



APPLICATION DATE

NEED BY DATE

PROPOSED EFFECTIVE DATE

## CONTRACTORS &amp; CONSULTANTS RENEWAL APPLICATION

## SECTION A: APPLICANT INFORMATION

APPLICANT

BIOCLEAN TEAM, Inc.

MAILING ADDRESS

5963 Billwood Hwy

CITY

Pottersville

STATE

MI

ZIP CODE

48876

PHYSICAL ADDRESS IF DIFFERENT

CITY

STATE

ZIP CODE

CONTACT NAME

Kam Bradman

CONTACT E-MAIL

Kam@biocleanteam.com

CONTACT PHONE #

517-896-7599

WEBSITE ADDRESS

biocleanteam.com

COMPANY IS:

☐

Individual

☒

Corporation

☐

LLC

☐

Partnership

☐

Other (Specify)

PROVIDE BRIEF DESCRIPTION OF APPLICANT'S OPERATIONS:

## SECTION B: GROSS RECEIPTS - PAST THREE (3) FISCAL YEARS

	FISCAL YEAR	RECEIPTS	Note: <u>Gross Receipts</u> are the total of all receipts, invoices and/or billings without any deductions. Please list your estimated gross receipts including work subcontracted to others for the <i>next 12 months</i> next to the appropriate category. List services not described below under "Other" (be specific).
1 <sup>st</sup> prior year	2023	735,617.	
2 <sup>nd</sup> prior year	2022	475,300	
3 <sup>rd</sup> prior year	2021	433,173.	

## SECTION C: OPERATIONS

- Total percent of all work subcontracted to others: 0%
- Please list all states where you perform operations: Michigan  
If you perform any operations in New York State, do you conduct any operations in any of the 5 boroughs of New York City (Manhattan, Brooklyn, Queens, Bronx and Staten Island) and/or Nassau or Suffolk Counties? ☐ Yes ☒ No If yes, what percent?

## SECTION D: CLAIMS

- Has any claim, suit or notice of incident been made against the firm or any staff member? ☐ Yes ☒ No  
If yes, please attach full details on each incident.
- Is the applicant aware of any circumstances, which may result in any claim, suit or notice of incident against him, the firm, his predecessors in business, any of the present or past partners or officers, or any staff member? ☐ Yes ☒ No  
If yes, please attach full details on each incident.

SEE PAGE 2. SORRY

## SECTION E: ENVIRONMENTAL CONTRACTING

Check here if this section does not apply

OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS	OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS
Abatement Contracting - Asbestos	/		Build Back/Restoration	/	
Abatement Contracting - Lead	/		Debris Removal (Hazardous Materials)		
Abatement Contracting - Mold	/		Debris Removal (Non Hazardous/Waste)	/	
Air Duct Cleaning	/		Drilling	/	
Alternative Energy Contracting - Solar	/		Emergency/Spill Response - Fire (No Build Back)	/	
Alternative Energy Contracting - Wind	/		Emergency/Spill Response (Rolling Stock/Vessel Spill)	/	
Alternative Energy Contracting - Other	/		Fire & Water Damage Restoration Work	/	
Bio Remediation (Soil, Water)	/		Mobile Incinerator	/	



OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS	OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS
Mold Prevention	/		Soil Remediation (Petroleum)	/	
Fuel System Installation	/		Soil Remediation (Other)	/	
Groundwater Remediation	/		Soil Removal	/	
Illegal Drug Lab Cleanup	67,000-		Tank and Pipe Cleaning	/	
Indoor Air Quality	/		Tank - AST Contracting	/	
Industrial Cleaning	/		Tank - UST Installation Contracting	/	
Lab Packing and Sampling	/		Tank - UST Removal Contracting	/	
Landfill Construction	/		Trucking - Hazardous Materials	/	
Liner Installation	/		Waste Contracting - Hazardous Materials	/	
Liquid Waste Management and Treatment	/		Waste Contracting - Non-Hazardous Materials	/	
Medical/Infectious Waste/Crime Scene Cleanup	517,617-		Waste Water Facility Operators	/	
PCB Contracting	/		Water Extraction	/	
Radon Mitigation	/		Wetlands Restoration and Construction	/	
Recycling - Hazardous Materials	/		Other (Specify)	/	
Service Station Contracting	/		Other (Specify)	/	
Sewage Waste Remediation	/		TOTALS FOR ENV. CONTRACTING		

**SECTION F: NON-ENVIRONMENTAL CONTRACTING OPERATIONS**


Check here if this section does not apply

OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS	OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS
Appliance Installation	/		Furniture Moving	/	
Boiler Inspections and Installations	/		Gas Mains or Connections	/	
Bridge or Elevated Highway Construction - Concrete	/		General Contracting - Commercial & Residential	/	
Bridge or Elevated Highway Construction - Iron or Steel	/		Glass Dealers & Glaziers (3 stories or less)	/	
Carpentry	/		Glass Dealers & Glaziers (more than 3 stories)	/	
Carpet, Rug, Furniture or Upholstery Cleaning	/		Grading of Land	/	
Concrete Construction - Foundation Work	/		HVAC	/	
Dredging	/		Industrial Cleaning, Maintenance	/	
Drilling - Water	/		Insulation Work - Mineral	/	
Driveway, Parking Area or Sidewalk Paving or Repaving	/		Insulation Work - Plastic	/	
Drywall or Wall Installation	/		Insulation Work - Organic or Plastic in Solid State	/	
EIFS	/		Interior Demolition/by Hand (not more than 6 stories)	/	
Electrical Contracting	/		Interior Demolition/by Hand (more than 6 stories)	/	
Equipment Sales UST - Fueling	/		Janitorial Contents Cleaning	/	
Excavation	/		Machinery or Equipment - Installation, Service or Repair	/	
Exterior Demolition of 4 Story Building	/		Masonry Contracting (No EIFS)	/	
Fencing	/		Metal Erection Contracting - Decorative or Artistic	/	
Fire Suppression Systems - Installation, Servicing /Repair	/		Metal Erection - Non Structural	/	



OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS	OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS
Floor Covering Mfg Not Carpets, Rugs	/		Metal Erection – Structural	/	
Floor Covering Installation – Not Ceramic or Stone Tiles	/		Millwright/Welders	/	
Framing	/		Painting	/	
Pile Driving Building Foundation Only	/		Street or Road Paving or Repaving, Surfacing	/	
Pile Driving – Sonic Method	/		Trucking	/	
Plastering or Stucco Work (No EIFS)	/		Water Mains or Connections Construction	/	
Plumbing	/		Waterproofing	/	
Pressure Washing	/		Welding or Cutting (No Oil/Gas Pipeline)	/	
Refrigeration Systems or Equipment – Dealers	/		Wrecking – Buildings No Explosives, Wrecking Balls	/	
Rigging – Not ship or Boat	/		Wrecking – Exterior Demolition – 1 & 2 stories	/	
Roofing	/		Other (Specify)	/	
Salvage Operations	/		Other (Specify)	/	
Sewer Mains or Connections Construction	/		Other (Specify)	/	
Street Cleaning	/		Other (Specify)	/	
Street or Road Construction or Reconstruction	/		<b>TOTALS FOR NON-ENV OPERATIONS</b>		

#### SECTION G: PROFESSIONAL CONSULTING OPERATIONS



Check here if this section does not apply

OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS	OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS
Air Monitoring	/		Indoor Air Quality Consulting (IAQ)	/	
Alternative Energy Consulting Solar	/		Industrial Hygiene Consulting	/	
Alternative Energy Consulting Wind	/		Industrial Hygienists	/	
Alternative Energy Consulting Other	/		Lead Consulting	/	
Asbestos Consulting	/		Mold Analytical Laboratories	/	
Environmental Analytical Laboratories	/		Mold Consulting	/	
Environmental Assessments (Phase I Surveys)	/		Mold Inspections	/	
Environmental Assessments (Phase II Surveys)	/		Mold Post Remediation Sampling	/	
Environmental Assessments (Phase III Surveys)	/		Project Remediation Mold Design	/	
Environmental Audits	/		Project Supervision	/	
Environmental Sampling	/		Radon Testing	/	
Environmental Expert Witness	/		Regulatory & Compliance Consulting	/	
Environmental Feasibility Studies	/		Remediation Project Design/Consulting	/	
Environmental Impact Studies	/		Safety Training Providers	/	
Environmental Litigation Support	/		UST Consulting & Testing	/	
Environmental Manual Preparation	/		Wetlands Delineations	/	
Environmental Permitting/Compliance	/		Wetlands Project Design/Consulting	/	
Environmental Remedial Investigation/Studies	/		Wildlife Studies	/	
Geophysical Consulting	/		Other (Specify)	/	

Geotechnical Consulting	/		Other (Specify)		
Hazardous Material Consulting	/		Other (Specify)	/	
Health & Safety Consulting	/		Other (Specify)	/	
Hydro Geological Consulting	/		TOTALS FOR PROFESSIONAL	/	
TOTAL REVENUE FOR ALL OPERATIONS					

#### FRAUD WARNING: APPLICABLE TO ALL STATES

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

#### WARRANTY STATEMENT

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant or the insurer to complete the insurance.

#### NOTICE TO APPLICANTS:

- a) Any person who knowingly and with intent to defraud any insurance company or Other person files an application for insurance containing any false information, or conceals for the Purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance Act, which is a crime.
- b) You agree that if the information supplied in the Application changes between the date of this Application and the effective date of the proposed insurance, then you will immediately notify the Underwriters of such changes.

Signature:

*K. J. L.*

Date:

*3/12/24*

Title:

*President*



Insured: BioClean Team, Inc  
Policy Number: ENV562013792-00 - Environmental  
Insurance Company: GuideOne National Insurance Company

On behalf of GuideOne National, I am pleased to attach the policy for the above insured. Please note that this is the only copy of the policy that you will receive.

Should you or the insured require any assistance throughout the policy period, please send your request to [envservice@aligngeneral.com](mailto:envservice@aligngeneral.com) or feel free to contact me directly at the number below.

**GuideOne Insurance**

Phone: 877-228-2788

Fax #: 800-676-4457

E-mail Address: [programclaim@guideone.com](mailto:programclaim@guideone.com)

**Required information for Claim Reporting:**

- Submit an Accord Form (preferred method)
- Submit without an Accord form (requested information for reporting)
  - Insured name, address, policy number
  - Date, Time, and Location of accident
  - Brief description of accident
  - Name and contact information of person reporting the accident
  - Main insured contact and contact information

Once a claim has been filed:

To receive your claim number and adjuster information contact:

**GuideOne Insurance**

Phone: 877-228-2788

Fax #: 800-676-4457

E-mail Address: [programclaim@guideone.com](mailto:programclaim@guideone.com)

Both Align General and GuideOne are truly grateful for the opportunity to work with you. We look forward to building future success and working with you on upcoming accounts.

Thank you again.

Sincerely,

Align General Insurance Agency, LLC





# U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site – <http://www.treas.gov/ofac>.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.





1111 Ashworth Rd  
West Des Moines, IA 50265  
[GuideOne.com](http://GuideOne.com)

## WHAT TO DO IN THE EVENT OF A CLAIM

- + Promptly report it to either your insurance agent or to:

GuideOne Insurance

Phone: 877-228-2788

Fax #: 800-676-4457

E-mail Address: [programclaim@guideone.com](mailto:programclaim@guideone.com)

- + Required information for Claim Reporting
  - o Submit on an Accord Form (preferred method)
  - o Submit without an Accord form (requested information for reporting)
    - Insured name, address, policy number
    - Date, Time, and Location of accident
    - Brief description of accident
    - Name and contact information of person reporting the accident
    - Main insured contact and contact information

## ONCE A CLAIM HAS BEEN FILED

- + To receive your claim number and adjuster information contact:

GuideOne Insurance

Phone: 877-228-2788

Fax #: 800-676-4457

E-mail Address: [programclaim@guideone.com](mailto:programclaim@guideone.com)



GuideOne Mutual Insurance Company  
GuideOne Specialty Mutual Insurance Company  
GuideOne Elite Insurance Company  
GuideOne America Insurance Company  
GuideOne National Insurance Company





## COMMON POLICY DECLARATIONS

**Policy Number:** ENV562013792-00

**Renewal of Number:**

**Policy Issue Date:** 5/8/2023

**ITEM 1. NAMED INSURED AND MAILING ADDRESS**  
BioClean Team, Inc  
5963 Billwood Hwy  
Pottersville, MI 48876

**PRODUCER:**  
Arlington/Roe - Corp\*

**ITEM 2. BUSINESS DESCRIPTION:** Medical and infectious waste removal and disposal

**ITEM 3. POLICY PERIOD:** From: 5/15/2023 To: 5/15/2024

at 12:01 A.M. Standard Time at your mailing address shown above.

**ITEM 4. THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS:**

COVERAGE PART	DECLARATIONS PAGE	FORM NUMBER
Commercial General Liability - Occurrence	GO 1001 - 1YC 10-17	CG 00 01 (12/04)
Contractors Pollution Liability - Occurrence	GO 2001 - 1YC 10-17	GO 2101 - 3NC (10/17)
Professional Liability	GO 3001 - 1YP 10-17	GO 3101 - 3NP (10/17)

**ITEM 5. FORMS AND ENDORSEMENTS ATTACHED TO THE POLICY AT INCEPTION:**  
For Forms and Endorsements applicable to all Coverage Parts, see **SCHEDULE B – SCHEDULE OF FORMS**.  
For Conditions applicable to any given Coverage Part, see **Declarations Page(s)** as listed above.

**ITEM 6.**

Premium:	\$2,421.00
Terrorism Premium (Certified Acts):	\$0.00
Policy & Inspection Fees:	\$100
Total Premium & Fees:	\$2,521.00
Minimum Earned Premium:	25.00%

Premium:	\$2,421.00
Policy Fee - MI:	\$300.00
Carrier Inspection Expense:	\$100.00
MI Surplus Lines Tax:	\$60.53
Total:	\$2,881.53

**This insurance has been placed with an insurer that is not licensed by the state of Michigan. In case of insolvency, payment of claims may not be guaranteed' This notice shall not be covered over or concealed in any manner.**

**Authorization:** In Witness Whereof, the Company issuing this policy has caused this policy to be signed by its authorized officers, but this policy shall not be valid unless also signed by a duly authorized representative of the Company.

5/8/2023

Date

Licensed Producer Signature





GuideOne National Insurance Company  
1111 Ashworth Road  
West Des Moines, IA 50265

## SCHEDULE B – SCHEDULE OF FORMS AND ENDORSEMENTS

Effective Date of  
This Schedule: 5/15/2023

Issue Date: 5/8/2023

Issued to: BioClean Team, Inc

The following is a schedule of Forms and Endorsements issued with the policy at inception:

### Schedule of Forms and Endorsements:

1.	Cover	Environmental Cover Letter
2.	ILP 001 01 04	U.S. Treasury OFAC Notice
3.	GO Claims Reporting (06 19)	GuideOne Claims Reporting
4.	GO 0001 - 1YC 10 17 (Common)	Common Policy Declarations
5.	GCX 10 02 08 17 (Common)	Schedule of Forms and Endorsements
6.	GSP 42 06 08 17	Signature Provisions
7.	GO 0221 - 2NC 10 17 (Common)	Common Policy Conditions
8.	GCX SS 01 08 17 (Common)	Service of Suit
9.	GO 0212 - 2YP 10 17 (Common)	Policy Aggregate and Per Occurrence Limit Provision
10.	GO 0233 - 5NE 02 21 (Common)	Covid-19 Exclusion
11.	GO 0232 - 5EN 09 18 (Common)	Exclusion Of Certified Acts Of Terrorism And Exclusion Of Other Acts Of Terrorism Committed Outside The United States
12.	GO 0229 - 5NN 10 17 (Common)	Nuclear Energy Liability Exclusion Endorsement
13.	GO 0222 - 5NS 10 17 (Common)	Supplemental Policy Exclusions
14.	GO 0201 - 2NC 10 17 (Common)	Cancellation Non-Renewal
15.	GO 0234 - 5NE 10 22	Exclusion - Per And Polyflouroalkyl Substances (PFSA)
16.	GO 1001 - 1YC 10 17 (CGL)	Commercial General Liability Coverage Part Declarations
17.	CG 00 01 12 04 (CGL)	Commercial General Liability Coverage Form
18.	CG 03 00 01 96 (CGL)	Deductible Liability Insurance
19.	CG 00 67 03 05 (CGL)	Exclusion - Violation Of Statues That Govern Sending Materials Or Information
20.	CG 21 49 09 99 (CGL)	Total Pollution Exclusion Endorsement
21.	CG 21 86 12 04 (CGL)	Exclusion - Exterior Insulation And Finish Systems
22.	CG 22 33 07 98 (CGL)	Exclusion - Testing Or Consulting Errors And Omissions



**GuideOne National Insurance Company**  
**1111 Ashworth Road**  
**West Des Moines, IA 50265**

23.	CG 22 43 07 98 (CGL)	Exclusion - Engineers, Architects Or Surveyors Professional Liability
24.	GO 1201 - 5NE 10 17 (CGL)	Exclusion - Punitive or Exemplary Damages
25.	GO 1202 - 2NI 10 17 (CGL)	Independent And/Or Subcontractor Restriction - Deductible Form
26.	GO 1216 - 5NM 10 17 (CGL)	Mold, Fungus and Organic Pathogen Exclusion
27.	GO 1218 - 5NE 10 17 (CGL)	Exclusion - Professional Services
28.	GO 1237 - 5NW 01-20	Wrap Up Exclusion
29.	GO 1238-5NE 09 20	Exclusion - New Residential Construction Amended
30.	CG 20 10 07 04 (CGL)	Additional Insured - Owners, Lessees Or Contractors Scheduled Person Or Organization
31.	CG 20 37 07 04 (CGL)	Additional Insured - Owners, Lessees Or Contractors Completed Operations
32.	GO 0216 - 4YP 10 17 (CGL)	Primary / Non-Contributory Coverage
33.	GO 0218 - 4YA 10 17 (CGL)	Amended Waiver of Subrogation
34.	GO 2001 - 1YC 10 17 (CPL)	Contractors Pollution Liability Coverage Part Declarations
35.	GO 2101 - 3NC 10 17 (CPL)	Contractors Pollution Liability Coverage Form
36.	GO 2236 - 4NO 10 17 (CPL)	Organic Pathogen Endorsement
37.	GO 2241 - 4YC 10 17 (CPL)	Claim Expenses Additional Limit Endorsement
38.	GO 2242 - 4YT 10 17 (CPL)	Transportation Pollution Liability Endorsement - Scheduled Limit
39.	GO 2244 - 4YN 10 17 (CPL)	Non Owned Disposal Sites Liability Endorsement - Schedule Limit
40.	GO 2229 - 5NE 10 17 (CPL)	Exclusion - Exterior Insulation and Finish Systems - Amended
41.	GO 0216 - 4YP 10 17 (CPL)	Primary / Non-Contributory Coverage
42.	GO 0218 - 4YA 10 17 (CPL)	Amended Waiver of Subrogation
43.	GO 2212 - 4YA 10 17 (CPL)	Additional Insured - Owners, Lessees or Contractors
44.	GO 3001 - 1YP 10 17 (PL)	Professional Liability Coverage Part Declarations
45.	GO 3101 - 3NP 10 17 (PL)	Professional Liability Coverage Form
46.	GO 3205 - 4YC 10 17 (PL)	Claim Expenses Additional Limit Endorsement
47.	GO 3214 - 4YM 10 17 (PL)	Mold Coverage Endorsement
48.	GO 3211 - 5NW 10 17 (PL)	War or Terrorism Exclusion
49.	GO 3204 - 4YA 10 17 (PL)	Additional Insured - Owners, Lessees or Contractors
50.	GO 0214 - 2YP 11 21 (Common)	Policy Period Minimum Premium and Minimum Earned Premium



## SIGNATURE PROVISIONS

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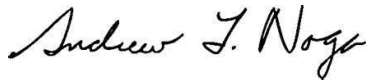
### Signatures

This policy is signed at West Des Moines, Iowa on behalf of the Company by the President and Secretary of the Company indicated below:

**GuideOne National Insurance Company**

A handwritten signature in black ink, appearing to read "B. Angstrom". The script is cursive and fluid.

President

A handwritten signature in black ink, appearing to read "Andrew J. Noga". The script is cursive and fluid.

Secretary

# COMMON POLICY CONDITIONS

All Coverage Parts included in this policy are subject to the following conditions. The Conditions herein shall take precedence over any Condition found elsewhere in the policy which has the same heading.

## 1. Bankruptcy

Bankruptcy or insolvency of the insured or of the insured's estate will not relieve us of our obligations under this policy.

## 2. Legal Action Against Us

No person or organization has a right under this policy.

- A. To join us as a party or otherwise bring us into a "suit" asking for damages from an insured; or
- B. To sue us on this policy unless all of its terms have been fully complied with.

A person or organization may sue us to recover on an agreed settlement or on a final judgement against an insured obtained after an actual trial, but we will not be liable for damages that are not payable under the terms of this policy or that are in excess of the applicable limit of insurance. An agreed settlement means a settlement and release of liability signed by us, the insured and the claimant or the claimant's legal representative.

## 3. Premium Audit

- A. We will compute all premiums for this policy in accordance with our rules, rates, rating plans, premiums, and minimum premium requirements.
- B. Premium shown in this policy as advance premium is a deposit premium only. At the close of each audit period we will compute the earned premium for that period. Audit premiums are due and payable on notice to the first Named Insured.
- C. The first Named Insured must keep records of the information we need for premium computation and send us copies at such times as we may request.
- D. We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.
- E. Premium adjustments affected as a result of premium audits may be done by us while the policy is in effect.
- F. Premium Audit adjustment calculations will be made to determine additional premium only. You have agreed with us that there will be no downward adjustments of the Advanced Premium.

## 4. Representations

By accepting this policy, you agree:

- A. The statements in the Declaration, and in the application for insurance and information submitted therewith, are accurate and complete;
- B. Those statements are based upon representations you made to us; and
- C. We have issued this policy in reliance upon your representations.

## 5. Separation Of Insureds

Except with respect to the Limits of Insurance and any rights or duties specifically assigned in this policy to the first Named insured, this insurance applies:

- A. As if each Named Insured were the only Named Insured; and
- B. Separately to each insured against whom "claim" is made or "suit" is brought.

## 6. Transfer Of Rights Of Recovery Against Others To Us

If the insured has rights to recover all or part of any payment we have made under this policy, those rights are transferred to us. The insured must do nothing after loss to impair them. At our request, the insured will bring "suit" or transfer those rights to us and help us enforce them.

## 7. When We Do Not Renew

If we decide to cancel or not to renew this policy, we will mail or deliver to the first Named Insured shown in the Declarations written notice of the nonrenewal not less than 30 days before the expiration date.

If notice is mailed, proof of mailing will be sufficient proof of notice.

## 8. Cancellation

- A. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
- B. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
  - 1. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
  - 2. 30 days before the effective date of cancellation if we cancel for any other reason.
- C. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
- D. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
- E. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
- F. If notice is mailed, proof of mailing will be sufficient proof of notice.

**9. Changes**

This policy contains all the agreements between you and us concerning the insurance afforded. The first named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

**10. Examination Of Your Books And Records**

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.

**11. Inspections And Surveys**

- A. We have the right to:
  - 1. Make inspections and surveys at any time;
  - 2. Give you reports on the conditions we find; and
  - 3. Recommend changes.
- B. We are not obligated to make any inspections, surveys, reports or recommendations, and any such actions we do undertake relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. We do not warrant that conditions:
  - 1. Are safe or healthful; or
  - 2. Comply with laws, regulations, codes or standards.
- C. Paragraphs A. and B. of this condition apply not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.
- D. Paragraph B. of this condition does apply to any inspections, surveys, reports or recommendations we may make relative to certification under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.

**12. Premiums**

The first Named Insured shown in the Declarations:

- A. Is responsible for the payment of all premiums; and
- B. Will be the payee for any return premiums we pay.

**13. Transfer Of Your Rights And Duties Under This Policy**

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.



## SERVICE OF SUIT ENDORSEMENT

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

The party named below is authorized and directed to accept service of process on our behalf in any action, suit or proceeding instituted by or on behalf of any Insured or beneficiary under this policy against us arising out of this policy:

### **CT Corporation System**

Further, pursuant to any statute of any state, territory or District of the United States which makes provision therefor, the Company hereby designates the Superintendent, Commissioner, Director of Insurance, Secretary of State or other officer specified for that purpose in the statute, or his successor or successors in office, as their true and lawful attorney upon whom may be served any lawful process in any action, suit or proceeding instituted by or on behalf of the insured or any beneficiary hereunder, arising out of this contract of insurance. Upon such service, process should be forwarded to CT Corporation at the above address.

The most current address for **CT Corporation System** applicable to your state may be provided by your agent or found at the web address below:

<https://ct.wolterskluwer.com/sop-locations>

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**POLICY AGGREGATE AND PER OCCURRENCE LIMIT PROVISION**

All Coverage parts included in this policy are subject to the following provisions:

1. Notwithstanding anything contained in this policy to the contrary, the **Policy Aggregate Limit** identified below and the rules below outline the most we will pay under this policy regardless of the number of:
  - a. Insureds;
  - b. Claims or "claims" made or "suits" brought;
  - c. Persons or organizations making claims or "claims" or bringing "suits";
  - d. Government actions taken with respect to "cleanup costs"; or
  - e. Coverage Parts that are a part of this policy.
2. The **Policy Aggregate Limit** is the most we will pay for the sum of all damages and "claim expenses".
3. The **Policy Aggregate Limit** does not apply to:
  - a. Supplementary Payments in any Coverage Part that do not reduce the limits of insurance for that Coverage Part; or
  - b. Any Coverage Part that is described in the Declarations as a Commercial Excess Liability Coverage Part.
4. The **Policy Aggregate Limit** applies to the policy period as shown in the Declarations and to any extension or contraction of that policy period.
5. The **Policy Aggregate Limit** is the lesser of:
  - a. The highest Aggregate Limit or General Aggregate Limit shown in any Coverage Part Declarations of this policy; or
  - b. The following **Policy Aggregate Limit**, if any, shown below.

**POLICY AGGREGATE LIMIT      \$2,000,000**

6. If an Occurrence covered under any coverage part or coverage from of this policy is also covered in whole or part under any other coverage form issued to you by us, the most we will pay is the single highest available applicable per Occurrence limit, but not to exceed the **Policy Aggregate Limit**.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **COVID-19 EXCLUSION**

All Coverage parts included in this policy are subject to the following exclusion:

This insurance does not apply to any:

- (1)** "Bodily injury", "property damage", "personal and advertising injury" or "claim" arising out of, caused by or resulting from, directly or indirectly, in whole or in part from the actual, alleged or threatened transmission by any means, or contamination from or exposure to "COVID-19" at any time.
- (2)** Any loss, cost or expense arising out of any:
  - (a)** Request, demand, order of statutory or regulatory requirement that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "COVID-19"; or
  - (b)** "Claim" or "suit" by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of, "COVID-19"; or
  - (c)** "Claim" or "suit" alleging the failure of any "insured" to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "COVID-19."

"COVID-19" means SARS-COV-2, COVID-19, or any other related or derivative virus or organism commonly called a Coronavirus.



FROM: Mickey Siegel<msiegel@jmwilson.com>  
TO: Brokerage Indexing  
SENT: Friday, March 29, 2024 11:13:48 AM Eastern Daylight Time  
SUBJECT: FW: G72579550-001 Bioclean Team Inc  
ATTACHMENTS: image001.jpg; image002.jpg; Old Crum & Forester app for BioClean Team.pdf; JM Wilson policy fo  
rBioClean Team carried from 2010 to 2023.pdf; Loss history for BioClean Term until changed carrier in may of 23.pdf; Accrod  
Applications for 24 policy for BioClean Team to JM Wilson for quote.pdf;

PLEASE CREATE NEW FILE FOR THIS RISK

**Mickey Siegel | Territory Development Manager - Arizona**  
**JM WILSON CORPORATION**  
CA License #0114618  
8036 Moorsbridge Rd.  
Portage, MI 49024  
Phone: 800-734-6982 / 269-321-4707  
[www.jmwilson.com](http://www.jmwilson.com)

From: Jim Day <jday@hksagency.com>  
Sent: Friday, March 29, 2024 8:04 AM  
To: Mickey Siegel <msiegel@jmwilson.com>  
Subject: RE: G72579550-001 Bioclean Team Inc

Hi Mickey, additional information to underwrite BioClean Team. Need GL Professional, and Pollution coverage and GL  
Broadening forms along with Exclusion of Terrorism.  
Thanks,  
Jim

Jim Day, LIC Agent  
Hacker-King-Sherry Agency  
[jday@hksagency.com](mailto:jday@hksagency.com)  
517-318-2539 (DID #)  
517-337-6000 (Main Office #)  
517-337-0982 (Fax)

## CELEBRATING 100 YEARS IN BUSINESS!!

From: Mickey Siegel <[msiegel@jmwilson.com](mailto:msiegel@jmwilson.com)>  
Sent: Friday, March 29, 2024 9:17 AM  
To: Jim Day <[jday@hksagency.com](mailto:jday@hksagency.com)>  
Subject: Re: G72579550-001 Bioclean Team Inc

Thanks for being so responsive Jim! If you could also send me over any contract stipulations we need to ensure to meet as this  
appears to be a risk that works with a public entity if I am not mistaken. Hope to help you soon!

**Mickey Siegel | Territory Development Manager - Arizona**  
**JM WILSON CORPORATION**  
CA License #0114618  
8036 Moorsbridge Rd.  
Portage, MI 49024  
Phone: 800-734-6982 / 269-321-4707  
[www.jmwilson.com](http://www.jmwilson.com)

From: Jim Day <[jday@hksagency.com](mailto:jday@hksagency.com)>  
Sent: Friday, March 29, 2024 7:11:53 AM  
To: Mickey Siegel <[msiegel@jmwilson.com](mailto:msiegel@jmwilson.com)>  
Subject: RE: G72579550-001 Bioclean Team Inc

Hi Mickey,  
Here is the current policy with Arlington-Row, and the reason we switched to them, is that they provided professional and pollution liability along with the GL at a very favorable price.  
I have no problem with A-R, just need to see if we can do better this year.  
Best,  
Jim

Jim Day, LIC Agent  
Hacker-King-Sherry Agency  
[jday@hksagency.com](mailto:jday@hksagency.com)  
517-318-2539 (DID #)  
517-337-6000 (Main Office #)  
517-337-0982 (Fax)

## CELEBRATING 100 YEARS IN BUSINESS!!

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From: Mickey Siegel <[msiegel@jmwilson.com](mailto:msiegel@jmwilson.com)>  
Sent: Friday, March 29, 2024 8:33 AM  
To: Jim Day <[jday@hksagency.com](mailto:jday@hksagency.com)>  
Subject: Re: G72579550-001 Bioclean Team Inc

Thanks Jim! Who is the current carrier and did they give you an indication of the renewal? Look forward to seeing the quote and finding a market to crush Arlington Roes. :-D

**Mickey Siegel | Territory Development Manager - Arizona**  
**JM WILSON CORPORATION**

CA License #0114618  
8036 Moorsbridge Rd.  
Portage, MI 49024  
Phone: 800-734-6982 / 269-321-4707  
[www.jmwilson.com](http://www.jmwilson.com)

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From: Jim Day <[jday@hksagency.com](mailto:jday@hksagency.com)>  
Sent: Friday, March 29, 2024 6:30:30 AM  
To: Mickey Siegel <[msiegel@jmwilson.com](mailto:msiegel@jmwilson.com)>  
Subject: RE: G72579550-001 Bioclean Team Inc

Need to update it, and will do so next week and submit. Arlington-Row is still quoting the renewal, but the insured always asks that I show him at least 2 quotes. I'll let you know the present carrier when I send Accord app's next week.  
Thanks, and have a great Easter.  
Jim

Jim Day, LIC Agent  
Hacker-King-Sherry Agency  
[jday@hksagency.com](mailto:jday@hksagency.com)  
517-318-2539 (DID #)  
517-337-6000 (Main Office #)  
517-337-0982 (Fax)

## CELEBRATING 100 YEARS IN BUSINESS!!

From: Mickey Siegel <[msiegel@jmwilson.com](mailto:msiegel@jmwilson.com)>  
Sent: Thursday, March 28, 2024 4:32 PM  
To: Jim Day <[jday@hksagency.com](mailto:jday@hksagency.com)>  
Subject: RE: G72579550-001 Bioclean Team Inc

We can use whatever apps you have at your disposal, so that Align application is great! Do you have a general app that was completed last year when you went to A/R? Also will need updated Loss Runs at this point. With that policy number, were they with Markel?

Thanks,

**Mickey Siegel | Territory Development Manager - Arizona**  
**JM WILSON CORPORATION**  
CA License #0114618  
8036 Moorsbridge Rd.  
Portage, MI 49024  
Phone: 800-734-6982 / 269-321-4707  
[www.jmwilson.com](http://www.jmwilson.com)

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From: Jim Day <[jday@hksagency.com](mailto:jday@hksagency.com)>  
Sent: Thursday, March 28, 2024 1:29 PM  
To: Mickey Siegel <[msiegel@jmwilson.com](mailto:msiegel@jmwilson.com)>  
Subject: RE: G72579550-001 Bioclean Team Inc

Ok, I have to get new app's put together, do you have any o0thers you need. JM Wilson used to write this, but rates got crazy so switched to A-R. Was trying to put together new Accord app's and just got too busy, so have to do it next week. Just sent to Trevor as he had written this before, and wanted him to know the insured is going to buy coverage again this year. If you have specific app's please send and I'll work on them next week. The app I sent shows what he does pretty well. Have a Happy and Blessed Easter.  
Jij

Jim Day, LIC Agent  
Hacker-King-Sherry Agency  
[jday@hksagency.com](mailto:jday@hksagency.com)  
517-318-2539 (DID #)  
517-337-6000 (Main Office #)  
517-337-0982 (Fax)

## CELEBRATING 100 YEARS IN BUSINESS!!

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From: Mickey Siegel <[msiegel@jmwilson.com](mailto:msiegel@jmwilson.com)>  
Sent: Thursday, March 28, 2024 4:15 PM  
To: Jaime Fenimore <[jfenimore@jmwilson.com](mailto:jfenimore@jmwilson.com)>; Jim Day <[jday@hksagency.com](mailto:jday@hksagency.com)>  
Subject: RE: G72579550-001 Bioclean Team Inc

But also... We can write all environmental risks so you don't have to go to Arlington Roe... =P

**Mickey Siegel | Territory Development Manager - Arizona**  
**JM WILSON CORPORATION**  
CA License #0114618  
8036 Moorsbridge Rd.  
Portage, MI 49024  
Phone: 800-734-6982 / 269-321-4707  
[www.jmwilson.com](http://www.jmwilson.com)

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From: Jaime Fenimore <[jfenimore@jmwilson.com](mailto:jfenimore@jmwilson.com)>  
Sent: Thursday, March 28, 2024 1:12 PM



To: Jim Day <[jday@hksagency.com](mailto:jday@hksagency.com)>  
Cc: Mickey Siegel <[msiegel@jmwilson.com](mailto:msiegel@jmwilson.com)>  
Subject: G72579550-001 Bioclean Team Inc

Hi Jim,

It looks like you submitted this to us by mistake. Did you mean to send it to Arlington Roe? See the attached email. Thanks!

**Jaime Fenimore, MS, CPCU | Brokerage Underwriter**  
**JM WILSON CORPORATION**  
CA License #0114618  
130 E Wilson Bridge Rd, Ste 305  
Worthington, OH 43085  
Phone: 800-666-5692 / 866-807-3148  
Submission Email Address : [brokerage@jmwilson.com](mailto:brokerage@jmwilson.com)  
[www.jmwilson.com](http://www.jmwilson.com)

**From:** Jim Day [jday@hksagency.com](mailto:jday@hksagency.com)  
**Sent:** Thursday, March 28, 2024 12:48 PM  
**To:** Trevor McElroy [tmcelroy@jmwilson.com](mailto:tmcelroy@jmwilson.com)  
**Subject:** FW: FW: Bioclean Team Inc ENV562013792-00

Hi Trevor,  
Here is the completed renewal application for BioClean Team, and he does want to renew.  
Thanks and have a Blessed Easter.  
Jim

Jim Day, LIC Agent  
Hacker-King-Sherry Agency  
[jday@hksagency.com](mailto:jday@hksagency.com)  
517-318-2539 (DID #)  
517-337-6000 (Main Office #)  
517-337-0982 (Fax)

## CELEBRATING 100 YEARS IN BUSINESS!!

**From:** [kam@biocleanteam.com](mailto:kam@biocleanteam.com) [kam@biocleanteam.com](mailto:kam@biocleanteam.com)  
**Sent:** Thursday, March 28, 2024 12:44 PM  
**To:** Jim Day [jday@hksagency.com](mailto:jday@hksagency.com)  
**Subject:** Re: FW: Bioclean Team Inc ENV562013792-00

Hi Jim,

Here is the completed application for our general liability insurance; I do apologize for the delay. I had it filled out but we just realized it was never scanned and emailed back to you. We have been swamped with work and it has been hard to keep up with emails lately. Let me know if you have any questions or need anything else from us.

Also, we have not heard from Liberty Mutual as far as the self-audit information with our worker's comp insurance. Our office sent in the payment for the renewal quote (\$1320) online on 2/16/24, and we received a copy of the actual worker's comp insurance policy info, but nothing about the self audit. Hopefully they received the payment. Usually the self-audit is due at the end of April. Maybe I am ahead of myself, but I don't want to miss getting it done.

Thank you!

---

Kam Bradman, President

BIOCLEAN TEAM, Inc.  
517.896.7599

est. 1996

On 2024-03-04 12:02, Jim Day wrote:

Hi Kam,

The broker requires a new application if you can please complete what you can, I can take care of any coverage questions, I don't have a printer here in Costa Rica I can scan with so I can't do the form from here and just send what I don't know back to you.

So if you email it when done as best as you can, and signed, I'll forward to the office and ask them to write in anything that may be missing when I print it to the office and tell them what to fill in.

Thanks,

Jim

Jim Day, LIC Agent

Hacker-King-Sherry Agency

[jday@hksagency.com](mailto:jday@hksagency.com)

517-318-2539 (DID #)

517-337-6000 (Main Office #)

517-337-0982 (Fax)

# CELEBRATING 100 YEARS IN BUSINESS!!

From: Katie Atkinson <[katkinson@arlingtonroe.com](mailto:katkinson@arlingtonroe.com)>  
Sent: Monday, March 4, 2024 11:12 AM  
To: Jim Day <[jday@hksagency.com](mailto:jday@hksagency.com)>  
Subject: Bioclean Team Inc ENV562013792-00

Hey Jim!

The above captioned policy will expire on 05/15/2024. In order to obtain a renewal quote please provide us with the following information:

- Updated and fully completed supplemental application
- Advise of any changes in operations
- Carriers will not provide a renewal quote without a full submission

Applications will need to be signed and dated by insured AT BINDING. Please return the above information to my attention as soon as possible. As always, please do not hesitate to call with any questions.

Thank you,

**Katie Atkinson**

*Assistant Commercial Broker*

**Arlington/Roe®**

d: 463.317.8674 | p: 800.878.9891 ext. 8830

w: [www.arlingtonroe.com](http://www.arlingtonroe.com) | e: [katkinson@arlingtonroe.com](mailto:katkinson@arlingtonroe.com)

[Read my bio](#)





## CONTRACTORS AND CONSULTANTS APPLICATION ENVIRONMENTAL SERVICE PROVIDERS

### PLEASE ANSWER ALL QUESTIONS COMPLETELY

**NOTICE:** For certain policies and coverage parts issued, the limit of liability available to pay judgments for settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible or retention amount.

**ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THE APPLICATION:**

1. Completed Acord Application
2. Qualification including resumes, brochures, and a listing of previous projects.
3. Most recent income statement and balance sheet.
4. Five years of currently valued loss runs including pollution and professional, if applicable.

I. APPLICANT INFORMATION			
Insured: <u>BIOCLEAN TEAM</u>		Date: <u>3-30-22</u>	
Address: <u>5963 Billwood Hwy</u>		E-Mail: <u>Kamebiocleanteam.com</u>	
City: <u>Pottersville</u>	State: <u>MI</u>	Zip Code: <u>48876</u>	Phone: <u>517-896-7599</u>
Company is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other _____ (please describe)			
II. REQUESTED COVERAGE			
1. Coverage Requested: (please clearly state what coverage(s) you are requesting)  <input type="checkbox"/> New Business <input type="checkbox"/> Renewal  ..... <input checked="" type="checkbox"/> Commercial General Liability ( <input type="checkbox"/> Occurrence, or <input type="checkbox"/> Claims Made) <input type="checkbox"/> Contractors Pollution Liability ( <input type="checkbox"/> Occurrence, or <input type="checkbox"/> Claims Made) <input type="checkbox"/> Errors and Omissions (Claims Made Only) <input type="checkbox"/> Pollution Legal Liability (Claims Made Only) <input type="checkbox"/> Third Party Pollution Liability <input type="checkbox"/> On-Site Clean Up		2. Proposed Effective Date: _____ Proposed Retroactive Date: _____ Expiring Retroactive Date: _____  3. Limits Of Liability/Deductible: Limits Requested: _____ Deductible Requested: _____  4. Other Coverages and Endorsements: _____	
III. GROSS RECEIPTS			
Please indicate gross receipts for the prior three years:			
<b>Prior Year Revenues</b> (Past 12 Months)	<b>Current Year Revenues</b> (Current 12 Months)	<b>Estimated Revenues</b> (Upcoming 12 Months)	
<u>404,676.26</u>	<u>433,173.01</u>	<u>380,000.00</u>	
Indicate Month/Date below: <u>Jan</u> to <u>Dec 2020</u>	Indicate Month/Date below: <u>Jan</u> to <u>Dec 2021</u>	Indicate Month/Date below: <u>Jan</u> to <u>Dec 2022</u>	

Note: Gross Receipts are the total of all receipts, invoices and/or billing without any deductions of any kind. Please list your estimated receipts **including subcontracted work** for the next 12 months next to the appropriate category. List services not described below under "Other" (please be specific):

4. Environmental Contracting		6. Consulting/Laboratory	
Above Ground Storage Tank Installation		Air Monitoring	
Above Ground Storage Tank Removal		Analytical Laboratories	2,000 - 4,000
Asbestos Abatement		Civil Engineering	
Bio Remediation	250 - 300,000	Environmental Compliance	
Drilling (not oil/gas)		Environmental Impact Studies	
Emergency Response		Environmental Permitting	
Haz Mat Clean Up		Environmental Sampling	
Haz Mat Packing / Pickup		Expert Witness	
Lead Abatement		Geophysical (i.e. drilling, sampling, etc.)	
Liquid Waste Remediation		Geotechnical (i.e. foundation, retaining wall, slope stability, etc.)	
Mold Remediation		Haz Mat Consulting	
PCB Removal / Remediation		Hydrogeological Investigations	
Soil Removal / Remediation		Indoor Air Quality	
Soil Excavation – other than petroleum		Industrial Hygiene / HASP	
Tank &/or Pipe Cleaning		Litigation Support	
Underground Storage Tank Installation		Manual Preparation	
Underground Storage Tank Removal		Mold Evaluation / Consulting	
Wetlands Contracting		Phase I Environmental Assessments	
<b>5. Non-Environmental Contracting</b>		Phase II & III Environmental Assessments	
Carpentry		Project Management	
Demolition		Remedial Investigation / Studies	
Electrical		Remedial Design	
Fire / Water Restoration		Remediation Oversight	
General Contractor		Safety Training	10,000
Grading Contractor		Underground Storage Tank Testing	
Industrial Cleaning		Wetlands	
Maintenance/Janitorial			
Masonry			
Mechanical Construction		<b>Other – Consulting / Laboratory</b>	
Metal Erection		Describe:	
Painting		Describe:	
Paving			
Pipeline Installation			
Plumbing			
Roofing			
Oil and Gas			
Street and Road			
<b>Other – Contracting</b>			
Describe:	Janitorial cleaning 30-40,000		
Describe:	Sharps collection & disposal 80-90,000		
Describe:			
Describe:			
<b>Total Projected Contracting Gross Receipts:</b>	380-400,000	<b>Total Projected Consulting/Laboratory Gross Receipts:</b>	12-14,000



#### IV. SUBCONTRACTED SERVICES

##### 1. Please identify the services that are subcontracted:

Description: \_\_\_\_\_  
Description: N/A  
Description: \_\_\_\_\_  
Description: \_\_\_\_\_

##### 2. Applicable Cost:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 3. Are all subcontractors licensed and accredited?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Does the applicant collect certificates of insurance from all subcontractors?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are the subcontractors required to name the applicant as an additional insured?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Is a standard written contract used with the applicant's clients and/or subcontractors, including hold harmless and limitation of liability clause? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

#### V. GENERAL INFORMATION

- |   |   |  |
|---|---|--|
| 1. Does the applicant directly or indirectly perform work on residential properties?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| <b>If yes</b> , what percentage of the applicant's overall sales are associated with this operation? <u>50</u> %  |   |  |
| 2. Are more than 50% of the applicant's services subcontracted?   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| 3. Is the applicant applying for project specific coverage?   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>If yes, please attach a copy of the contract for the project and project supplemental application.</b>   |   |  |
| 4. Does the applicant conduct more than 10% geotechnical or geophysical operations?   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>If yes</b> , what percentage of the applicant's overall sales are associated with this operation? _____%   |   |  |
| <b>Please submit the following:</b> A detailed list of the applicant's geotechnical and geophysical operations & detailed resumes of employees who conduct these operations.  |   |  |
| 5. Does the applicant install any type of liner, i.e. landfill, lagoons, etc.?  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>If yes</b> , what percentage of the applicant's overall sales are associated with this operation? _____%   |   |  |
| <b>Please submit the following:</b> Resumes and certifications of employees installing the liners, installation procedures & testing procedures for the installed liner.  |   |  |
| 6. Does the applicant conduct tank installation work?   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>If yes, please answer the following:</b>   |   |  |
| a) What percentage of the applicant's overall sales are associated with this operation?   | _____%                                  |  |
| b) Are the installed tanks precision tightness tested before being released to owner?   | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            |
| c) Does the applicant apply any type of corrosion protection?   | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            |
| d) Are tanks tested and certified by a registered professional before use?  | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            |
| <b>Please submit the following:</b> Resumes and certifications of all tank installation employees, type of tanks applicant installs, type of corrosion protection applicant installs & installation procedures.         |   |  |
| 7. Are any of the applicant's revenues generated by contracting services performed in New York City?  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>If yes</b> , what percentage of the applicant's overall sales are associated with this operation? _____%   |   |  |
| 8. Does the applicant conduct any type of mold contracting or mold consulting work?   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>If yes</b> , please complete and attach a Supplemental Mold Contractors and Consultants Application.   |   |  |
| <b>If no</b> , but the applicant is interested in being considered for mold coverage for claims that may arise from the applicant's contracting operations, please complete and attach a Supplemental Mold Application. |   |  |
| 9. Does the applicant conduct any Phase I or Real Estate Transfer Assessments?  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>If yes, please answer the following:</b>   |   |  |
| a) What percentage of the applicants overall sales are associated with this operation:  | _____%                                  |  |
| b) Does the applicant follow ASTM-1527 guidelines?  | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            |
| <b>If no, please attach a sample contract of the applicant's format.</b>  |   |  |



10. Total personnel (List each person only once, by primary function):

a) Architects, Engineers, Geologists, Hydrogeologists \_\_\_\_\_

b) Industrial Hygienists, Toxicologists, CIHs or CSPs \_\_\_\_\_

c) Supervisors/Foremen/Leadmen \_\_\_\_\_

d) Draftsmen, Technicians \_\_\_\_\_

e) Laborers \_\_\_\_\_

f) AHERA, Hazwopers \_\_\_\_\_

g) Other (please specify primary function and count per primary function):  
Biohazard remediation technician - 3, office/clerical - 2

# VI. CLAIMS INFORMATION

11. Has any claim, suit or notice of incident been made against the firm or any staff member? ☐ Yes ☒ No  
**If yes, please provide full details on each incident:**

12. Is the applicant aware of any circumstances, which may result in any claim, suit or notice of incident against him, the firm, his predecessors in business, any of the present or past partners or officers, or any staff member and/or has any claim, suit or notice of incident been made against the firm or any staff member? ☐ Yes ☒ No  
**If yes, please provide full details on each incident:**

# VII. HISTORY OF COMPANY

1. Date Company Was Established: <u>1996</u>	5. Is the applicant a successor of any other business? If yes, please list predecessor in the area below. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Is the applicant, or any affiliated, related predecessor entity currently involved with sharing office space, use of employees or commingling of affiliated or related operations or services of any kind? If yes, please provide an explanation in the area below. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6. Has the applicant, or any affiliated, related predecessor entity or any officer or owner ever been convicted of a crime? If yes, please provide an explanation in the area below. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Is work done through or by any affiliated or related company(s)? If yes, please provide an explanation in the area below. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Has the applicant, or any affiliated, related predecessor entity ever been (or currently is) the subject of bankruptcy, reorganization, solvency, dissolution or other debtor related proceedings and/or has made assignment for the benefit of creditors? If yes, please provide an explanation in the area below. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Is the applicant, or any affiliated, related predecessor entity currently involved in any litigation, administrative or arbitration proceeding(s) or subject to any court or agency order or injunction? If yes, please provide an explanation in the area below. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

# 8. Detailed explanation:

# VII. PRIOR LIABILITY CARRIER INFORMATION (Past three years)

Coverage Form	Carrier	Receipts	Limit of Liability	Deductible	Type of Policy	Rate	Premium
1.							
2.							
3.							

4. Has any policy or coverage been declined, cancelled and/or non-renewed during the prior three years?

☐ Yes (If yes, please explain): \_\_\_\_\_

☒ No

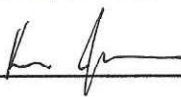
**FRAUD WARNING: APPLICABLE TO ALL STATES**

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

**WARRANTY STATEMENT**

The signatory declares that (s)he is authorized by the Applicant to sign this application on behalf of all prospective *Insureds* and that to the best of his/her knowledge the statements herein are true. The signatory agrees that if the information supplied in this application and the materials submitted therewith should change between the date this application is signed and the effective date of the proposed insurance, the signatory shall immediately notify the *Insurer* of such and shall provide the *Insurer* with information that would complete, update or correct the application or materials submitted therewith. The *Insurer* may withdraw or modify any of the terms or conditions of coverage accordingly.

**NOTICE TO APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance act, which is a crime.

Signature:	<u></u>	Date:	<u>3-30-22</u>
Print Name:	<u>Kam Bradman</u>	Title:	<u><del>CEO</del> President</u>



<b>OUS306 (11/09) General Change Endorsement</b>
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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

This endorsement modifies insurance provided under the following:

**ALL COVERAGE PARTS**

Policy Number: OUS012000912

Endorsement No: 1

Insured Name: BIOCLEAR TEAM INC

DBA:

Expiration Date: 05/15/2014

☐ The expiration date of policy is changed to:☐ This policy is hereby cancelled effective:

The following change(s) indicated below is(are) made a part of this policy effective: 05/15/2013

☒ Additional insured(s)/Mortgagees:☐ The mailing address is changed to:

FIRST HOUSING CORPORATION

**ALL COVERAGE PARTS TOTAL PREMIUM:**

<input checked="" type="checkbox"/>	Additional premium	\$	50.00
<input checked="" type="checkbox"/>	Additional taxes and fees	\$	1.25
<input type="checkbox"/>	Additional taxes and fees	\$	
<input type="checkbox"/>	Additional taxes and fees	\$	
<input type="checkbox"/>	Return premium	\$	
<input type="checkbox"/>	Return taxes and fees	\$	
<input type="checkbox"/>	Total	\$	

**GENERAL LIABILITY**☐ The General Liability Limits of Insurance have been changed to:

\$	Each Occurrence	\$	Personal and Advertising Injury
\$	General Aggregate	\$	Damage to Premises Rented to you Limit
\$	Products/Completed Operations Aggregate	\$	Medical Expenses Limit (any one person)

The following general liability location(s) and/or classification(s) has/(have) been added, deleted or amended:

**GL - BUSINESS DESCRIPTION AND LOCATION PREMISES**

Business Description:

Location of all premises you own, rent or occupy:

Add	Del	Amd	Location
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CANOPIUS US INSURANCE, INC.

GL - PREMIUM BASIS:

Add	Del	Amd	Code No.	Classification	*Premium Basis	Rate		Advance Premium	
						PR/CO	All Other	PR/CO	All Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$		\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$		\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$		\$

\*(a) Area, (c) Total Cost, (m) Admission, (p) Payroll, (s) Gross Sales, (u) Units, (o) Other

GENERAL LIABILITY PREMIUM:

Deductible \$

<input type="checkbox"/>	No change in premium	
<input type="checkbox"/>	Additional premium	\$
<input type="checkbox"/>	Additional taxes and fees	\$
<input type="checkbox"/>	Additional taxes and fees	\$
<input type="checkbox"/>	Additional taxes and fees	\$
<input type="checkbox"/>	Return premium	\$
<input type="checkbox"/>	Return taxes and fees	\$
<input type="checkbox"/>	Total	\$

PROPERTY:

☐ The following **PROPERTY** location(s) has/(have) been added, deleted or amended:

DESCRIPTION OF PREMISES /COVERAGE PROVIDED

Add	Del	Amd	PREM# /BG#	LOCATION	CONSTRUCTION	PROT.CLASS	OCCUPANCY	YR.BUILT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/	CITY COUNTY				

COVERAGE	LIMIT OF INSURANCE	COVERED CAUSES OF LOSS	VALUATION	COINS%	RATE	PREMIUM
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CANOPIUS US INSURANCE, INC.

DESCRIPTION OF PREMISES /COVERAGE PROVIDED

Add	Del	Amd	PREM#	LOCATION	CONSTRUCTION	PROT.CLASS	OCCUPANCY	YR.BUILT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/BG#					
			/	CITY				
				COUNTY				

COVERAGE	LIMIT OF INSURANCE	COVERED CAUSES OF LOSS	VALUATION	COINS%	RATE	PREMIUM
----------	--------------------	------------------------	-----------	--------	------	---------

Add	Del	Amd	PREM#	LOCATION	CONSTRUCTION	PROT.CLASS	OCCUPANCY	YR.BUILT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/BG#					
			/	CITY				
				COUNTY				

COVERAGE	LIMIT OF INSURANCE	COVERED CAUSES OF LOSS	VALUATION	COINS%	RATE	PREMIUM
----------	--------------------	------------------------	-----------	--------	------	---------

CANOPIUS US INSURANCE, INC.

DESCRIPTION OF PREMISES /COVERAGE PROVIDED

Add	Del	Amd	PREM#	LOCATION	CONSTRUCTION	PROT.CLASS	OCCUPANCY	YR.BUILT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/BG#					
			/	CITY				
				COUNTY				
					LIMIT OF	COVERED		
COVERAGE					INSURANCE	CAUSES OF LOSS	VALUATION	COINS%
							RATE	PREMIUM

Add	Del	Amd	PREM#	LOCATION	CONSTRUCTION	PROT.CLASS	OCCUPANCY	YR.BUILT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/BG#					
			/	CITY				
				COUNTY				
					LIMIT OF	COVERED		
COVERAGE					INSURANCE	CAUSES OF LOSS	VALUATION	COINS%
							RATE	PREMIUM

Deductible \$

PROPERTY PREMIUM:

<input type="checkbox"/>	No change in premium	
<input type="checkbox"/>	Additional premium	\$
<input type="checkbox"/>	Additional taxes and fees	\$
<input type="checkbox"/>	Additional taxes and fees	\$
<input type="checkbox"/>	Additional taxes and fees	\$
<input type="checkbox"/>	Return premium	\$
<input type="checkbox"/>	Return taxes and fees	\$
<input type="checkbox"/>	Total	\$

CANOPIUS US INSURANCE, INC.

INLAND MARINE

☐ The following INLAND MARINE Limits of Insurance have been added, deleted or amended:

Add ☐ Del ☐ Amd ☐

Description of Property:

Any One Item Limit: \$ Policy Limit: \$ Deductible: \$

Add ☐ Del ☐ Amd ☐

Description of Property:

Any One Item Limit: \$ Policy Limit: \$ Deductible: \$

Add ☐ Del ☐ Amd ☐

Description of Property:

Any One Item Limit: \$ Policy Limit: \$ Deductible: \$

INLAND MARINE PREMIUM:

<input type="checkbox"/>	Additional premium	\$
<input type="checkbox"/>	Additional taxes and fees	\$
<input type="checkbox"/>	Additional taxes and fees	\$
<input type="checkbox"/>	Additional taxes and fees	\$
<input type="checkbox"/>	Return premium	\$
<input type="checkbox"/>	Return taxes and fees	\$
<input type="checkbox"/>	Total	\$

AUTO

☐ The following AUTO Limits of Insurance have been added, deleted or amended:

Add ☐ Del ☐ Amd ☐

Radius of Operations:

Cargo:

Max Any One Unit: \$ Policy Limit: \$ Deductible: \$

Add ☐ Del ☐ Amd ☐

Radius of Operations:

Cargo:

Max Any One Unit: \$ Policy Limit: \$ Deductible: \$

Add ☐ Del ☐ Amd ☐

Radius of Operations:

Cargo:

Max Any One Unit: \$ Policy Limit: \$ Deductible: \$



CANOPIUS US INSURANCE, INC.

AUTO PREMIUM:

<input type="checkbox"/>	Additional premium	\$
<input type="checkbox"/>	Additional taxes and fees	\$
<input type="checkbox"/>	Additional taxes and fees	\$
<input type="checkbox"/>	Additional taxes and fees	\$
<input type="checkbox"/>	Return premium	\$
<input type="checkbox"/>	Return taxes and fees	\$
<input type="checkbox"/>	Total	\$

IT IS HEREBY UNDERSTOOD AND AGREED THAT AN ADDITIONAL INSURED IS ADDED TO THE POLICY PER ATTACHED FORM CG2010.

NO FURTHER CHANGES.

ADJUSTED ANNUAL PREMIUM:\$782.00

HACKER-KING -SHERRY AGENCY INC  
EAST LANSING, MI

KN/KG

All other terms and conditions of this policy remain unchanged

AUTHORIZED REPRESENTATIVE

DATE

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS – SCHEDULED PERSON OR  
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

<b>Name Of Additional Insured Person(s) Or Organization(s):</b>	<b>Location(s) Of Covered Operations</b>
FIRST HOUSING CORPORATION ATTN: DEBBI BRETES 4275 FIVE OAKS DRIVE LANSING, MI 48911	5963 BILLWOOD HIGHWAY POTTERVILLE, MI 48876
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

CSR: DS

DATE (MM/DD/YYYY)  
3/29/2024

AGENCY Hacker-King-Sherry Agency, Inc 2205 Abbot Road East Lansing, MI 48823 Jim Day		CARRIER JM Wilson		NAIC CODE 14176
		COMPANY POLICY OR PROGRAM NAME GL, PROPERTY, PROFESSIONAL		PROGRAM CODE
		POLICY NUMBER ENV562013792-00		
CONTACT NAME: Jim Day		UNDERWRITER		UNDERWRITER OFFICE
PHONE (A/C, No, Ext): 517-337-6000				
FAX (A/C, No): 517-337-0982				
E-MAIL ADDRESS:				
CODE:	SUBCODE:			
AGENCY CUSTOMER ID: BIOCL-1				
		STATUS OF TRANSACTION		<input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW
				BOUND (Give Date and/or Attach Copy):
				CHANGE DATE TIME <input checked="" type="checkbox"/> AM
				CANCEL 12:00 <input type="checkbox"/> PM

### LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM			PREMIUM			PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$			CYBER AND PRIVACY	\$		YACHT
<input type="checkbox"/> BUSINESS AUTO	\$			FIDUCIARY LIABILITY	\$		
<input type="checkbox"/> BUSINESS OWNERS	\$			GARAGE AND DEALERS	\$		
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$			LIQUOR LIABILITY	\$		
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$			MOTOR CARRIER	\$		
<input checked="" type="checkbox"/> COMMERCIAL PROPERTY	\$			TRUCKERS	\$		
<input type="checkbox"/> CRIME	\$			UMBRELLA	\$		

### ATTACHMENTS

<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS	<input type="checkbox"/> GLASS AND SIGN SECTION	<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES
<input type="checkbox"/> ADDITIONAL INTEREST SCHEDULE	<input type="checkbox"/> HOTEL / MOTEL SUPPLEMENT	<input type="checkbox"/> STATE SUPPLEMENT (If applicable)
<input type="checkbox"/> ADDITIONAL PREMISES INFORMATION SCHEDULE	<input type="checkbox"/> INSTALLATION / BUILDERS RISK SECTION	<input type="checkbox"/> VACANT BUILDING SUPPLEMENT
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	<input type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
<input type="checkbox"/> CONTRACTORS SUPPLEMENT	<input type="checkbox"/> LOSS SUMMARY	
<input type="checkbox"/> COVERAGES SCHEDULE	<input type="checkbox"/> OPEN CARGO SECTION	
<input type="checkbox"/> DEALERS SECTION	<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT	
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT	
<input type="checkbox"/> ELECTRONIC DATA PROCESSING SECTION	<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT	

### POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
05/15/2024	05/15/2025	<input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY	FL		A	\$	\$	\$

### APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Bioclean Team Inc 5963 Billwood Hwy Pottersville, MI 48876-8733 Ingham		GL CODE	SIC	NAICS	FEIN OR SOC SEC # 383486100
		BUSINESS PHONE #: 517-896-7599			
		WEBSITE ADDRESS			
<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		

## CONTACT INFORMATION

AGENCY CUSTOMER ID: BIOCL-1

CSR: DS

CONTACT TYPE:		CONTACT TYPE:	
CONTACT NAME: <b>KAM BRADMAN</b>		CONTACT NAME: <b>KAM BRADMAN</b>	
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 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
<b>517-896-7599</b>		<b>517-896-7599</b>	
PRIMARY E-MAIL ADDRESS: <b>Kam@biocleanteam.com</b>		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

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

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
<b>001</b>	<b>5963 Billwood Hwy</b>	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER	<b>2</b>	<b>213,000</b>
BLD #	CITY: <b>Potterville</b> STATE: <b>MI</b>	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
<b>001</b>	COUNTY: <b>INGHAM</b> ZIP: <b>48876-8733</b>				OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS: Janitorial and bio hazard tragic incident and crime scene remediation. Primarily janitorial work but advertises most as bio hazard clean up.					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
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
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
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

## NATURE OF BUSINESS

APARTMENTS	<input checked="" type="checkbox"/>	CONTRACTOR	<input type="checkbox"/>	MANUFACTURING	<input type="checkbox"/>	RESTAURANT	<input type="checkbox"/>	SERVICE	<input type="checkbox"/>	DATE BUSINESS STARTED (MM/DD/YYYY)
CONDOMINIUMS	<input type="checkbox"/>	INSTITUTIONAL	<input type="checkbox"/>	OFFICE	<input type="checkbox"/>	RETAIL	<input type="checkbox"/>	WHOLESALE	<input type="checkbox"/>	<b>05/15/08</b>

## DESCRIPTION OF PRIMARY OPERATIONS

Cleaning contractor for bio hazards and general janitorial.

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK <b>100 %</b>	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK <b>100 %</b>
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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	NAME AND ADDRESS RANK: <b>01</b>	EVIDENCE: <input checked="" type="checkbox"/>	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/> ADDITIONAL INSURED	<b>First Housing Corporation</b>					<b>FIRST-1</b>
<input type="checkbox"/> BREACH OF WARRANTY	<b>Fax 517-887-4206</b>					LOCATION: BUILDING:
<input type="checkbox"/> CO-OWNER	<b>4275 Five Oaks Drive</b>					VEHICLE: BOAT:
<input type="checkbox"/> EMPLOYEE AS LESSOR	<b>Lansing, MI 48911</b>					AIRPORT: AIRCRAFT:
<input type="checkbox"/> LEASEBACK OWNER						ITEM CLASS: ITEM:
<input type="checkbox"/> LENDER'S LOSS PAYABLE						ITEM DESCRIPTION
LIENHOLDER	REFERENCE / LOAN #:	INTEREST END DATE:				
LOSS PAYEE	LIEN AMOUNT:	PHONE (A/C, No, Ext):		FAX (A/C, No):		
MORTGAGEE		E-MAIL ADDRESS:				
OWNER						
REGISTRANT						
TRUSTEE						
REASON FOR INTEREST:						

## GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				<b>N</b>
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				<b>N</b>
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				<b>N</b>
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> MONTHLY MEETINGS	<input checked="" type="checkbox"/> OSHA	<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? <b>chemicals when doing meth lab cleanup, drug cleanup, and general cleaning solvents for most work.</b>				<b>Y</b>
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				<b>N</b>
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)				<b>N</b>
<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?				<b>N</b>
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).				<b>N</b>
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				<b>N</b>
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				<b>N</b>
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				<b>N</b>
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				<b>N</b>
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)				<b>N</b>
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				<b>N</b>
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				

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

W

## PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2008	CARRIER	Hastings Mutual			
	POLICY NUMBER	GL 9720168			
	PREMIUM	\$339.00	\$	\$	\$
	EFFECTIVE DATE	04/01/08			
	EXPIRATION DATE	05/01/09			



## PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: BIOCL-1

CSR: DS

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
12-13	CARRIER	Omega US Insura			Star Ins. Co.
	POLICY NUMBER				AR 0725381
	PREMIUM	\$ 803.30	\$	\$	\$ 750.00
	EFFECTIVE DATE	05/15/09			04/07/12
	EXPIRATION DATE	05/15/12			04/07/13
14-15	CARRIER	Canopus US Ins			
	POLICY NUMBER	OUS012001215			
	PREMIUM	\$ 800.00	\$	\$	\$
	EFFECTIVE DATE	05/15/14			
	EXPIRATION DATE	05/15/05			

## 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 23 YEARS

TOTAL LOSSES: \$ 0

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N
					0		

## 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.

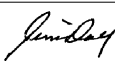
**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

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

**COMMERCIAL INSURANCE APPLICATION -  
PRIOR CARRIER INFORMATION SCHEDULE**
**BIOCL-1**
**CSR: DS**
**PAGE 1**
**OF 1**

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
16-22	CARRIER	<b>Burlington Ins. Co.</b>			
	POLICY NUMBER	<b>080B010507</b>			
	PREMIUM	<b>\$1,032.75</b>	\$	\$	\$
	EFFECTIVE DATE	<b>05/15/16</b>			
	EXPIRATION DATE	<b>05/15/22</b>			
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
10-23	CARRIER	<b>JM Wilson Various</b>			
	POLICY NUMBER	<b>G725795550001</b>			
	PREMIUM	<b>\$3,354.38</b>	\$	\$	\$
	EFFECTIVE DATE	<b>04/01/08</b>			
	EXPIRATION DATE	<b>05/01/09</b>			
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				



## EQUIPMENT FLOATER SECTION

DATE (MM/DD/YYYY)  
3/29/2024

AGENCY <b>Hacker-King-Sherry Agency, Inc</b> <b>2205 Abbot Road</b> <b>East Lansing, MI 48823</b> <b>Jim Day</b>	PHONE (A/C, No, Ext): <b>517-337-6000</b>	APPLICANT <b>Bioclean Team, Inc.</b>	PROPOSED EFF. DATE <b>05/15/2024</b>	PROPOSED EXP. DATE <b>05/15/2025</b>	BILLING PLAN <b>X</b> AGENCY DIRECT	PAYMENT PLAN <b>FL</b>	AUDIT <b>A</b>
	FAX (A/C, No): <b>517-337-0982</b>						
CODE: AGENCY CUSTOMER ID <b>BIOCL-1</b>	SUBCODE:	FOR COMPANY USE ONLY					

TERRITORY OF OPERATION <b>Midwest- primarily tri county area in mid Michigan</b>	TYPE OF OPERATION <b>Janitorial/biohazard remediation</b>
---	--

COVERAGE/DEDUCTIBLE <b>"all risk"</b>	<b>\$250</b>
--	--------------

EQUIPMENT STORAGE				UNSCHEDULED EQUIPMENT				
LOC. #	MO. IN STORAGE	MAXIMUM VALUE		TYPE OF SECURITY	DESCRIPTION	MAXIMUM ITEM	AMT. OF INSURANCE	% COINS
		IN BUILDING	OUTSIDE					
		\$	\$		misc tools	1,000	7,000	80
		\$	\$					
		\$	\$					
		\$	\$					

ADDITIONAL INTEREST/CERTIFICATE RECIPIENTS (Attach separate sheet if necessary)			
Name & Address		Name & Address	
Item No.		Item No.	
INTEREST		CERTIFICATION Required	
Name & Address		Name & Address	
Item No.		Item No.	
INTEREST		CERTIFICATION Required	

GENERAL INFORMATION							
#	EXPLAIN ALL "YES" RESPONSES.	Yes	No	#	EXPLAIN ALL "YES" RESPONSES.	Yes	No
1.	EQUIPMENT RENTED, LOANED TO/FROM OTHERS WITH/WITHOUT OPERATORS?		X	3.	PROPERTY USED UNDERGROUND?		X
2.	IS APPLICANT OPERATING EQUIPMENT NOT LISTED HERE?	X		4.	ANY WORK DONE AFLOAT?		X

REMARKS <b>Insured carries shop vac's, vacuum's, various cleaning supplies in truck to sites and in storage at shop and wants coverage in the event of a major loss at the building or in the van.</b>
---

## SCHEDULED EQUIPMENT

% COINSURANCE

#	TYPE	ID # / SERIAL NO.	NEW / USED	CAPACITY	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	OTHER	AMOUNT OF INSURANCE \$
#	TYPE	ID # / SERIAL NO.	NEW / USED	CAPACITY	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	OTHER	AMOUNT OF INSURANCE \$
#	TYPE	ID # / SERIAL NO.	NEW / USED	CAPACITY	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	OTHER	AMOUNT OF INSURANCE \$
#	TYPE	ID # / SERIAL NO.	NEW / USED	CAPACITY	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	OTHER	AMOUNT OF INSURANCE \$
#	TYPE	ID # / SERIAL NO.	NEW / USED	CAPACITY	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	OTHER	AMOUNT OF INSURANCE \$
#	TYPE	ID # / SERIAL NO.	NEW / USED	CAPACITY	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	OTHER	AMOUNT OF INSURANCE \$
#	TYPE	ID # / SERIAL NO.	NEW / USED	CAPACITY	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	OTHER	AMOUNT OF INSURANCE \$
#	TYPE	ID # / SERIAL NO.	NEW / USED	CAPACITY	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	OTHER	AMOUNT OF INSURANCE \$
#	TYPE	ID # / SERIAL NO.	NEW / USED	CAPACITY	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	OTHER	AMOUNT OF INSURANCE \$
#	TYPE	ID # / SERIAL NO.	NEW / USED	CAPACITY	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	OTHER	AMOUNT OF INSURANCE \$
#	TYPE	ID # / SERIAL NO.	NEW / USED	CAPACITY	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	OTHER	AMOUNT OF INSURANCE \$
#	TYPE	ID # / SERIAL NO.	NEW / USED	CAPACITY	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	OTHER	AMOUNT OF INSURANCE \$
#	TYPE	ID # / SERIAL NO.	NEW / USED	CAPACITY	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	OTHER	AMOUNT OF INSURANCE \$
#	TYPE	ID # / SERIAL NO.	NEW / USED	CAPACITY	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	OTHER	AMOUNT OF INSURANCE \$
#	TYPE	ID # / SERIAL NO.	NEW / USED	CAPACITY	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	OTHER	AMOUNT OF INSURANCE \$
#	TYPE	ID # / SERIAL NO.	NEW / USED	CAPACITY	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	OTHER	AMOUNT OF INSURANCE \$



AGENCY Hacker-King-Sherry Agency, Inc 2205 Abbot Road East Lansing, MI 48823 Jim Day	PHONE (A/C, No, Ext):	517-337-6000		APPLICANT Bioclean Team, Inc.				
	FAX (A/C, No):	517-337-0982		(First NAMED Insured)				
			EFFECTIVE DATE	EXPIRATION DATE		DIRECT BILL	PAYMENT PLAN	AUDIT
			05/15/2024	05/15/2025	X	AGENCY BILL	FL	
		FOR COMPANY Use Only						
CODE:	SUB CODE:							
AGENCY CUSTOMER ID:		BIOCL-1						

## LIMITS

<b>X</b> COMMERCIAL GENERAL LIABILITY			GENERAL AGGREGATE	\$	2,000,000	PREMIUMS
	<input type="checkbox"/> CLAIMS MADE	<b>X</b> OCCURRENCE	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$	2,000,000	PREMISES/OPERATIONS
	OWNER'S & CONTRACTOR'S PROTECTIVE		PERSONAL & ADVERTISING INJURY	\$	1,000,000	PRODUCTS
<b>X</b>	PROF & POLLUTION		EACH OCCURRENCE	\$	1,000,000	
DEDUCTIBLES			DAMAGE TO RENTED PREMISES (each occurrence)	\$	100,000	OTHER
	PROPERTY DAMAGE	\$	MEDICAL EXPENSE (Any one person)	\$	5,000	
	BODILY INJURY	\$	EMPLOYEE BENEFITS	\$		
						TOTAL
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)						

## SCHEDULE OF HAZARDS

LOC #	HAZ #	CLASSIFICATION	Class CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
001 001	1	JANITORIAL SERVICES INCLUDING CLEANUP AFTER BIOLOGICAL EVENTS and drug labs	96816	P	20000	5	18.87600		378.00	
001 001	01	Contractors- Subcontracted Work- Other than Construction related work.	91591	P	10000	505	2.09800	3.41800	21.00	34.00
<b>RATING AND PREMIUM BASIS</b> (S) GROSS SALES - PER \$1,000/SALES      (P) payroll - per \$1,000/pay      (C) TOTAL COST - PER \$1,000/COST      (U) unit - per unit (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: <b>04/15/24</b>		
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE <b>03/15/20</b>		
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?		<b>N</b>
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?		<b>N</b>

## EMPLOYEE BENEFITS LIABILITY

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

**CONTRACTORS**
**BIOCL-1**
**CSR: DS**

EXPLAIN ALL "YES" RESPONSES (For past or present operations)						Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?						<b>N</b>
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?						<b>N</b>
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?						<b>N</b>
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?						<b>N</b>
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?						<b>N</b>
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?						<b>N</b>
DESCRIBE THE TYPE OF WORK SUBCONTRACTED		\$ PAID TO SUB-CONTRACTORS: <b>10,000.00</b>	% OF WORK SUBCONTRACTED: <b>5%</b>	# FULL-TIME STAFF: <b>2</b>	# PART-TIME STAFF: <b>1</b>	
<b>May sub some HVAC or electrical or roofing work if necessary, but generally no sub's used.</b>						

**PRODUCTS/COMPLETED OPERATIONS**

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS
CLEANING	736,000			0	JANITORIAL OP'S	CLEANING MATERIALS

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



**ADDITIONAL INTEREST/CERTIFICATE RECIPIENT**

**ACORD 45 attached for additional names**
**BIOCL-1**
**CSR: DS**

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED		<b>First Housing Corporation</b> <b>Debbi Bretes Fax517-887-4206</b> <b>4275 Five Oaks Drive</b> <b>Lansing, MI 48911</b>			LOCATION: <b>1</b>	BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> Lienholder					OTHER	
<input type="checkbox"/> EMPLOYEE AS LESSOR						
		ITEM DESCRIPTION: <b>Cert holder</b>				

**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?	<input type="checkbox"/> N
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?	<input type="checkbox"/> 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) <b>See attached company information. primarily janitorial/restoration service but biohazard cleanup (blood, crime scene materials) is what they advertise.</b>	<input type="checkbox"/> Y
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?	<input type="checkbox"/> N
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?	<input type="checkbox"/> N
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?	<input type="checkbox"/> N
7. ANY PARKING FACILITIES OWNED/RENTED?	<input type="checkbox"/> N
8. IS A FEE CHARGED FOR PARKING?	<input type="checkbox"/> N
9. RECREATION FACILITIES PROVIDED?	<input type="checkbox"/> N
10. IS THERE A SWIMMING POOL ON THE PREMISES?	<input type="checkbox"/> N
11. SPORTING OR SOCIAL EVENTS SPONSORED?	<input type="checkbox"/> N
12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?	<input type="checkbox"/> N
13. ANY DEMOLITION EXPOSURE CONTEMPLATED?	<input type="checkbox"/> N
14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?	<input type="checkbox"/> N
15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	<input type="checkbox"/> N
16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?	<input type="checkbox"/> N

## GENERAL INFORMATION (continued)

BIOCL-1

CSR: DS

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y / N
17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?	<input type="checkbox"/> N
18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?	<input type="checkbox"/> N
19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?	<input type="checkbox"/> Y
20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES? claims all recognized safety requirements are adhered to,	<input type="checkbox"/> Y

## REMARKS

Insured has operated his janitorial service for approx. 17 years, had insurance with

\* Additional remarks are in notepad #006

INSURED WORKS ALONE MOST OFTEN AND HAS ANOTHER COMPANY HE OFTEN WORKS JOINTLY WITH WHEN HE NEEDS HELP. HE SUB'S MOST CARPET CLEANING WORK TO A FULL TIME CARPET CLEANING COMPANY WHO HAVE THEIR OWN INSURANCE.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT. In DC, LA, ME, TN, VA and WA insurance benefits may also be denied). IN FLORIDA, 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.

SCHEDULE OF HAZARDS ADDITIONAL COVERAGES				BIOCL-1		CSR: DS	
LOCATION #:  BUILDING #:		COVERAGE CODE	LIMIT 1	LIMIT 2	DEDUCTIBLE	DEDUCTIBLE TYPE	
LOCATION #:  BUILDING #:							
LOCATION #:  BUILDING #:							
LOCATION #:  BUILDING #:							
LOCATION #:  BUILDING #:							
LOCATION #:  BUILDING #:							
LOCATION #:  BUILDING #:							
LOCATION #:  BUILDING #:							
LOCATION #:  BUILDING #:							
PRODUCTS/COMPLETED OPERATIONS							
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS	
OTHER COVERAGE/RESTRICTIONS/ENDORSEMENTS							
#	STATE	COVERAGE CODE	DESCRIPTION	LIMIT 1	LIMIT 2	DEDUCTIBLE	DEDUCTIBLE TYPE
1	MI	PROF	PROFESSIONAL LIAB	1,000,000		2,500	
2	MI	POLL	POLLUTION	1,000,000		2,500	
3							
4							
5							
6							
7							
8							
9							
10							
ATTACH TO COMMERCIAL GENERAL LIABILITY APPLICATION							



## ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)

3/29/2024

AGENCY <b>Hacker-King-Sherry Agency, Inc</b>		CARRIER <b>JM Wilson</b>		NAIC CODE
POLICY NUMBER <b>ENV562013792-00</b>	EFFECTIVE DATE <b>05/15/2024</b>	NAMED INSURED(S) <b>Bioclean Team, Inc.</b>		

## ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)

INTEREST <input checked="" 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"/> LIENHOLDER	LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE <input type="checkbox"/>	NAME AND ADDRESS RANK: <b>02</b> <b>First Housing Corporation</b> <b>Fax 517-887-4206</b> <b>Attn: Debbi Bretes</b> <b>4275 Five Oaks Drive</b> <b>Lansing,, MI 48911</b>	EVIDENCE: <input checked="" type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY <input type="checkbox"/> SEND BILL <input type="checkbox"/>	INTEREST IN ITEM NUMBER <b>FIRST-1</b> LOCATION: <b>001</b> BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: ITEM CLASS: ITEM: ITEM DESCRIPTION	
REFERENCE / LOAN #:			INTEREST END DATE:		
LIEN AMOUNT:			PHONE (A/C, No, Ext): FAX (A/C, No):		

REASON FOR INTEREST:

E-MAIL ADDRESS:

INTEREST <input checked="" 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"/> LIENHOLDER	LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE <input type="checkbox"/>	NAME AND ADDRESS RANK: <b>03</b> <b>Highlands Cooperative Associat</b> <b>es &amp; Unified Property Group</b> <b>Attn: Dee Matteson</b> <b>6249 Haag Rd.</b> <b>Lansing, MI 48911</b>	EVIDENCE: <input checked="" type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY <input type="checkbox"/> SEND BILL <input type="checkbox"/>	INTEREST IN ITEM NUMBER LOCATION: <b>001</b> BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: ITEM CLASS: ITEM: ITEM DESCRIPTION	
REFERENCE / LOAN #:			INTEREST END DATE:		
LIEN AMOUNT:			PHONE (A/C, No, Ext): FAX (A/C, No):		

REASON FOR INTEREST:

E-MAIL ADDRESS:

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"/> LIENHOLDER	LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE <input type="checkbox"/>	NAME AND ADDRESS RANK: <input type="text"/>	EVIDENCE: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY <input type="checkbox"/> SEND BILL <input type="checkbox"/>	INTEREST IN ITEM NUMBER LOCATION: <b>001</b> BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: ITEM CLASS: ITEM: ITEM DESCRIPTION	
REFERENCE / LOAN #:			INTEREST END DATE:		
LIEN AMOUNT:			PHONE (A/C, No, Ext): FAX (A/C, No):		

REASON FOR INTEREST:

E-MAIL ADDRESS:

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"/> LIENHOLDER	LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE <input type="checkbox"/>	NAME AND ADDRESS RANK: <input type="text"/> <b>LAPEER HOUSING COMMISSION</b> <b>544 N. SAGINAW</b> <b>LAPEER, MI 48446</b>	EVIDENCE: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY <input type="checkbox"/> SEND BILL <input type="checkbox"/>	INTEREST IN ITEM NUMBER LOCATION: <b>001</b> BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: ITEM CLASS: ITEM: ITEM DESCRIPTION	
REFERENCE / LOAN #:			INTEREST END DATE:		
LIEN AMOUNT:			PHONE (A/C, No, Ext): FAX (A/C, No):		

REASON FOR INTEREST:

E-MAIL ADDRESS:

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"/> LIENHOLDER	LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE <input type="checkbox"/>	NAME AND ADDRESS RANK: <input type="text"/>	EVIDENCE: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY <input type="checkbox"/> SEND BILL <input type="checkbox"/>	INTEREST IN ITEM NUMBER LOCATION: <b>001</b> BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: ITEM CLASS: ITEM: ITEM DESCRIPTION	
REFERENCE / LOAN #:			INTEREST END DATE:		
LIEN AMOUNT:			PHONE (A/C, No, Ext): FAX (A/C, No):		

REASON FOR INTEREST:

E-MAIL ADDRESS:



AGENCY CUSTOMER ID: BIOCL-1

CSR: DS

## PROPERTY SECTION

DATE (MM/DD/YYYY)

3/29/2024

AGENCY NAME <b>Hacker-King-Sherry Agency, Inc</b>		CARRIER <b>JM Wilson</b>		NAIC CODE
POLICY NUMBER <b>ENV562013792-00</b>		EFFECTIVE DATE <b>05/15/2024</b>	NAMED INSURED(S) <b>Bioclean Team, Inc.</b>	

PREMISES INFORMATION	PREMISES #: <b>01</b>	STREET ADDRESS:						
	BUILDING #: <b>01</b>	BLDG DESCRIPTION:						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY
<b>PERSONAL PROP</b>	<b>8,000</b>	<b>80</b>	<b>RC</b>	<b>SPECIAL</b>		<b>250</b>		<b>SPECIAL</b>

ADDITIONAL INFORMATION	<input checked="" type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION				
SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$  DEDUCTIBLE \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
<input type="checkbox"/>			<input type="checkbox"/>	

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	<input checked="" type="checkbox"/> REJECT COVERAGE	LIMIT: \$
<input checked="" type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: <b>0</b>		

CONSTRUCTION TYPE <b>MASONRY</b>	DISTANCE TO HYDRANT <b>9,000</b> FT	FIRE STAT <b>3</b> MI	FIRE DISTRICT <b>Potterville</b>	CODE NUMBER	PROT CL <b>9</b>	# STORIES <b>2</b>	# BASM'TS <b>1</b>	YR BUILT <b>2007</b>	TOTAL AREA <b>2,500</b>
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BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE <b>1</b>	OTHER OCCUPANCIES <b>Residence and he used the 24'X 26' avg garage for office/shop/storage</b>
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	WIND CLASS	SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:	RESISTIVE		MANUFACTURER: _____	
<input type="checkbox"/> OTHER: _____	YR: _____				

PRIMARY HEAT		SECONDARY HEAT	
<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL <input checked="" type="checkbox"/> <b>lp gas</b>	<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL <input type="checkbox"/>
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
<b>open field- rural</b>	<b>open field- rural</b>	<b>open- street</b>	<b>open field- rural</b>

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
<b>none</b>			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
				<input type="checkbox"/>

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION
<b>smoke alarms &amp; fire extinguish</b>	<b>0</b>		<input checked="" type="checkbox"/> LOCAL GONG

ADDITIONAL INTEREST	ACORD 45 attached for additional names		
INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____
<input type="checkbox"/> LOSS PAYEE	CERTIFICATE		
<input type="checkbox"/> MORTGAGEE			
<input type="checkbox"/>			
	REFERENCE / LOAN #:		

REMARKS
<b>Insured has office equipment, files, paper goods, cleaning supplies, equipment, and misc. personal proterty in home office needing coverage.</b>



**FRAUD NOTICES**AGENCY CUSTOMER ID: **BIOCL-1****CSR: DS**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

IN FLORIDA, 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.

IN KANSAS, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

**REMARKS**





AGENCY CUSTOMER ID: BIOCL-1

CSR: DS

**BUSINESS INCOME / EXTRA EXPENSE / RENTAL VALUE  
SUPPLEMENT TO PROPERTY SECTION**DATE (MM/DD/YYYY)  
**3/29/2024**AGENCY  
**Hacker-King-Sherry Agency, Inc**CARRIER  
**JM Wilson**

NAIC CODE

POLICY NUMBER  
**ENV562013792-00**EFFECTIVE DATE  
**05/15/2024**APPLICANT / FIRST NAMED INSURED  
**Bioclean Team, Inc.****PREMISES INFORMATION**

PREMISES #: <b>01</b>	<input checked="" type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE	<input checked="" type="checkbox"/> BUSINESS INCOME W/O EXTRA EXPENSE	<input checked="" type="checkbox"/> EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME / RENTAL VALUE	<input type="checkbox"/> RENTAL VALUE
BUILDING #: <b>01</b>					
TYPE OF BUSINESS <input checked="" type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING _____% COINS	ORDINARY PAYROLL <input type="checkbox"/> EXCL <input type="checkbox"/> INCL _____ 90 DAYS _____ 180 DAYS _____ \$ _____	EXT PERIOD _____ DAYS _____ MO PERIOD _____ LIMIT _____ MAX PERIOD	POWER / HEAT _____ DED _____ ELEC MEDIA _____ DAYS _____ ORD OR LAW _____ DAYS _____ CIVIL AUTH _____ DAYS	OFF PREM POWER <input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW) _____ TUITION FEES \$ _____ STUDENTS \$ _____ OTHER ED SERV / INC	DEPEND PROP <input type="checkbox"/> BROAD FORM <input type="checkbox"/> LIMITED FORM _____ COIN _____ % <input type="checkbox"/> CONT LOC <input type="checkbox"/> MFG LOC <input type="checkbox"/> REC LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)
EXTRA EXPENSE _____ DAYS PERIOD REST	LIMIT LOSS PAY _____% _____ % _____% _____ %				

NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP

OTHER COVERAGES

ADDITIONAL PREMISES INFORMATION

PREMISES #:		<input type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE		<input type="checkbox"/> BUSINESS INCOME W/O EXTRA EXPENSE		<input type="checkbox"/> EXTRA EXPENSE		<input type="checkbox"/> BUSINESS INCOME / RENTAL VALUE		<input type="checkbox"/> RENTAL VALUE	
BUILDING #:											
TYPE OF BUSINESS  <input type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING  _____ % COINS		ORDINARY PAYROLL <input type="checkbox"/> EXCL <input type="checkbox"/> INCL  <input type="checkbox"/> 90 DAYS <input type="checkbox"/> 180 DAYS  <input type="checkbox"/> \$ _____		EXT PERIOD _____ DAYS  <input type="checkbox"/> MO PERIOD _____ LIMIT  <input type="checkbox"/> MAX PERIOD		POWER/HEAT \$ _____ DED  <input type="checkbox"/> ELEC MEDIA _____ DAYS  <input type="checkbox"/> ORD OR LAW _____ DAYS  <input type="checkbox"/> CIVIL AUTH _____ DAYS		OFF PREM POWER <input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW)  <input type="checkbox"/> TUITION FEES \$ _____ STUDENTS \$ _____ OTHER ED SERV / INC		DEPEND PROP <input type="checkbox"/> BROAD FORM <input type="checkbox"/> LIMITED FORM  COIN _____ %  <input type="checkbox"/> CONT LOC <input type="checkbox"/> MFG LOC <input type="checkbox"/> REC LOC <input type="checkbox"/> LDR LOC (DESC BELOW)	
EXTRA EXPENSE _____ DAYS PERIOD REST				LIMIT LOSS PAY _____% _____% _____% _____%							
NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP											
OTHER COVERAGES											

**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>Jim Day</b>	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE <b>3/29/2024</b>	NATIONAL PRODUCER NUMBER



Account ID: 2163833

**Account Experience Exhibit**

Account Written Premium:	\$6,650
Account Earned Premium:	\$6,535
Reported Loss Ratio:	0.00%

Policy Number:	080B010507	Insured Name:	Bioclean Team Inc	Policy Written Premium:	\$950
Line Of Business:	General Liability - Monoline	Predominant State:	MI	Policy Term:	5/15/2021 - 5/15/2022

No Reported Losses

Policy Number:	080B010039	Insured Name:	Bioclean Team Inc	Policy Written Premium:	\$950
Line Of Business:	General Liability - Monoline	Predominant State:	MI	Policy Term:	5/15/2020 - 5/15/2021

No Reported Losses

Policy Number:	080B009558	Insured Name:	Bioclean Team Inc	Policy Written Premium:	\$950
Line Of Business:	General Liability - Monoline	Predominant State:	MI	Policy Term:	5/15/2019 - 5/15/2020

No Reported Losses

Policy Number:	080B009183	Insured Name:	Bioclean Team Inc	Policy Written Premium:	\$950
Line Of Business:	General Liability - Monoline	Predominant State:	MI	Policy Term:	5/15/2018 - 5/15/2019

No Reported Losses

Policy Number:	080B008826	Insured Name:	Bioclean Team Inc	Policy Written Premium:	\$950
Line Of Business:	General Liability - Monoline	Predominant State:	MI	Policy Term:	5/15/2017 - 5/15/2018

No Reported Losses

Policy Number:	080B008458	Insured Name:	Bioclean Team Inc	Policy Written Premium:	\$950
Line Of Business:	General Liability - Monoline	Predominant State:	MI	Policy Term:	5/15/2016 - 5/15/2017

No Reported Losses

Policy Number:	080B007376	Insured Name:	Bioclean Team Inc	Policy Written Premium:	\$950
Line Of Business:	General Liability - Monoline	Predominant State:	MI	Policy Term:	5/15/2015 - 5/15/2016

No Reported Losses

**Account Totals**

Paid:	0	0	0
Reserve:	0	0	0
Total:	0	0	0

\*\* Reported Numbers Exclude Incurred But Not Reported \$ (IBNR)

**\*\* Reported Numbers Exclude Incurred But Not Reported \$ (IBNR)**

ProducerWebLossRun.rdl