



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
12/02/2023

AGENCY Surelogic Inc	CARRIER Credeasy	NAIC CODE 89933
	COMPANY POLICY OR PROGRAM NAME Sureloft pro	PROGRAM CODE 90323
	POLICY NUMBER 89400202302	
CONTACT NAME: John Updike PHONE: (555) 674 9940 (A/C No. Ext): FAX: (A/C No.): E-MAIL: john@surelogic.com ADDRESS: CODE: 88499322 SUBCODE:	UNDERWRITER John	UNDERWRITER OFFICE Florida
AGENCY CUSTOMER ID:	STATUS OF TRANSACTION <input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE DATE <input type="checkbox"/> CANCEL	<input checked="" type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW TIME <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		PREMIUM		PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$ \$9000		CYBER AND PRIVACY	\$	YACHT \$
<input checked="" type="checkbox"/> BUSINESS AUTO	\$ 89900		FIDUCIARY LIABILITY	\$	\$
<input type="checkbox"/> BUSINESS OWNERS	\$		GARAGE AND DEALERS	\$ \$4000	\$
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$		LIQUOR LIABILITY	\$	\$
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$		MOTOR CARRIER	\$	\$
<input type="checkbox"/> COMMERCIAL PROPERTY	\$ \$900		TRUCKERS	\$ \$3000	\$
<input type="checkbox"/> CRIME	\$		UMBRELLA	\$	\$

ATTACHMENTS

ACCOUNTS RECEIVABLE / VALUABLE PAPERS	GLASS AND SIGN SECTION	STATEMENT / SCHEDULE OF VALUES
ADDITIONAL INTEREST SCHEDULE	HOTEL / MOTEL SUPPLEMENT	STATE SUPPLEMENT (if applicable)
ADDITIONAL PREMISES INFORMATION SCHEDULE	INSTALLATION / BUILDERS RISK SECTION	VACANT BUILDING SUPPLEMENT
APARTMENT BUILDING SUPPLEMENT	INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	VEHICLE SCHEDULE
CONDO ASSN BYLAWS (for D&O Coverage only)	INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
CONTRACTORS SUPPLEMENT	LOSS SUMMARY	
COVERAGES SCHEDULE	OPEN CARGO SECTION	
DEALERS SECTION	PREMIUM PAYMENT SUPPLEMENT	
DRIVER INFORMATION SCHEDULE	PROFESSIONAL LIABILITY SUPPLEMENT	
ELECTRONIC DATA PROCESSING SECTION	RESTAURANT / TAVERN SUPPLEMENT	

POLICY INFORMATION

PROPOSER EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
		<input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	Annual	Credit card		\$ 10000	\$ 1000	\$ 500000

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Roger deakins 345, Flower park avenue, Florida, FL 47873	GL CODE 89933	SIC 7839232	NAICS 898940	FEIN OR SOC SEC # 99403
	BUSINESS PHONE #:			
	WEBSITE ADDRESS www.surelogic.com			
<input checked="" type="checkbox"/> CORPORATION <input checked="" type="checkbox"/> JOINT VENTURE <input type="checkbox"/> NOT FOR PROFIT ORG <input checked="" 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 checked="" type="checkbox"/> JOINT VENTURE <input type="checkbox"/> NOT FOR PROFIT ORG <input checked="" 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 #
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