



4480 Cox Road | Suite 300 | Glen Allen, VA 23060-6718
 P: (855) ALFA-AIC | P: (855) 253-2242 | F: (804) 346-1995
 www.AlfaAIC.com

Business Owners Policy Application

Producer Information

Agency Name: Hayes Insurance Agency	User Name: Hayes Insurance Services	Agency Number: 3670000	Telephone: (804)526-2543
CSR/Agent Name: RC Falconer			

Applicant Information

Primary State: VA	Applicant Name: HILTON MECHANICAL, LLC	Doing Business As:
Mailing Address: 15707 EXTERMILL RD	Extended Mailing Address:	City/State/Postal Code: CHESTERFIELD VA 23838-0000
Phone: (804)690-4734		

Policy Information

Policy Number: BPV 0068464	Customer Number:	Effective Date: 08/24/2015	Expiration Date: 08/24/2016
Term: 12 Months	Line of Business: Business Owners	Policy Company: Alfa Alliance Insurance	Payment Option: EFT
Legal Entity: Limited Liability Company	Business Description: HVAC	Previous Carrier: COLONY SPECIALTY INS	Program Name/Code: Contractor's Advantage
Total Policy Premium: \$1,183.00	Remarks:	Premium Received: \$100.25	

Insurance Line: BOP

Response	Questions
No Q1	Does the insured own or operate any other businesses or is the insured a subsidiary of another entity?
No Q2	Are athletic teams sponsored?
No Q3	Is the insured involved in the manufacturing, relabeling or repackaging or mixing/combining of others products?
No Q4	Are any of the items that are sold by the insured manufactured overseas and directly imported by our insured?
No Q5	Are any employees leased to or from other employers?
No Q6	Any equipment loaned or rented to others?

No Q7 Has the insured had a foreclosure, repossession, bankruptcy, judgment or lien during the past five (5) years?

No Q8 Any storage or sale of liquid petroleum gas, gasoline, kerosene, or diesel fuel?

No Q9 Has the insured experienced any losses in the past three (3) years?

No Q10 Does any location generate annual gross receipts in excess of \$3 million?

No Q11 Is the insured's business seasonal or operated only a few months out of the year?

No Q12 Are any of the insured's locations waterfront?

No Q13 Does the insured's premises contain an adjacent restaurant occupancy that produces grease and laden vapors?

No Q14 Does the insured's premises contain a Check Cashing facility, Off Track Betting, or the sale of Fireworks?

No Q15 Is the insured's operation open 24 hours a day?

No Q16 Does the insured conduct any operations involving storing, discharging, disposing of, or transporting hazardous materials including any of the following: chemicals, explosives, combustible substances, radioactive materials?

No Q17 Does the insured conduct more than 50% of their business via the internet?

No Q18 Any policy or coverage declined, cancelled or non-renewed during the prior 3 years?

Occurrence Limit: \$1,000,000	General Aggregate Limit: \$2,000,000	Program Type: Special
Personal/Advertising Injury Limit: \$1,000,000	Products Aggregate Limit: \$2,000,000	Terrorism: Not Included
Fire Legal Liability Limit: \$100,000	Medical Payments: \$5,000	Automatic Increase - Building (Inflation Guard): 4 %
Identity Recovery: No	Exclude Personal/Advertising Injury: Included	Exclude Contractual Liability: Included
Account Discount: None	Associated Policy Number:	Automatic Increase - BPP (Inflation Guard): 0%
Number of Full-Time Employees: 1	Number of Part-Time Employees: 0	Subcontracted Receipts: \$25,000
Gross Sales/Annual Receipts: \$100,000	Years of Experience: 15	Date Insured Started Business: 1/1/2010
Total Premium for this Insurance Line: \$1,183.00		

Location Details

Location # 1

Premises Address:
15707 EXTERMILL RD
City:
CHESTERFIELD

Extended Mailing Address:

State:
VA

Postal Code:
23838-0000

Building Details

Insurance Line: BOP

Location #: 1 Building #: 1
 Building Description: residential

Response	Questions
No	Q1 Is the insured in business less than 3 years or does the insured have less than 5 years experience performing this type of work?
No	Q2 Is the insured a General Contractor or do they subcontract more than 25% of their gross receipts?
No	Q3 Will the insured take on additional job duties that are not usual to the class of business described on the application including, but not limited to any of the following: Roofing/Roof Repair, Exterior Insulation Finishing (EIFS), Public Road/Highway construction or repair, Liquid Petroleum Gas Distribution or Delivery, Demolition, Boiler Installation or repair, Welding, Sewer or Septic, etc.?
No	Q4 Does the insured perform any work that is below 3 feet or above 3 stories?
No	Q5 Do the insured's annual gross receipts exceed \$5,000,000?
No	Q6 Does the insured conduct any operations other than what will be selected during the application process or any operations other than those listed in the Classification Guide?
No	Q7 Does the insured use subcontractors that are not supervised by the insured or insured's employees?
No	Q8 During the last 5 years, has the insured or any employee of the insured been convicted of any of the following: drug charges, arson, bribery, theft, money laundering, or any felony requiring time in jail or prison?
No	Q9 In the past 5 years, has the insured filed bankruptcy, had any tax liens, credit liens, or judgments?
No	Q10 Has the insured experienced any Property or General Liability paid losses generating a loss ratio of greater than 50% for the past 3 years?
Yes	Q11 Does the insured request certificates of insurance from sub-contractors and require limits of liability equal to the limits the insured maintains?
No	Q12 Does the insured have any job that is more than 25% of their annual sales receipts?
Yes	Q13 Does the insured have all licenses required by local or state law to provide contracting services?
No	Q14 Has the insured had any prior general liability, construction defect, or any prior errors and omissions liability claims?
Yes	Q15 Does the insured use standard contracts or written job descriptions when engaging in work for clients?
No	Q16 Is the insured currently aware of any act, error or omission that could give rise to a liability claim?

Class Code:
A10010

Class Description:
Heating and Air Conditioning - 23838-0000
Systems & Equipment

Zip Code:

Protection Class:
3

Construction:
Brick Veneer

Occupancy :
Owner Occupied

Building Limit:

Number of Units:
1 to 10

Personal Property Limit:

Unit Deductible:
\$1,000

Wind & Hail:
N/A

Sprinkler Systems:
No

Year Built:
1985

% Owner Occupied:
100

Number of Stories:
2

Total Square Feet:
1,500

Exclude Wind:

Valuation:

Multiple Occupancy:

No	Replacement Cost	No
Exclude Theft:	Loss of Income:	
No	No	
Protection Information:		
Watchman - signals to Central Station or Police Station:		Watchman - other:
No		No
Burglar Alarm System - signals to Central Station or Police Station:		Burglar Alarm System - other:
No		No

Premium for Location # 1 Building # 1: \$860.00

Coverage Details

Insurance Line: BOP

Insurance Line Coverage:	Limits(\$):	Deductible(\$):	Premium:
Additional Insured(s)			
Contractor's Advantage			
Contractor's Tools/Equipment			
Leased			
Unscheduled	10,000	500	\$25.00
Contractor's Tools/Equipment			
Owned			
Unscheduled	10,000	500	\$25.00
Employee Tools	5,000	500	\$25.00
Installation Floater	10,000	500	\$25.00
Contractors E & O	5,000/25,000	500	\$99.00
Employment Practices Liability	25,000	2,500	\$59.00
Expense Constant			\$15.00
Waiver of Subrogation			
Endorsement,			\$50.00

Insurance Line: BOP

Location #: 1 Building #: 1

Coverage:	Limits(\$):	Deductible(\$):	Premium:
Liability	1,000,000		\$860.00
Total Premium for Policy			\$1,183.00

Loss History

Prior Losses: No Losses

[View Policy Forms](#)

READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY. COMPANY HAS NOT COMPLETED THEIR REVIEW OF ALL MATERIAL. THIS POLICY OF INSURANCE MAY BE CONTINGENT UPON FAVORABLE REVIEW OF MOTOR VEHICLE RECORDS AND LOSS HISTORY.

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION AND SUBSEQUENT 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. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 CIVIL PENALTIES.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING. I ALSO UNDERSTAND THAT THE PREMIUM IS FINALIZED ONLY AFTER THE INSURANCE COMPANY HAS COMPLETED THEIR REVIEW OF ALL MATERIALS.

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

APPLICANT SIGNATURE _____ DATE _____

PRODUCER SIGNATURE RC Falgout _____ DATE 8/24/15 _____

Print this page and retain for your records.



4480 Cox Road, Suite 300, Glen Allen, Virginia 23060 855-ALFAAIC

EFT Enrollment Receipt for Policy BPV006846400

Thank you for selecting Alfa Alliance Insurance.

Bank Account Owners Name:	Hilton Mechanical, LLC
Bank Account Number:	9363 (last 4 digits)
Bank Routing Number:	0549 (last 4 digits)
Account Type:	CHECKING
Date of monthly draft:	24
Initial Down Payment:	98.58 Drafted within 2 business days
Email Address:	kvargo7@gmail.com
Telephone Number:	804-690-4734
Policy Number:	BPV006846400
Policy Term Effective Date:	08/24/2015
Action:	ASAP Issue Policy/Enroll in EFT Payment Plan
Submission Date and Time:	8/24/2015 13:50:48 PM
Your EFT Confirmation Number is:	A000000940

The policyholder's Initial Down Payment, identified above, will be drafted within 2 business days on ASAP New Business; *a separate Down Payment is required for Endorsements to avoid EFT withdrawing a double payment.*

Policyholder: Remember to record this payment monthly in your register.

Policyholder will receive a schedule of payments in mail.

PRINT

Exit

If you submitted your EFT Request before 8.00 PM Eastern time on a normal business day, it will be applied to the account as of today. If you submitted your request after 8 00 PM Eastern Time or on a non-business day, it will be processed on the following business day.

If there are any difficulties processing EFT payments, such as rejection of the request by the banking institution, we will contact policyholder via e-mail.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/24/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Hayes Insurance Services, Inc. 16003 Woods Edge Road South Chesterfield, VA 23834	CONTACT NAME	RC Falconer	
	PHONE (A/C No. Ext.)	804-526-2543	FAX (A/C No.): 804-526-2649
	E-MAIL ADDRESS	chris@hayesinsurce.comcastbiz.net	
INSURED Hilton Mechanical, LLC 15707 Extermill Road Chesterfield, VA 23838	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A	Alfa Alliance Insurance Corporation	18971
	INSURER B		
	INSURER C		
	INSURER D		
	INSURER E		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	Y	BPV 0068464 00	08/24/2015	08/24/2016	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000						
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 50,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE \$
							AGGREGATE \$
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input type="checkbox"/> N/A				WC STATUTORY LIMITS OTH-ER \$
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate holder is an additional insured, with waiver of subrogation in favor of Highland Student Holdings, LLC, its subsidiaries, and ownership entities being managed under Highland Student Holdings, LLC, et al

CERTIFICATE HOLDER

CANCELLATION

Highland Student Housing Holdings, LLC Its subsidiaries, managed ownership entities, and The Pavillion at North Grounds 2970 Clairmont Rd, Ste. 310 Atlanta, GA 30329	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
08/24/2015

PRODUCER Hayes Insurance Services, Inc. 16003 Woods Edge Rd S Chesterfield, VA 23834		PHONE (A/C, No, Ext): 804-526-2543	COMPANY NAME AND ADDRESS Colony Speciality Insurance c/o Commonwealth Underwriters, LTD 13185 Warwick Boulevard Newport News, VA 23602		NAIC CODE:
CODE: AGENCY CUSTOMER ID:	SUB CODE:	POLICY TYPE General Liability			
INSURED NAME AND ADDRESS Hilton Mechanical, LLC 15707 Extermill Rd Chesterfield, VA 23838		CANCELLED POLICY INFORMATION POLICY NUMBER GL4116514			
		EFFECTIVE DATE AND HOUR OF CANCELLATION 08/24/2015	CANCELLATION DATE 08/24/2015	TIME 12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
		POLICY TERM 10/08/2014	EFFECTIVE DATE 10/08/2014	EXPIRATION DATE 10/08/2015	

CANCELLATION REQUEST (Policy attached)
 POLICY RELEASE (Complete Statement Section Below)

POLICY RELEASE STATEMENT

The undersigned agrees that

The above referenced policy is lost, destroyed or being retained
 No claims of any type will be made against the Insurance Company, its agents or its representatives,
 under this policy for losses which occur after the date of cancellation shown above
 Any premium adjustment will be made in accordance with the terms and conditions of the policy

WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
			08/24/2015

WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE

<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)	TITLE	DATE

<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)	TITLE	DATE

This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.

FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> REQUESTED BY INSURED <input checked="" type="checkbox"/> REWRITTEN (Complete below) COMPANY Alfa Alliance Insurance Corporation POLICY NUMBER BPV 0068464		<input type="checkbox"/> OTHER (Identify) <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input checked="" type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	METHOD OF CANCELLATION FULL TERM PREMIUM \$ UNEARNED FACTOR RETURN PREMIUM \$
EFFECTIVE DATE 08/24/2015			

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

New York Only: If you do not keep your auto insurance in force during the entire registration period, your motor vehicle registration will be suspended. If your vehicle is still uninsured after 90 days, your driver's license will be suspended. To avoid these penalties, you must surrender your registration certificate and plates before your insurance expires. By law, we must report the termination of auto insurance coverage to the Department of Motor Vehicles

NAME AND ADDRESS Hilton Mechanical, LLC 15707 Extermill Rd. Chesterfield, VA 23838	REQUEST / RELEASE DISTRIBUTION <input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY
PRODUCER'S SIGNATURE 	DATE 08/24/2015