



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)  
07/10/2024

<b>AGENCY</b> USI Insurance Services LLC 475 Kilvert Street, Building B Suite 205 Warwick RI 02886	<b>CARRIER</b> Great Divide Insurance Company NAIC CODE 25224
	<b>COMPANY POLICY OR PROGRAM NAME</b> PROGRAM CODE
	<b>POLICY NUMBER</b> APPWCA152088423
<b>CONTACT NAME:</b> Stephen Farrelly <b>PHONE (A/C No, Ext):</b> 401 558-3114 <b>FAX (A/C No):</b> 877 484-4772 <b>E-MAIL ADDRESS:</b> stephen.farrelly@usi.com	<b>UNDERWRITER</b> UNDERWRITER OFFICE
<b>CODE:</b> SUBCODE:	<b>STATUS OF TRANSACTION</b> QUOTE <input type="checkbox"/> ISSUE POLICY <input checked="" type="checkbox"/> RENEW <input checked="" type="checkbox"/> BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM CANCEL
<b>AGENCY CUSTOMER ID:</b> AAWRECKI	

### LINES OF BUSINESS

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

### ATTACHMENTS

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

### POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
09/27/2024	09/27/2025	<input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY	PF			\$	\$	\$

### APPLICANT INFORMATION

<b>NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> A A Wrecking Co., Inc. R1307 Hartford Avenue; Johnston RI 02919	<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
	<b>BUSINESS PHONE #:</b> (401) 351-1188			
	<b>WEBSITE ADDRESS</b> www.aawrecking.com			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST	
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>				
<b>GL CODE</b>				
<b>SIC</b>				
<b>NAICS</b>				
<b>FEIN OR SOC SEC #</b>				
<b>BUSINESS PHONE #:</b>				
<b>WEBSITE ADDRESS</b>				
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST	
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>				
<b>GL CODE</b>				
<b>SIC</b>				
<b>NAICS</b>				
<b>FEIN OR SOC SEC #</b>				
<b>BUSINESS PHONE #:</b>				
<b>WEBSITE ADDRESS</b>				
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST	

**CONTACT INFORMATION**

CONTACT TYPE: Inspection Contact		CONTACT TYPE: Accounting Contact	
CONTACT NAME: Judy Riccardi		CONTACT NAME: Judy Riccardi	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (401) 351-1188	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 (401) 351-1188	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS:		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

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

LOC # 1	STREET R1307 Hartford Avenue;	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: Johnston STATE: RI COUNTY: ZIP:02919			# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N

  

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

  

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

  

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

**NATURE OF BUSINESS**

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

**DESCRIPTION OF PRIMARY OPERATIONS**

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

**DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS**

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

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

**GENERAL INFORMATION**

<b>EXPLAIN ALL "YES" RESPONSES</b>				<b>Y / N</b>
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				
<b>PARENT COMPANY NAME</b>	<b>RELATIONSHIP DESCRIPTION</b>	<b>% OWNED</b>		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				
<b>SUBSIDIARY COMPANY NAME</b>	<b>RELATIONSHIP DESCRIPTION</b>	<b>% OWNED</b>		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				
<input type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> SAFETY POSITION <input type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/> OSHA <input type="checkbox"/>				
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				
<b>LINE OF BUSINESS</b>	<b>POLICY NUMBER</b>	<b>LINE OF BUSINESS</b>	<b>POLICY NUMBER</b>	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? ( <b>Missouri Applicants - Do not answer this question</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?				
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).				
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				
<b>OCCUR DATE</b>	<b>EXPLANATION</b>	<b>RESOLUTION</b>	<b>RESOLVE DATE</b>	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				
<b>OCCUR DATE</b>	<b>EXPLANATION</b>	<b>RESOLUTION</b>	<b>RESOLVE DATE</b>	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				
<b>OCCUR DATE</b>	<b>EXPLANATION</b>	<b>RESOLUTION</b>	<b>RESOLVE DATE</b>	
11. HAS BUSINESS BEEN PLACED IN A TRUST? <b>NAME OF TRUST:</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)				
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				
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)**

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**PRIOR CARRIER INFORMATION**

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

**PRIOR CARRIER INFORMATION (continued)**

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

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

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST ____ YEARS						TOTAL LOSSES: \$	
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N

**SIGNATURE**

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

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) **(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)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



# WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY)

07/10/2024

<b>AGENCY NAME AND ADDRESS</b> USI Insurance Services LLC 475 Kilvert Street, Building B Suite 205 Warwick RI 02886		<b>COMPANY:</b> Great Divide Insurance Company <b>UNDERWRITER:</b> <b>APPLICANT NAME:</b> A A Wrecking Co., Inc. <b>OFFICE PHONE:</b> (401) 351-1188 <b>MOBILE PHONE:</b> <b>MAILING ADDRESS (including ZIP + 4 or Canadian Postal Code)</b> R1307 Hartford Avenue Johnston RI 02919	
<b>PRODUCER NAME:</b> Stephen Farrelly <b>CS REPRESENTATIVE NAME:</b> Theresa Tshudy <b>OFFICE PHONE (A/C, No. Ext):</b> (401) 558-3114 <b>MOBILE PHONE:</b> <b>FAX (A/C, No.):</b> 877 484-4772 <b>E-MAIL ADDRESS:</b> stephen.farrelly@usi.com <b>CODE:</b> <b>SUB CODE:</b> SMFCB <b>AGENCY CUSTOMER ID:</b> AAWRECKI		<b>E-MAIL ADDRESS:</b> dcapelo@aawrecking.com <b>SOLE PROPRIETOR</b> <input checked="" type="checkbox"/> <b>CORPORATION</b> <input type="checkbox"/> <b>LLC</b> <input type="checkbox"/> <b>PARTNERSHIP</b> <input type="checkbox"/> <b>SUBCHAPTER "S" CORP</b> <input type="checkbox"/> <b>JOINT VENTURE</b> <input type="checkbox"/> <b>TRUST</b> <input type="checkbox"/> <b>UNINCORPORATED ASSOCIATION</b> <input type="checkbox"/> <b>OTHER:</b>	
		<b>YRS IN BUS:</b> <b>SIC:</b> 179500 <b>NAICS:</b> <b>WEBSITE ADDRESS:</b> www.aawrecking.com	<b>ID NUMBER:</b> <b>OTHER RATING BUREAU ID OR STATE EMPLOYER REGISTRATION NUMBER</b>
		<b>CREDIT BUREAU NAME:</b> <b>FEDERAL EMPLOYER ID NUMBER</b>	<b>NCCI RISK ID NUMBER</b> 34681

**STATUS OF SUBMISSION****BILLING / AUDIT INFORMATION**

<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	<b>BILLING PLAN</b>	<b>PAYMENT PLAN</b>	<b>AUDIT</b>
<input type="checkbox"/> BOUND (Give date and/or attach copy)	<input type="checkbox"/> ASSIGNED RISK (Attach ACORD 133)	<input checked="" type="checkbox"/> AGENCY BILL <input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY % DOWN:	<input checked="" type="checkbox"/> Premium Finance <input type="checkbox"/> AT EXPIRATION <input type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> <input type="checkbox"/> QUARTERLY

**LOCATIONS**

LOC #	HIGHEST FLOOR	STREET, CITY, COUNTY, STATE, ZIP CODE
1		R1307 Hartford Avenue; Johnston RI 02919

**POLICY INFORMATION**

<b>PROPOSED EFF DATE</b> 09/27/2024	<b>PROPOSED EXP DATE</b> 09/27/2025	<b>RATING EFFECTIVE DATE (if applicable)</b>	<b>ANNIVERSARY RATING DATE (if applicable)</b>	<b>PARTICIPATING</b> <input type="checkbox"/> PARTICIPATING <input type="checkbox"/> NON-PARTICIPATING	<b>RETRO PLAN</b>
<b>PART 1 - WORKERS COMPENSATION (States)</b> RI	<b>PART 2 - EMPLOYER'S LIABILITY</b> \$ 1,000,000 EACH ACCIDENT \$ 1,000,000 DISEASE-POLICY LIMIT \$ 1,000,000 DISEASE-EACH EMPLOYEE	<b>PART 3 - OTHER STATES INS</b> MA	<b>DEDUCTIBLES (N / A in WI)</b> <input type="checkbox"/> MEDICAL <input type="checkbox"/> INDEMNITY	<b>AMOUNT / % (N / A in WI)</b>	<b>OTHER COVERAGES</b> <input type="checkbox"/> U.S.L. & H. VOLUNTARY COMP <input type="checkbox"/> FOREIGN COV <input type="checkbox"/> MANAGED CARE OPTION
<b>DIVIDEND PLAN/SAFETY GROUP</b>	<b>ADDITIONAL COMPANY INFORMATION</b>				
<b>SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)</b>					

**TOTAL ESTIMATED ANNUAL PREMIUM - ALL STATES**

<b>TOTAL ESTIMATED ANNUAL PREMIUM ALL STATES</b> \$	<b>TOTAL MINIMUM PREMIUM ALL STATES</b> \$	<b>TOTAL DEPOSIT PREMIUM ALL STATES</b> \$
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**CONTACT INFORMATION**

TYPE	NAME	OFFICE PHONE	MOBILE PHONE	E-MAIL
INSPECTION	Judy Riccardi	(401) 351-1188		
ACCTNG RECORD CLAIMS INFO	Judy Riccardi	(401) 351-1188		

**INDIVIDUALS INCLUDED / EXCLUDED**

PARTNERS, OFFICERS, RELATIVES ( Must be employed by business operations) TO BE INCLUDED OR EXCLUDED (Remuneration/Payroll to be included must be part of rating information section.)  
 Exclusions in Missouri must meet the requirements of Section 287.090 RSMo.

STATE	LOC #	NAME	DATE OF BIRTH	TITLE/ RELATIONSHIP	OWNER-SHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION/PAYROLL
		John Furtado		Officer					
		Valentino Tirocchi		Officer					
		Valerie Mooney		Officer					



**PRIOR CARRIER INFORMATION / LOSS HISTORY**

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS						LOSS RUN ATTACHED
YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE
	CO: POL #:					
	CO: POL #:					
	CO: POL #:					
	CO: POL #:					
	CO: POL #:					

**NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS**

GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT; CONTRACTOR - TYPE OF WORK, SUB-CONTRACTS; MERCANTILE - MERCHANDISE, CUSTOMERS, DELIVERIES; SERVICE - TYPE, LOCATION; FARM - ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS.

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	Y / N
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT?	
2. DO / HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)	
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?	
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?	
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?	
6. ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted)	
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2)	
8. IS A WRITTEN SAFETY PROGRAM IN OPERATION?	
9. ANY GROUP TRANSPORTATION PROVIDED?	
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?	
11. ANY SEASONAL EMPLOYEES?	
12. IS THERE ANY VOLUNTEER OR DONATED LABOR? (If "YES", please specify)	
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?	
14. DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state(s) of travel and frequency)	
15. ARE ATHLETIC TEAMS SPONSORED?	
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?	

**GENERAL INFORMATION (continued)**

EXPLAIN ALL "YES" RESPONSES	Y / N
17. ANY OTHER INSURANCE WITH THIS INSURER?	N
18. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED IN THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)	N
19. ARE EMPLOYEE HEALTH PLANS PROVIDED?	
20. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES OR SUBSIDIARIES?	
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If "YES", # of Employees: _____	
23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIVE (5) YEARS? (If "YES", please specify)	
24. ANY UNDISPUTED AND UNPAID WORKERS COMPENSATION PREMIUM DUE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? IF YES, EXPLAIN INCLUDING ENTITY NAME(S) AND POLICY NUMBER(S).	

**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.)			
<p>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): _____</p>			
<p><b>Applicable in AL, AR, DC, LA, MD, NM, RI and WV:</b> 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.</p>			
<p><b>Applicable in CO:</b> 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.</p>			
<p><b>Applicable in FL and OK:</b> Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.</p>			
<p><b>Applicable in KS:</b> Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.</p>			
<p><b>Applicable in KY, NY, OH and PA:</b> 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.</p>			
<p><b>Applicable in ME, TN, VA and WA:</b> 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.</p>			
<p><b>Applicable in NJ:</b> Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.</p>			
<p><b>Applicable in OR:</b> 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.</p>			
<p><b>Applicable in PR:</b> 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.</p>			
<p><b>Applicable in UT:</b> Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.</p>			
<p>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.</p>			
APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner)	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER





**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> USI Insurance Services LLC		<b>NAMED INSURED</b> A A Wrecking Co., Inc.	
<b>POLICY NUMBER</b> APPWCA152088423			
<b>CARRIER</b> Great Divide Insurance Company	<b>NAIC CODE</b> 25224	<b>EFFECTIVE DATE:</b> 09/27/2024	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 130 **FORM TITLE:** Workers Compensation Application

\*\*\*\*\* PREMIUM \*\*\*\*\*

Optional Line (Blank Space): Domestic Terrorism; Earthquake & Catastrophic Industrial Accidents (Hfd)

## ADDITIONAL COVERAGES AND ENDORSEMENTS

THIS ADDITIONAL COVERAGES AND ENDORSEMENTS FORM IS A SCHEDULE TO ACORD FORM

FORM NUMBER: 130 FORM TITLE: Workers Compensation

Loc #	ST	Haz #	Class Code	Cov Code	Description	Form No.	Edition Date	Rate	Option Codes
				BWOS	Blanket Waiver of Subrogation				
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2		Premium
				ZZ9Z	30 Day Notice of Cancellatio...				
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2		Premium
				TERIN	Terrorism Included				
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2		Premium
				ALSTA	All States except those in 3...				
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2		Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2		Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2		Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2		Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2		Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2		Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2		Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2		Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2		Premium



# ADDITIONAL REMARKS SCHEDULE

AGENCY USI Insurance Services LLC		NAMED INSURED A A Wrecking Co., Inc.	
POLICY NUMBER APPWCA152088423			
CARRIER Great Divide Insurance Company	NAIC CODE 25224	EFFECTIVE DATE: 09/27/2024	

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: OFBAADC' FORM TITLE: Additional Coverages**

\*\*\*\*\* COVERAGES \*\*\*\*\*

Cov Desc: 30 Day Notice of Cancellation for The Providence Journal

Cov Desc: All States except those in 3A and North Dakota, Ohio, Washington, Wyoming