

COMMERCIAL INSURANCE APPLICATION  
APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

6/6/2025

<b>PRODUCER</b> AAIGOT Insurance Agency Inc. 6633 HILLCROFT ST SUITE 101 HOUSTON TX 77081		<b>CARRIER</b>		<b>NAIC CODE</b>
		<b>COMPANY POLICY OR PROGRAM NAME</b>		<b>PROGRAM CODE</b>
		<b>POLICY NUMBER</b>		
<b>CONTACT NAME:</b> Elena Rosales		<b>UNDERWRITER</b>		<b>UNDERWRITER OFFICE</b>
<b>PHONE (A/C, No, Ext):</b> (713) 270-9373				
<b>FAX (A/C, No):</b>				
<b>E-MAIL ADDRESS:</b> ELENA@AAIGOTINSURANCE.COM				
<b>CODE:</b>		<b>SUBCODE:</b>		
<b>AGENCY CUSTOMER ID:</b>				
		<b>STATUS OF TRANSACTION</b>		
		<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 06/06/2025 12:01 <input type="checkbox"/> PM		

**NOTICE REGARDING CANCELLATION APPLICABLE IN SOUTH CAROLINA: THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 120 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 120 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.**

## LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		PREMIUM		PREMIUM		PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$		<input type="checkbox"/> CYBER AND PRIVACY	\$		<input type="checkbox"/> YACHT	\$
<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 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

<b>PROPOSED EFF DATE</b> asap	<b>PROPOSED EXP DATE</b> asap	<b>BILLING PLAN</b> <input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	<b>PAYMENT PLAN</b>	<b>METHOD OF PAYMENT</b>	<b>AUDIT</b>	<b>DEPOSIT</b> \$	<b>MINIMUM PREMIUM</b> \$	<b>POLICY PREMIUM</b> \$
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## APPLICANT INFORMATION

<b>NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> Jean C Staudigl dba Midway Restoration Mold Contractors 11103 LEGUME CT CYPRESS TX 77433		<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"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST <input type="checkbox"/> OTHER		
<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"/> 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 <input type="checkbox"/> OTHER		

**APPLICANT INFORMATION (Continued)**

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

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE		SIC		NAICS		FEIN OR SOC SEC #	
				BUSINESS PHONE #:							
				WEBSITE ADDRESS							
CORPORATION		JOINT VENTURE		NOT FOR PROFIT ORG		SUBCHAPTER "S" CORPORATION		<input type="checkbox"/>		OTHER	
INDIVIDUAL		LLC NO. OF MEMBERS AND MANAGERS: _____		PARTNERSHIP		TRUST		<input type="checkbox"/>			

**CONTACT INFORMATION**

CONTACT TYPE: Owner				CONTACT TYPE:			
CONTACT NAME: Jean C Staudigl				CONTACT NAME:			
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL (754) 281-7040		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: JC@MIDWAYSTAFF.COM				PRIMARY E-MAIL ADDRESS:			
SECONDARY E-MAIL ADDRESS:				SECONDARY E-MAIL ADDRESS:			

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

LOC #	STREET 11103 LEGUME CT	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$ 100,000
1		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER	1	OCCUPIED AREA: SQ FT
BLD #	CITY: CYPRESS	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: HARRIS				ZIP: 77433
DESCRIPTION OF OPERATIONS: Mold remediation residential and commercial					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:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:				ZIP:
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:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:				ZIP:
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:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:				ZIP:
DESCRIPTION OF OPERATIONS:					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 checked="" type="checkbox"/>	SERVICE	<input type="checkbox"/>	DATE BUSINESS STARTED (MM/DD/YYYY) 2025
<input type="checkbox"/>	CONDOMINIUMS	<input type="checkbox"/>	INSTITUTIONAL	<input type="checkbox"/>	OFFICE	<input type="checkbox"/>	RETAIL	<input type="checkbox"/>	WHOLESALE	OTHER	

**DESCRIPTION OF PRIMARY OPERATIONS**

New venture, Mold remediation residential and commercial in Texas only, service is for mold remediation only, applicant does not remodel nor is in charge to hir subs to remodel the properites once remediation is completed  
 license MRC1346  
 1 owner, 1 full time employee (licensed), estimated payroll 40,000, estimated cost of insured subs 4,000

applicant does not have any planned jobs but is requesting blanket endorsements and pollution liability so that he can start applying for different jobs once he is covered

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK 100 %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK 100 %
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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**

<b>INTEREST</b> <input checked="" type="checkbox"/> <b>ADDITIONAL INSURED</b> <input type="checkbox"/> <b>BREACH OF WARRANTY</b> <input type="checkbox"/> <b>CO-OWNER</b> <input type="checkbox"/> <b>EMPLOYEE AS LESSOR</b> <input type="checkbox"/> <b>LEASEBACK OWNER</b> <input type="checkbox"/> <b>LENDER'S LOSS PAYABLE</b>		<input type="checkbox"/> <b>LIENHOLDER</b> <input type="checkbox"/> <b>LOSS PAYEE</b> <input type="checkbox"/> <b>MORTGAGEE</b> <input type="checkbox"/> <b>OWNER</b> <input type="checkbox"/> <b>REGISTRANT</b> <input type="checkbox"/> <b>TRUSTEE</b>	<b>NAME AND ADDRESS</b> RANK: <input type="text"/> EVIDENCE: <input type="text"/> CERTIFICATE: <input type="text"/> POLICY: <input type="text"/> SEND BILL: <input type="text"/> blanket additional insured CG2010, cg2037, PNC, Waiver REFERENCE / LOAN #: <input type="text"/> INTEREST END DATE: <input type="text"/> LIEN AMOUNT: <input type="text"/> PHONE (A/C, No, Ext): <input type="text"/> FAX (A/C, No): <input type="text"/> REASON FOR INTEREST: <input type="text"/> E-MAIL ADDRESS: <input type="text"/>	<b>INTEREST IN ITEM NUMBER</b> LOCATION: <input type="text"/> BUILDING: <input type="text"/> VEHICLE: <input type="text"/> BOAT: <input type="text"/> AIRPORT: <input type="text"/> AIRCRAFT: <input type="text"/> ITEM CLASS: <input type="text"/> ITEM: <input type="text"/> ITEM DESCRIPTION: <input type="text"/>
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**GENERAL INFORMATION**

<b>EXPLAIN ALL "YES" RESPONSES</b>				<b>Y / N</b>
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"/>
<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"/>
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. In VA the following notice applies: information concerning an arrest, charge, or conviction that has been sealed does not have to be disclosed in the application).				n
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				n
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
9. HAS THE APPLICANT HAD A FORECLOSURE FILED AGAINST THEM, 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

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

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	new venture			
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	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 5 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
none							

**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, 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 CA:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**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 DC:** 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.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, 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.

**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 <i>William C Hernandez</i>	PRODUCER'S NAME (Please Print) William C Hernandez	STATE PRODUCER LICENSE NO (Required in Florida)
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**Applicable in NY: Applicable to all claim forms for insurance and all applications for commercial insurance and accident and health insurance:** 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.

**Applicable in NY: Applicable to all applications and claim forms for automobile insurance:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company 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 value of the subject motor vehicle or stated claim for each violation.

APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER
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THIS SECTION IS INTENTIONALLY LEFT BLANK



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

**COMMERCIAL GENERAL LIABILITY SECTION**

DATE (MM/DD/YYYY)

6/6/2025

AGENCY AAIGOT Insurance Agency Inc.		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED Jean C Staudigl dba Midway Restoration Mold Contractors		

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

**COVERAGES**

<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE
<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE
<b>DEDUCTIBLES</b>
<input type="checkbox"/> PROPERTY DAMAGE \$ <input type="checkbox"/> PER CLAIM <input type="checkbox"/> PER OCCURRENCE
<input type="checkbox"/> BODILY INJURY \$ <input type="checkbox"/> PER CLAIM <input type="checkbox"/> PER OCCURRENCE
<input type="checkbox"/> \$ <input type="checkbox"/> PER CLAIM <input type="checkbox"/> PER OCCURRENCE

**LIMITS**

GENERAL AGGREGATE	\$	2,000,000	PREMIUMS
LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION			PREMISES/OPERATIONS
<input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:			
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$	2,000,000	PRODUCTS
PERSONAL & ADVERTISING INJURY	\$	1,000,000	
EACH OCCURRENCE	\$	1,000,000	OTHER
DAMAGE TO RENTED PREMISES (each occurrence)	\$	100,000	
MEDICAL EXPENSE (Any one person)	\$	5,000	TOTAL
EMPLOYEE BENEFITS	\$		
	\$		

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

applicant does not have any planned jobs but is requesting blanket endorsements and pollution liability so that he can start applying for different jobs once he is covered

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

1. UM / UIM COVERAGE ☐ IS ☐ IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.

**SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)**

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1				100					
CLASSIFICATION DESCRIPTION mold remediation									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
<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:	
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?	
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	

**EMPLOYEE BENEFITS LIABILITY**

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

**CONTRACTORS**

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

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N	
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?				n	
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?				n	
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?				n	
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?				n	
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?				n	
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?				n	
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	4000	% OF WORK SUBCONTRACTED: 10	# FULL-TIME STAFF:	# PART-TIME STAFF:
mold remediation subcontracted if necessary					

**PRODUCTS / COMPLETED OPERATIONS**

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

**ADDITIONAL INTEREST / CERTIFICATE RECIPIENT**

☐ **ACORD 45 attached for additional names**

<b>INTEREST</b> <input checked="" type="checkbox"/> <b>ADDITIONAL INSURED</b> <input type="checkbox"/> <b>EMPLOYEE AS LESSOR</b> <input type="checkbox"/> <b>LENDER'S LOSS PAYABLE</b> <input type="checkbox"/> <b>LIENHOLDER</b> <input type="checkbox"/> <b>LOSS PAYEE</b> <input type="checkbox"/> <b>MORTGAGEE</b>	<b>NAME AND ADDRESS</b> RANK: _____ blanket cg2010, cg2037, waiver, NPC	<b>EVIDENCE:</b> _____ <b>CERTIFICATE</b> _____	<b>INTEREST IN ITEM NUMBER</b> <b>LOCATION:</b> _____ <b>BUILDING:</b> _____ <b>ITEM CLASS:</b> _____ <b>ITEM:</b> _____ <b>ITEM DESCRIPTION</b> _____
	<b>REFERENCE / LOAN #:</b> _____		

**GENERAL INFORMATION**

<b>EXPLAIN ALL "YES" RESPONSES (For all past or present operations)</b>				<b>Y / N</b>																		
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?				n																		
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?				n																		
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)				n																		
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?				n																		
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?				n																		
<table border="1"> <tr> <th>EQUIPMENT</th> <th colspan="2">TYPE OF EQUIPMENT</th> <th>INSTRUCTION GIVEN (Y/N)</th> </tr> <tr> <td></td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> <tr> <td></td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> </table>		EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)		SMALL TOOLS	LARGE EQUIPMENT			SMALL TOOLS	LARGE EQUIPMENT										
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	SMALL TOOLS	LARGE EQUIPMENT																				
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6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?				n																		
7. ANY PARKING FACILITIES OWNED/RENTED?				n																		
8. IS A FEE CHARGED FOR PARKING?				n																		
9. RECREATION FACILITIES PROVIDED?				n																		
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):				n																		
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS																				
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)				n																		
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD																						
12. ARE SOCIAL EVENTS SPONSORED?				n																		
13. ARE ATHLETIC TEAMS SPONSORED?				n																		
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EXTENT OF SPONSORSHIP:		EXTENT OF SPONSORSHIP:																				
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?				n																		
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?				n																		



**GENERAL INFORMATION (continued)**

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

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

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

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

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

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

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

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

PRODUCER'S SIGNATURE <i>William C Hernandez</i>	PRODUCER'S NAME (Please Print) William C Hernandez	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER