



General Information:

Name Insured (s) - List all subsidiaries and activities: A Access Automation and Gate
Mailing Address: 11530 Bridle Path Lane, Lakeside, CA 92040
Additional Address Locations: _____
Contact Name & Phone #: Arin Botter, David Kassel 619-443-4283
of Employees: 3 - ANTICIPATE A 4TH SOON
FEIN #: 263637722 Organizational Type: Individual

Details of Operations:

Fill in the percentage of your operations that falls into each category:

- Commercial Construction 25 Residential Construction 75 (Must equal 100%)
New Construction 10 Renovation/Repairs 90 (Must equal 100%)

Total Annual Receipts (Non-Wrap up) for the upcoming year: 700,000.00

Total Annual Cost of Subcontractors (Cost of hire): 0

Total Annual Payroll by class by state (Non-Wrap up) – Please add additional lines if necessary:

State	Class Code	Classification	Payroll (Non-Wrap)
CA?			
CA			
CA			
CA			

- Attach Vehicle Schedule (Including Year, Make, Model, VIN #, Garage Location, and Cost New)
Attach Driver Schedule (Including name date of birth, license #, and state)

Subcontractor and Contractual Controls:

Do you hire subcontracts? (If you don't hire sub contractors please disregard below questions) YES NO

Do you require written contractual agreements from all subcontracts? YES NO

Does the contract require:

- Broad hold harmless? YES NO
- Additional insured status in your favor? YES NO
- Primary/Non-contributory wording in your favor? YES NO
- What limits of general liability coverage, if any, do you require from your subs? _____
- Do you require certificates of insurance evidencing GL coverage from your subs? YES NO
- Do you require that the certificates include additional insured wording in your favor? YES NO

Signature of Applicant: Date: 02/10/2016
Name and Title: DAVID KASSEL - OWNER