

FEDERATED NATIONAL INSURANCE COMPANY FEDERATED NATIONAL UNDERWRITERS, INC.

Artisan General Liability Application

Incomplete applications are subject to rejection of coverage and/or risk. Do not leave any questions blank or unanswered.

Name ORLANDO TILE, CARPET AND +, INC.		Producer 23852	
d/b/a		AXA INSURANCE AGENCY	
Mail Address: 1810 N. SEMORAN BLVD. STE 136		1810 SEMORAN BLVD STE #100	
City WINTER PARK	State FL	WINTER PARK FL 32792	
Zip 32792	County ORANGE	(407)478-8808 (321)285-8888	
Physical Address (if different) 14037 CHERRY BUSH CT.		Effective Dates:	
City ORLANDO	State FL	Zip 32828	From: 09/07/2013 To: 09/07/2014 @12:01AM
County ORANGE	Phone # (321)972-1948	FEIN: 273582623	
Inspection Contact: STEPHANIE FERREIRA 3219721948		Web Address: NONE	
Description of business: INSTALLS CARPET, TILE, CABINETS, COUNTERS, FLO		Applicant Date of Birth: 01011988	
# Years in Business: 3	# Years Experience: 8	DL#: F660792885010	
Business Type: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC			
Classification Code(s) with percentages of work: 91341 94569 99746 91583 91585			
Limits of Liability include - Occurrence, General Aggregate, Products/Completed Operations, Personal and Advertising Injury. Certain classes include the Products/Completed Operations Hazard within the General Aggregate Limit.			
Available Limit Options (Occurrence limit/General Aggregate limit/Products Aggregate limit)		Deductible: 250	
<input type="checkbox"/> 100/100/100	<input checked="" type="checkbox"/> 100/200/100	<input type="checkbox"/> 100/200/200	1 # Owners, Officers or Partners Payroll = 16700
<input type="checkbox"/> 300/300/300	<input type="checkbox"/> 300/600/300	<input type="checkbox"/> 300/600/600	
<input type="checkbox"/> 500/500/500	<input type="checkbox"/> 500/1,000/500	<input type="checkbox"/> 500/1,000/1,000	0 # Full-time employees (not temp or leased) payroll =
<input type="checkbox"/> 1,000/1,000/1,000	<input type="checkbox"/> 1,000/2,000/1,000	<input type="checkbox"/> 1,000/2,000/2,000	0 # Part-time, temp or leased employees payroll =
<input type="checkbox"/> 2,000/2,000/2,000	<input type="checkbox"/> _____		
<input checked="" type="checkbox"/> 100,000	Fire Damage Limit	Total Risk Payroll = 16700	
<input checked="" type="checkbox"/> 5,000	Medical Payments		
Is this a renewal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, list previous policy number _____			
% of your work is: 0 % Industrial 70 % Residential 30 % Commercial			
40 % Remodeling 60 % New Construction _____ % Repair and Service _____ % Room Additions			
Type of License: OCCUPATIONAL	Current License Number : 13-00009577		
What operations do you perform? INSTALLS CARPET, TILE, CABINETS, COUNTERS, FLOORING FOR HOMES AND BUSIN			
Do you perform under written contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Do you subcontract any work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, % subcontracted 20 %	
Types of work subcontracted: TILE, CARPET, COUNTER, CABINET, FLOOR INSTALLATION			
Do you require certificates of insurance from your subcontractors for General Liability equal to or greater than your own? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if No, Submit)			
Do you require certificates of insurance from your subcontractors for Workers Compensation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have any additional insured's? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (You do not need to add an A/I for a Certificate of Insurance) (Please attach Additional Named Insured schedule form FNIC A2 to list all additional insured(s) and their address(es))			
Do you desire to purchase coverage for certified acts of terrorism? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Types of jobs performed in the last 12 months: INSTALLS CARPET, TILE, CABINETS, COUNTERS, FLOORING FOR HOME			
Past and anticipated projects detail:		Payroll	Subcontracted Costs
Prior 24 Months:		16700	4000
Next 12 Months:		16700	4000
			Gross Receipts
			20000
			20000
Do you now or have you ever acted as a GENERAL CONTRACTOR? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if Yes, SUBMIT)			
Do you require (XCU) Explosion, Collapse or Underground coverage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, SUBMIT)			
Do you require the Designated Construction Projects(s) General Aggregate Limit endorsement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, SUBMIT)			
Do you require the Designated Locations(s) General Aggregate Limit endorsement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, SUBMIT)			