



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

CSR: LE

DATE (MM/DD/YYYY)
10/2/2024

AGENCY Schizzano Insurance Agency Inc 40 Commerce Place STE 204 Hicksville, NY 11801-5210		CARRIER		NAIC CODE
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE
		POLICY NUMBER PRL00082014P-00		
CONTACT NAME:		UNDERWRITER	UNDERWRITER OFFICE	
PHONE (A/C, No, Ext): 516-681-4343		STATUS OF TRANSACTION	<input checked="" type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW
FAX (A/C, No): 516-681-5938			BOUND (Give Date and/or Attach Copy):	
E-MAIL ADDRESS:			CHANGE	DATE
CODE: 72 SUBCODE:			CANCEL	TIME 12:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
AGENCY CUSTOMER ID: SELEC-1				

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		PREMIUM		PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$		<input type="checkbox"/> CYBER AND PRIVACY	\$	
<input type="checkbox"/> BUSINESS AUTO	\$		<input type="checkbox"/> FIDUCIARY LIABILITY	\$	
<input type="checkbox"/> BUSINESS OWNERS	\$		<input type="checkbox"/> GARAGE AND DEALERS	\$	
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$		<input type="checkbox"/> LIQUOR LIABILITY	\$	
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$		<input type="checkbox"/> MOTOR CARRIER	\$	
<input type="checkbox"/> COMMERCIAL PROPERTY	\$		<input type="checkbox"/> TRUCKERS	\$	
<input type="checkbox"/> CRIME	\$	<input checked="" type="checkbox"/>	<input type="checkbox"/> 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 12/30/2024	PROPOSED EXP DATE 12/30/2025	BILLING PLAN <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT NO	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Select Solutions LLC POB 200 Kings Park, NY 11754 Suffolk		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 checked="" 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: SELEC-1

CSR: LE

CONTACT TYPE: Inspection		CONTACT TYPE: Audit	
CONTACT NAME: Jack Hughes		CONTACT NAME: "same"	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL 516-848-9305	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS:		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC # 1	STREET 14 Commerce Dr	CITY LIMITS <input checked="" type="checkbox"/> INSIDE	INTEREST <input type="checkbox"/> OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$ 1,250,000
BLD # 1	CITY: Farmingdale STATE: NY	<input type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
COUNTY: Nassau ZIP: 11735					OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS: Manufacturer of Cleaner/degreaser & bio-degradable lead abatement product (in powder form)					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE	INTEREST <input type="checkbox"/> OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
COUNTY: ZIP:					OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE	INTEREST <input type="checkbox"/> OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
COUNTY: ZIP:					OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE	INTEREST <input type="checkbox"/> OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
COUNTY: ZIP:					OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input checked="" type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY) 04/01/08
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

DESCRIPTION OF PRIMARY OPERATIONS
Manufacturer of Cleaner/degreaser & bio-degradable lead abatement product (in powder form)

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

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

GENERAL INFORMATION

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

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

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER	Colony Ins co			
	POLICY NUMBER	GL800096			
	PREMIUM	\$13,338.00	\$	\$	\$
	EFFECTIVE DATE	12/30/22			
	EXPIRATION DATE	12/30/23			

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: SELEC-1

CSR: LE

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER	colony ins co			
	POLICY NUMBER	SAME			
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE	12/30/21			
	EXPIRATION DATE	12/30/22			
	CARRIER	colony ins co			
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE	12/30/20			
	EXPIRATION DATE	12/30/21			

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 5 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

**COMMERCIAL INSURANCE APPLICATION -
PRIOR CARRIER INFORMATION SCHEDULE**

SELEC-1

CSR: LE PAGE 1 OF 1

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER	colony ins co			
	POLICY NUMBER	GL800096			
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE	12/30/19			
	EXPIRATION DATE	12/30/20			
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER	Starstone Spec Ins C			
	POLICY NUMBER	PRL00082014P-00			
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE	12/30/23			
	EXPIRATION DATE	12/30/24			
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				



NEW YORK INSURANCE SUPPLEMENT

DATE (MM/DD/YYYY)
10/2/2024

PRODUCER Schizzano Insurance Agency Inc 40 Commerce Place STE 204 Hicksville, NY 11801-5210		APPLICANT Select Solutions LLC POB 200 Kings Park, NY 11754 Suffolk
PHONE (A/C, No, Ext): 516-681-4343		NAME OF INDIVIDUAL PRODUCER
FAX (A/C, No): 516-681-5938		
CODE: 72	SUB CODE:	E-MAIL ADDRESS:

PRODUCER COMPENSATION DISCLOSURE

THE PRODUCER NAMED ABOVE IS AN INSURANCE PRODUCER LICENSED BY THE STATE OF NEW YORK. INSURANCE PRODUCERS ARE AUTHORIZED BY THEIR LICENSE TO CONFER WITH INSURANCE PURCHASERS ABOUT THE BENEFITS, TERMS AND CONDITIONS OF INSURANCE CONTRACTS; TO OFFER ADVICE CONCERNING THE SUBSTANTIVE BENEFITS OF PARTICULAR INSURANCE CONTRACTS; TO SELL INSURANCE; AND TO OBTAIN INSURANCE FOR PURCHASERS.

THE PRODUCER MAY HAVE ACCESS TO MORE THAN ONE INSURANCE COMPANY TO PLACE THE PURCHASER'S COVERAGE. THE PRODUCER MAY HAVE AUTHORITY TO OBLIGATE THE INSURANCE COMPANY ON THE PURCHASER'S BEHALF AND AS A RESULT IS REQUIRED TO ACT WITHIN THE SCOPE OF CONTRACTUAL AGREEMENTS WITH THE INSURER.

COMPENSATION WILL BE PAID TO THE PRODUCER BY THE INSURER OR OTHER THIRD PARTY.

COMPENSATION MAY VARY DEPENDING ON A NUMBER OF FACTORS, INCLUDING THE INSURER AND THE INSURANCE CONTRACT THE PURCHASER SELECTS, THE VOLUME OF BUSINESS THE PRODUCER PLACES WITH THE INSURER, AND THE PROFITABILITY OF THAT BUSINESS.

THE INSURANCE PURCHASER MAY RECEIVE UPON REQUEST INFORMATION ABOUT THE PRODUCER'S COMPENSATION ON THE POLICY OR POLICIES SOLD TO THE PURCHASER, AS WELL AS COMPENSATION INFORMATION ASSOCIATED WITH ANY ALTERNATIVE POLICY QUOTES PRESENTED BY THE PRODUCER.



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)
10/2/2024

AGENCY	PHONE (A/C, No, Ext): 516-681-4343	APPLICANT Select Solutions LLC				
	FAX (A/C, No): 516-681-5938	(First NAMED Insured)				
Schizzano Insurance Agency Inc 40 Commerce Place STE 204 Hicksville, NY 11801-5210		EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT YES
		12/30/2024	12/30/2025	X AGENCY BILL		
		FOR COMPANY Use Only				
CODE: 72	SUB CODE:					
AGENCY CUSTOMER ID: SELEC-1						

COVERAGES			LIMITS		
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY		GENERAL AGGREGATE	\$ 2,000,000	PREMIUMS
<input type="checkbox"/>	CLAIMS MADE	<input checked="" type="checkbox"/> OCCURRENCE	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ 2,000,000	PREMISES/OPERATIONS
<input type="checkbox"/>	OWNER'S & CONTRACTOR'S PROTECTIVE		PERSONAL & ADVERTISING INJURY	\$ 1,000,000	
<input type="checkbox"/>			EACH OCCURRENCE	\$ 1,000,000	PRODUCTS
DEDUCTIBLES			DAMAGE TO RENTED PREMISES (each occurrence)	\$ 300,000	
<input checked="" type="checkbox"/>	PROPERTY DAMAGE	\$ 2,500	MEDICAL EXPENSE (Any one person)	\$ 10,000	OTHER
<input checked="" type="checkbox"/>	BODILY INJURY	\$ 2,500	EMPLOYEE BENEFITS	\$	
		\$			TOTAL
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)					
HIRED AND NON OWNED AUTO LIAB - \$1,000,000					

SCHEDULE OF HAZARDS										
LOC #	HAZ #	CLASSIFICATION	Class CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
1				S	1250000	007				
1										
1		Detergent Mfg.	336	S	40000	007				
1										
		BLANKET PRIMARY & NON CONTRIBUTORY								
		BLANKET WAIVER OF SUBROGATION								
RATING AND PREMIUM BASIS (P) payroll - per \$1,000/pay (C) TOTAL COST - PER \$1,000/COST (U) unit - per unit (S) GROSS SALES - PER \$1,000/SALES (A) area - per 1,000/sq ft (M) admissions - per 1,000/adm (T) OTHER										

CLAIMS MADE (Explain all "Yes" responses)	
EXPLAIN ALL "YES" RESPONSES	
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	<input type="checkbox"/>
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	<input type="checkbox"/>

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

CONTRACTORS**SELEC-1****CSR: LE**

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

PRODUCTS/COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS	
	1,250,000			0			
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?							<input type="checkbox"/> N
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)							<input type="checkbox"/> N
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?							<input type="checkbox"/> N
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?							<input type="checkbox"/> N
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?							<input type="checkbox"/> N
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?							<input type="checkbox"/> N
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?							<input type="checkbox"/> N
8. PRODUCTS UNDER LABEL OF OTHERS?							<input type="checkbox"/> N
9. VENDORS COVERAGE REQUIRED?							<input type="checkbox"/> N
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?							<input type="checkbox"/> N

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT
☒
ACORD 45 attached for additional names
SELEC-1
CSR: LE

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	Additional Insured - Owners, Lessees Or Contractors Scheduled Person Or Organizati (Blanket As Required By Written Contract)			LOCATION: 1	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: CG 20 10 12 19				

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)	<input type="checkbox"/> N
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

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

REMARKS

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.



ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)
10/2/2024

AGENCY Schizzano Insurance Agency Inc		CARRIER		NAIC CODE
POLICY NUMBER PRL00082014P-00	EFFECTIVE DATE 12/30/2024	NAMED INSURED(S) Select Solutions LLC		

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

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<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	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	Consolidated Edison Company of New York, Inc., Orange and Rockland Utilities, Inc. and Consolidated Edison, Inc. 4 Irving PI 17th Floor New York, NY 10003				CONSOLI	
						LOCATION: 1	BUILDING:
						VEHICLE:	BOAT:
						AIRPORT:	AIRCRAFT:
						ITEM CLASS:	ITEM:
						ITEM DESCRIPTION	
						CG 2010 & CG 20 37	
						REFERENCE / LOAN #:	
						INTEREST END DATE:	
						LIEN AMOUNT:	
						PHONE (A/C, No, Ext):	
						FAX (A/C, No):	
REASON FOR INTEREST:						E-MAIL ADDRESS:	

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<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	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE						
						LOCATION:	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	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<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	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE						
						LOCATION:	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	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<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	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE						
						LOCATION:	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	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<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	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE						
						LOCATION:	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:	



NEW YORK INSURANCE SUPPLEMENT

DATE (MM/DD/YYYY)
10/2/2024

PRODUCER Schizzano Insurance Agency Inc 40 Commerce Place STE 204 Hicksville, NY 11801-5210		APPLICANT Select Solutions LLC	
PHONE (A/C, No, Ext): 516-681-4343		NAME OF INDIVIDUAL PRODUCER	
FAX (A/C, No): 516-681-5938			
CODE: 72	SUB CODE:	E-MAIL ADDRESS:	

PRODUCER COMPENSATION DISCLOSURE

THE PRODUCER NAMED ABOVE IS AN INSURANCE PRODUCER LICENSED BY THE STATE OF NEW YORK. INSURANCE PRODUCERS ARE AUTHORIZED BY THEIR LICENSE TO CONFER WITH INSURANCE PURCHASERS ABOUT THE BENEFITS, TERMS AND CONDITIONS OF INSURANCE CONTRACTS; TO OFFER ADVICE CONCERNING THE SUBSTANTIVE BENEFITS OF PARTICULAR INSURANCE CONTRACTS; TO SELL INSURANCE; AND TO OBTAIN INSURANCE FOR PURCHASERS.

THE PRODUCER MAY HAVE ACCESS TO MORE THAN ONE INSURANCE COMPANY TO PLACE THE PURCHASER'S COVERAGE. THE PRODUCER MAY HAVE AUTHORITY TO OBLIGATE THE INSURANCE COMPANY ON THE PURCHASER'S BEHALF AND AS A RESULT IS REQUIRED TO ACT WITHIN THE SCOPE OF CONTRACTUAL AGREEMENTS WITH THE INSURER.

COMPENSATION WILL BE PAID TO THE PRODUCER BY THE INSURER OR OTHER THIRD PARTY.

COMPENSATION MAY VARY DEPENDING ON A NUMBER OF FACTORS, INCLUDING THE INSURER AND THE INSURANCE CONTRACT THE PURCHASER SELECTS, THE VOLUME OF BUSINESS THE PRODUCER PLACES WITH THE INSURER, AND THE PROFITABILITY OF THAT BUSINESS.

THE INSURANCE PURCHASER MAY RECEIVE UPON REQUEST INFORMATION ABOUT THE PRODUCER'S COMPENSATION ON THE POLICY OR POLICIES SOLD TO THE PURCHASER, AS WELL AS COMPENSATION INFORMATION ASSOCIATED WITH ANY ALTERNATIVE POLICY QUOTES PRESENTED BY THE PRODUCER.



UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)
10/2/2024

IMPORTANT - If CLAIMS MADE is checked in the POLICY INFORMATION section below, this is an application for a claims-made policy.

AGENCY Schizzano Insurance Agency Inc		CARRIER		NAIC CODE
POLICY NUMBER PRL00082014P-00	EFFECTIVE DATE 12/30/2024	NAMED INSURED(S) Select Solutions LLC		

POLICY INFORMATION

TRANSACTION TYPE						LIMIT OF LIABILITY		RETAINED LIMIT	
<input checked="" type="checkbox"/> NEW	<input checked="" type="checkbox"/> UMBRELLA	<input checked="" type="checkbox"/> OCCURRENCE	<input type="checkbox"/> VOLUNTARY	RETROACTIVE DATE		\$	4,000,000	EA OCC	\$
<input type="checkbox"/> RENEWAL	<input type="checkbox"/> EXCESS	<input type="checkbox"/> CLAIMS MADE	<input type="checkbox"/>	PROPOSED	CURRENT	\$	4,000,000	AGGREGATE	
EXPIRING POL #:						\$	FIRST DOLLAR DEFENSE (Y / N) N		

EMPLOYEE BENEFITS LIABILITY

LIMIT OF INSURANCE (Ea Employee) \$	AGGREGATE LIMIT FOR EBL \$	RETAINED LIMIT FOR EBL \$	RETROACTIVE DATE FOR EBL
NAME OF BENEFIT PROGRAM			

PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
1	NAME: Select Solutions LLC LOCATION: DESCRIPTION: lead abate product mfg		1,250,000		2
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				

UNDERLYING INSURANCE

LIST ALL LIABILITY / COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE							+- RATING MOD
TYPE	CARRIER / POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS	ANNUAL RENEWAL PREMIUM		
AUTOMOBILE LIABILITY	Great Divide	12/30/24	12/30/25	CSL EA ACC \$ 1,000,000	\$		
				BI EA ACC \$	\$		
				BI EA PER \$	\$		
				PD EA ACC \$	\$		
GENERAL LIABILITY POLICY TYPE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	Great Divide	12/30/24	12/30/25	EACH OCCURRENCE \$ 1,000,000	PREM / OPS		
				GENERAL AGGR \$ 2,000,000	\$		
				PROD & COMP OPS AGGREGATE \$ 2,000,000	PRODUCTS		
				PERSONAL & ADV INJURY \$ 1,000,000	\$		
				DAMAGE TO RENTED PREMISES \$ 100,000	OTHER		
				MEDICAL EXPENSE \$ 5,000	\$		
EMPLOYERS LIABILITY				EACH ACCIDENT \$			
				DISEASE \$	\$		
				EACH EMPLOYEE \$			
				DISEASE \$			
				POLICY LIMIT \$			
					\$		
					\$		

UNDERLYING INSURANCE (continued)

AGENCY CUSTOMER ID: SELEC-1

CSR: LE

UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)										
1. ARE DEFENSE COSTS:		WITHIN AGGREGATE LIMITS?		A SEPARATE LIMIT?		UNLIMITED?				
2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:										
3. HAS ANY PRODUCT, WORK, ACCIDENT OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? (Y / N) <input type="checkbox"/>										
4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:										
5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:										
6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y / N) <input type="checkbox"/> EFF. DATE: _____										
CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. EXPLAIN ALL EXPOSURES.										
CHECK IF APPROPRIATE			COVERAGE			EXPOSURE		COVERAGE		EXPOSURE
<input type="checkbox"/>	ANY AUTO (SYMBOL 1)		<input type="checkbox"/>	CARE, CUSTODY, CONTROL		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PROFESSIONAL LIABILITY (E&O)	
<input type="checkbox"/>	CGL - CLAIMS MADE		<input type="checkbox"/>	EMPLOYEE BENEFIT LIABILITY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VENDORS LIABILITY	
<input type="checkbox"/>	CGL - OCCURRENCE		<input type="checkbox"/>	FOREIGN LIABILITY / TRAVEL		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WATERCRAFT LIABILITY	
COVERAGE			EXPOSURE			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	AIRCRAFT LIABILITY		<input type="checkbox"/>	INCIDENTAL MEDICAL MALPRACTICE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	AIRCRAFT PASSENGER LIABILITY		<input type="checkbox"/>	LIQUOR LIABILITY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	ADDITIONAL INTERESTS		<input type="checkbox"/>	POLLUTION LIABILITY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; e.g. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) ACORD 101, Additional Remarks Schedule, may be attached if more space is required.										
PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) ACORD 101, Additional Remarks Schedule, may be attached if more space is required.										
<input checked="" type="checkbox"/> NO SUCH CLAIMS										

CARE, CUSTODY, CONTROL

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ FT OF BLDG OCC
	REAL						
	PERSONAL						
OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY							
*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)							

VEHICLES

TYPE	# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	RADIUS (MILES)		
					LOCAL	INTER-MEDIATE	LONG DISTANCE
PRIVATE PASSENGER	0		0				
TRUCKS	LIGHT	0	0				
	MEDIUM	0	0				
	HEAVY	0	0				
	EX. HEAVY	0	0				
TRUCKS / TRACTORS	HEAVY	0	0				
	EX. HEAVY	0	0				
BUSES	0		0				

ADDITIONAL EXPOSURES

 AGENCY CUSTOMER ID: **SELEC-1**

 CSR: **LE**

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED										Y / N
ADVERTISERS LIABILITY										
1. MEDIA USED: ANNUAL COST: \$										
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?										
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?										
AIRCRAFT LIABILITY										
4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?										
AUTO LIABILITY										
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?										N
6. ARE PASSENGERS CARRIED FOR A FEE?										N
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?										N
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?										N
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED? no scheduled autos - hired and non owned auto only										Y
CONTRACTORS LIABILITY										
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?										
11. DESCRIBE TYPICAL JOBS PERFORMED (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
12. DESCRIBE AGREEMENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?										
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?										
EMPLOYERS LIABILITY										
15. IS APPLICANT SELF-INSURED IN ANY STATE?										
16. SUBJECT TO:										
		JONES ACT		FELA		STOP GAP		OTHER:		
INCIDENTAL MALPRACTICE LIABILITY										
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?										
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?										
19. INDICATE # OF DOCTORS:										
NURSES:										
BEDS:										

ADDITIONAL EXPOSURES (continued)

AGENCY CUSTOMER ID: **SELEC-1**

CSR: **LE**

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED											Y / N														
EPA #:												POLLUTION LIABILITY													
20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS?																									
21. INDICATE THE COVERAGES CARRIED:																									
<input type="checkbox"/>		GL WITH STANDARD ISO POLLUTION EXCLUSION				<input type="checkbox"/>		GL WITH POLLUTION COVERAGE ENDORSEMENT																	
<input type="checkbox"/>		GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY				<input type="checkbox"/>		SEPARATE POLLUTION COVERAGE																	
PRODUCT LIABILITY																									
22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?																									
23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", Attach ACORD 815)																									
24. PRODUCT LIABILITY LOSS IN PAST THREE (3) YEARS? (SPECIFY)											N														
25. GROSS SALES FROM EACH OF LAST THREE (3) YEARS: \$ 1,250,000 \$ \$																									
PROTECTIVE LIABILITY																									
26. DESCRIBE INDEPENDENT CONTRACTORS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)																									
WATERCRAFT LIABILITY																									
27. DOES APPLICANT OWN OR LEASE WATERCRAFT?											N														
LOC #		# OWNED		LENGTH		HORSEPOWER		LOC #		# OWNED		LENGTH		HORSEPOWER											
APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS																									
28.		LOC #		# STORIES		# UNITS		# SWIMMING POOLS		# DIVING BOARDS		LOC #		# STORIES		# UNITS		# SWIMMING POOLS		# DIVING BOARDS					

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

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

SIGNATURE

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.

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) AND/OR UNDERINSURED MOTORISTS (UIM) COVERAGE IN MY STATE:

UNINSURED MOTORISTS (UM) COVERAGE: \$ _____ * UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ _____ *

* IF APPLICABLE IN YOUR STATE

APPLICABLE ONLY IN LOUISIANA, NEW HAMPSHIRE, VERMONT AND WISCONSIN**APPLICABLE ONLY IN LOUISIANA:**

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS)

OR

2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN NEW HAMPSHIRE:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS)

OR

2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN VERMONT:

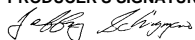
I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

APPLICABLE ONLY IN WISCONSIN:

IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY: MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

PRODUCER'S SIGNATURE



PRODUCER'S NAME (Please Print)

STATE PRODUCER LICENSE NO
(Required in Florida)

APPLICANT'S SIGNATURE

DATE

NATIONAL PRODUCER NUMBER



NEW YORK INSURANCE SUPPLEMENT

DATE (MM/DD/YYYY)
10/2/2024

PRODUCER Schizzano Insurance Agency Inc 40 Commerce Place STE 204 Hicksville, NY 11801-5210		APPLICANT Select Solutions LLC
PHONE (A/C, No, Ext): 516-681-4343		NAME OF INDIVIDUAL PRODUCER
FAX (A/C, No): 516-681-5938		
CODE: 72	SUB CODE:	E-MAIL ADDRESS:

PRODUCER COMPENSATION DISCLOSURE

THE PRODUCER NAMED ABOVE IS AN INSURANCE PRODUCER LICENSED BY THE STATE OF NEW YORK. INSURANCE PRODUCERS ARE AUTHORIZED BY THEIR LICENSE TO CONFER WITH INSURANCE PURCHASERS ABOUT THE BENEFITS, TERMS AND CONDITIONS OF INSURANCE CONTRACTS; TO OFFER ADVICE CONCERNING THE SUBSTANTIVE BENEFITS OF PARTICULAR INSURANCE CONTRACTS; TO SELL INSURANCE; AND TO OBTAIN INSURANCE FOR PURCHASERS.

THE PRODUCER MAY HAVE ACCESS TO MORE THAN ONE INSURANCE COMPANY TO PLACE THE PURCHASER'S COVERAGE. THE PRODUCER MAY HAVE AUTHORITY TO OBLIGATE THE INSURANCE COMPANY ON THE PURCHASER'S BEHALF AND AS A RESULT IS REQUIRED TO ACT WITHIN THE SCOPE OF CONTRACTUAL AGREEMENTS WITH THE INSURER.

COMPENSATION WILL BE PAID TO THE PRODUCER BY THE INSURER OR OTHER THIRD PARTY.

COMPENSATION MAY VARY DEPENDING ON A NUMBER OF FACTORS, INCLUDING THE INSURER AND THE INSURANCE CONTRACT THE PURCHASER SELECTS, THE VOLUME OF BUSINESS THE PRODUCER PLACES WITH THE INSURER, AND THE PROFITABILITY OF THAT BUSINESS.

THE INSURANCE PURCHASER MAY RECEIVE UPON REQUEST INFORMATION ABOUT THE PRODUCER'S COMPENSATION ON THE POLICY OR POLICIES SOLD TO THE PURCHASER, AS WELL AS COMPENSATION INFORMATION ASSOCIATED WITH ANY ALTERNATIVE POLICY QUOTES PRESENTED BY THE PRODUCER.