (Check all the	at annly)										
' ' '			È											
-	APPROVED FENCE				SLIDE	, , , , , , , , , , , , , , , , , , ,	ABOVE				LIFE GU	JARD		
12.	ARE SOCIAL EVENTS SF	'ONSORED?												N
13.	ARE ATHLETIC TEAMS SI	PONSORED?												N
	TYPE OF SPORT	CONTACT	AGE GROUP			TYPE C	OF SPOR	RT		CONTACT	AGE GRO			7
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	EXTENT OF SPONSORSHIP	· · · · · · · · · · · · · · · · · · ·				EXTEN	NT OF SF	ONSORSHI	P:					
14.	ANY STRUCTURAL ALTE	RATIONS CONTE	MPLATED?											Y
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15	ANY DEMOLITION EXPO	SURE CONTEMPI	ATED?											Y
														'
	MO REMDIATION FOR RE		LIVIODELS.											

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)						
16. HAS APPLICANT BEEN ACTIVE IN C	OR IS CURRENTLY ACTIVE IN JOINT VEN	ITURES?		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)			
18. IS THERE A LABOR INTERCHANGE	WITH ANY OTHER BUSINESS OR SUBS	IDIARIES?	i	N		
19. ARE DAY CARE FACILITIES OPERA	TED OR CONTROLLED?			N		
20. HAVE ANY CRIMES OCCURRED OF	R BEEN ATTEMPTED ON YOUR PREMISE	S WITHIN THE LAST THREE	(3) YEARS?	N		
21. IS THERE A FORMAL, WRITTEN SA	FETY AND SECURITY POLICY IN EFFEC	Τ?		N		
22. DOES THE BUSINESSES' PROMOTI	ONAL LITERATURE MAKE ANY REPRES	ENTATIONS ABOUT THE SAF	FETY OR SECURITY OF THE PREMISES?	Y		

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

SIGNATURE

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)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER



BUSINESS AUTO SECTION

DATE (MM/DD/YYYY) 04/17/2023

NAIC CODE

Il Insurance Underwriters

2600 Sumerian Drive

Land O' Lakes, FL 34638 Phone: 877-977-2667 NAMED INSURED(S)

CARRIER

America's Restoration Team LLC

COVERAGES / LIMITS

USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES / LIMITS INFORMATION

DRIVE	DRIVER INFORMATION ACORD 163 attached for additional drivers												
LIST AL	L DRIVERS, INCLUDING FAMILY MEMBERS THAT DRIVI	Е СОМ		EHICLES, AND EMPI									
DRIVER #	NAME CITY, STATE AND ZIP CODE	SEX	* MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH #	% USE
1	Matthew Blackburn			08-13-1984			D1844572	CA	OWNER			1	
2	Ryan Davidson			02-14-1984			D2038545	СА	OWNER				
3	Wesley Burchartz			12-30-1985			D4158431	СА	OWNER			1	
	* MARITAL STATUS / CIVIL UNION (if applicable)												
GENE													

EXF	LAIN ALL "YES" RESPONSES				Y/N
1.	WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR W	/HICH II	ISURANCE IS REQUESTED NOT SOLELY OWNED BY AN	D	
	REGISTERED TO THE APPLICANT?				
	VEH # NAME OF OTHER OWNER	VEH #	NAME OF OTHER OWNER		
2.	DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?				
3.	IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?				
4.	ARE ANY VEHICLES LEASED TO OTHERS?				
5.	ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups	;)			
	VEH # DESCRIPTION COST	VEH #	DESCRIPTION	COST	
	s			s	
6.	ARE ICC (Interstate Commerce Commission), PUC (Public Utility Commission) OR (FILINGS REQUIRED? (If "YES", attach ACORD 194)	<u> </u>	
	· · · · · · · · · · · · · · · · · · ·		······································		
	ORD 127 (2012/03) Attach to	ACO	RD 125 © 1993-2012 ACORD CORPORATION	All rights rese	
AU				All rights rese	iveu.

GENERAL INFORMATION (co	ontinued)	AGENC				
EXPLAIN ALL "YES" RESPONSES	(interest)					Y/N
	ANSPORTING HAZARDOUS MATERIA	AL?				N
8. ANY HOLD HARMLESS AGREE	MENTS?					N
9. ANY VEHICLES USED BY FAMI	LY MEMBERS? IF SO, IDENTIFY.					N
10. DOES THE APPLICANT OBTAIN	NMVR (Motor Vehicle Record) VERIFIC	ATIONS?				Y
11. DOES THE APPLICANT HAVE A	A SPECIFIC DRIVER RECRUITING ME	THOD?				N
12. ARE ANY DRIVERS NOT COVE	RED BY WORKERS COMPENSATION	?				N
13. ANY VEHICLES OWNED BUT N	OT SCHEDULED ON THIS APPLICATI	ION?				N
APPLICABLE ONLY IN KANSAS: UN 1. A speeding violation of up to six	ONS FOR MOVING TRAFFIC VIOLATI NDER KANSAS LAW, THE FOLLOWING TR. k (6) miles per hour (mph) that occurs in an n (10) miles per hour (mph) that occurs in a	AFFIC VIOLATIONS ARE NOT area with a maximum posted	d speed limit from 30 mph through 54	mph, or		N
DRV # DATE (MM/DD/YYYY) TYP	E	·	PLACE (CITY, STATE)		# YRS REV	
15. HAS AGENT INSPECTED VEHIC	CLES?				· · · ·	N
16 ARE ALL VEHICLES TO BE INC.	LUDED IN THIS POLICY PART OF A F	I FET?				N
DESCRIPTION OF GARAGE / STORAGE L				MAXIMUM DOLLAR V	ALUE SUBJECT TO	
ADDITIONAL INTEREST / CEF	RTIFICATE RECIPIENT	ACORD 45 attached	for additional names	<u>_</u>		
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AS LESSOR OWNER LIENHOLDER REGISTRANT						
	REFERENCE / LOAN #:					
	NAME AND ADDRESS RANK:	EVIDENCE: CERTI	FICATE	INTEREST		
ADDITIONAL LOSS PAYEE INSURED EMPLOYEE AS LESSOR OWNER LIENHOLDER REGISTRANT				VEHICLE:	LOCATION:	
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REMARKS (ACORD 101, Addi	itional Remarks Schedule, may	be attached if more	space is required)			

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CALIFORNIA COMMERCIAL AUTO COVERAGES / LIMITS SECTION

DATE (MM/DD/YYYY) 04/17/2023

All Insurance	Underwriters
2600 Sume	rian Drive

NAIC CODE

and	0'	Lakes,	FL	34638
Pho	one	: 877-9	77-2	2667

CARRIER

NAMED INSURED(S)

Phone: 877-977-2667												
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ACORD 137 CA (2010/12)

Page 1 of 3

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MOTOR CARRIER SECTION

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		64											64									
													62		67	SCL	. FT	LSP				
										SPECIFIED			63		68	F	FTW		\$			
										CAUSES OF	LOSS		64						Ŷ			
					-																	
										COLLISION			62		67							
										WAIVE			63		68				\$			
										DEDUC	TIBLE		64									
MEDICAL		62		64	EACH PERS		\$			TOWING			63			\$						
PAYMENTS	PAYMENTS 63 67												67			Φ						
	62 66 CSL BI EA PER \$													TRAIL	ER INT	ERCHA	NGE					
UNINSURED		63		67	BI EACH AC		\$			COVERA	GES	SY	MBOL	# TR	AILER		# DAYS	RADIUS	DEDUCTIBLE			
MOTORIST		64			PROPERTY		\$						69			LONE						
						DAMAGE	Ψ			COMP / OTC	;											
													70									
										SPECIFIED	1000	\vdash	69									
	<u> </u>									CAUSES OF	1055		70					<u> </u>				
NON-TRUCKERS		YES		STATES	COST OF H	RE		IF ANY BA	SIS	COLLISION			69						\$			
HIRED / BORROWED		NO			\$					WAIVE DEDUC	R OF TIBLE		70						Φ			
TRUCKERS		YES		STATES	COST OF H	RE		IF ANY BA	SIS	TRAILER VA		\$										
HIRED / BORROWED		NO			\$						STA	TES	# D	AYS	#	VEH						
		YES		STATES	GROUP TYP			NUIN	/BER OF	-												
NON-OWNED		NO								HIRED												
AUTO					EMPLO					PHYSICAL												
LIABILITY					VOLUN	ITEERS				DAMAGE												
	PARTNERS									_												
OTHER												CO/	VERAG	E IS:		1	PRIMARY	5	ECONDARY			
										OTHER												
COVERED AUTO SYN		s							(67) 805		COIDE				(70)							
(61) ANY AUTO	BOL	•			64) OWNED CC 65) OWNED AL					CIFICALLY DE ED AUTOS ON		D AU	105		(70)				SSESSION OF R A TRAILER			
(62) OWNED AUTOS			T00		66) OWNED AL					ILERS IN YOU					(74)		HANGE AC		т			
(63) OWNED PRIVATE					SORY UNIN					RAILER INTER					()	NON-O	WNED AUT	OS ONLY				
ENDORSEMENT	<u>'S / </u>	REN	IAR	KS (Attac	h ACORD	01, Add	ition	al Rema	irks Sched	ule, if mor	e spa	ce is	s req	uire	d)							
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A CREDIT REPOR SUBSEQUENT RE																						
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AN INSURER WH STATEMENT OF 1																						
ONE VIOLATION F																						
I UNDERSTAND A		ACK	NOW	VLEDGE TH	AT UNINSU	RED MOT	ORIS	TS BODI	Y INJURY (OVERAGE	(UMBI)) HAS	S BEE		FFER	ED TO	ME. AND	THAT I	HAVE THE			
OPTIONS OF SEL																						
REJECTED UMBI				OR SELEC	TED UMBI L	IMITS LO	WER	THAN M	Y BODILY I	JURY LIAB	ILITY I	_IMIT	ΓS, Ι Η	HAVE	ALS	D SIGN	NED THE	CALIFO	RNIA AUTO			
SUPPLEMENT, AC	CORE	D 61	CA.																			
I ALSO UNDERST																						
HAVE THE OPTIO														MY S	SELE	CTION	ON THIS	APPLICA	ATION, AND			
														T U 10								
IN ADDITION, I HA THIS OPTION.	VE I	BFFL	N OF	FERED WA	IVER OF CC	LLISION	JEDU	CIBLE.	IF THIS OPT	ION IS NOT	INDIC	AIEL	D ON	THIS	APPL		JN, THEN	THAVE	REJECTED			
											VOTA											
I UNDERSTAND T RENEWALS, CON											YSIA	IES	UPPL	EMEI			LY TO A	LL FUIU	RE POLICY			
APPLICANT'S SIGNATI		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5110					JOINER	PRODUCER'S								NATION		UCER NUMBER			
APPLICANT 5 SIGNAT	JKE					DATE			PRODUCER	SIGNATURE							NATIO	IAL PROD	OCER NUMBER			