



WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY)

11/24/2020

AGENCY NAME AND ADDRESS Risk Transfer 219 East Livingston Street Orlando FL 32801		COMPANY: PFT1, LLC	
		UNDERWRITER:	
		APPLICANT NAME: Kim Darwin	
		OFFICE PHONE: (212) 655-6555	MOBILE PHONE: (917) 535-6578
		MAILING ADDRESS (including ZIP + 4 or Canadian Postal Code) 765 East 340 South, Suite 207	
		YRS IN BUS: 0	
		SIC: 7389	
		NAICS: 561422	
PRODUCER NAME: Jennifer Robinson		WEBSITE ADDRESS:	
CS REPRESENTATIVE NAME: Jeannie Clements		UT 84003	
OFFICE PHONE (A/C. No. Ext): (866) 481-9363		E-MAIL ADDRESS: kim@supplyanddemand.tv	
MOBILE PHONE: (407) 230-6953		<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> CORPORATION <input checked="" type="checkbox"/> LLC <input type="checkbox"/> TRUST	
FAX (A/C. No.): (407) 481-9969		<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SUBCHAPTER "S" CORP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> OTHER	
E-MAIL ADDRESS: jrobinson@risktransferinc.com		CREDIT BUREAU NAME:	
CODE: UNKNOWN SUB CODE: UNKNOWN		FEDERAL EMPLOYER ID NUMBER	NCCI RISK ID NUMBER
AGENCY CUSTOMER ID: 6058		85-3247555	ID NUMBER:
		OTHER RATING BUREAU ID OR STATE EMPLOYER REGISTRATION NUMBER	

STATUS OF SUBMISSION**BILLING / AUDIT INFORMATION**

<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	BILLING PLAN	PAYMENT PLAN	AUDIT
<input type="checkbox"/> BOUND (Give date and/or attach copy)		<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> ANNUAL <input type="checkbox"/>	<input type="checkbox"/> AT EXPIRATION <input type="checkbox"/> MONTHLY
<input type="checkbox"/> ASSIGNED RISK (Attach ACORD 133)		<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/>
			<input type="checkbox"/> QUARTERLY % DOWN:	<input type="checkbox"/> QUARTERLY

LOCATIONS

LOC #	HIGHEST FLOOR	STREET, CITY, COUNTY, STATE, ZIP CODE
1	0	765 East 340 South, Suite 207, American Fork, UT, 84003
	0	...

POLICY INFORMATION

PROPOSED EFF DATE 11/29/2021		PROPOSED EXP DATE 11/29/2021		NORMAL ANNIVERSARY RATING DATE		<input checked="" type="checkbox"/> PARTICIPATING <input type="checkbox"/> NON-PARTICIPATING		RETRO PLAN	
PART 1 - WORKERS COMPENSATION (States) UT		PART 2 - EMPLOYER'S LIABILITY		PART 3 - OTHER STATES INS UT		DEDUCTIBLES (N / A in WI)		AMOUNT / % (N / A in WI)	
		\$ 1,000,000.00 EACH ACCIDENT				<input type="checkbox"/> MEDICAL		<input type="checkbox"/> U.S.L. & H. VOLUNTARY COMP	
		\$ 1,000,000.00 DISEASE-POLICY LIMIT				<input type="checkbox"/> INDEMNITY		<input type="checkbox"/> FOREIGN COV	
		\$ 1,000,000.00 DISEASE-EACH EMPLOYEE							
DIVIDEND PLAN/SAFETY GROUP		ADDITIONAL COMPANY INFORMATION							
SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)									

TOTAL ESTIMATED ANNUAL PREMIUM - ALL STATES

TOTAL ESTIMATED ANNUAL PREMIUM ALL STATES \$ 0.00	TOTAL MINIMUM PREMIUM ALL STATES \$ 0.00	TOTAL DEPOSIT PREMIUM ALL STATES \$ 0.00
---	--	--

CONTACT INFORMATION

TYPE	NAME	OFFICE PHONE	MOBILE PHONE	E-MAIL
INSPECTION				
ACCTNG RECORD	Kim Darwin	(212) 655-6555	(917) 535-6578	kim@supplyanddemand.tv
CLAIMS INFO				

INDIVIDUALS INCLUDED / EXCLUDED

PARTNERS, OFFICERS, RELATIVES (Must be employed by business operations) TO BE INCLUDED OR EXCLUDED (Remuneration/Payroll to be included must be part of rating information section.)
Exclusions in Missouri must meet the requirements of Section 287.090 RSMo.

STATE	LOC #	NAME	DATE OF BIRTH	TITLE/ RELATIONSHIP	OWNER-SHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION/PAYROLL
		Paul Ewing		CTO	40		0		\$0.00
		Fabian Cavlo			30		0		\$0.00
		Tim Case			30		0		\$0.00

FOR MULTIPLE STATES, ATTACH AN ADDITIONAL PAGE 2 OF THIS FORM

[illegible]

STATE:	FACTOR	FACTORED PREMIUM		FACTOR	FACTORED PREMIUM
TOTAL	N / A	\$ 0			\$
INCREASED LIMITS	0	\$ 0	SCHEDULE RATING *	0	\$0
DEDUCTIBLE *	0	\$ 0	CCPAP	0	\$0
		\$	STANDARD PREMIUM	0	\$0
EXPERIENCE OR MERIT MODIFICATION	0	\$ 0	PREMIUM DISCOUNT	0	\$0
		\$	EXPENSE CONSTANT	N / A	\$0
ASSIGNED RISK SURCHARGE *	0	\$ 0	TAXES / ASSESSMENTS *	N / A	\$0
ARAP *	0	\$ 0			\$
* N / A in Wisconsin					
TOTAL ESTIMATED ANNUAL PREMIUM		MINIMUM PREMIUM		DEPOSIT PREMIUM	
\$0		\$0		\$0	

--

PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS

NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS	
GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT; CONTRACTOR - TYPE OF WORK, SUB-CONTRACTS; MERCANTILE - MERCHANDISE, CUSTOMERS, DELIVERIES; SERVICE - TYPE, LOCATION; FARM - ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS.	

GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT; CONTRACTOR - TYPE OF WORK, SUB-CONTRACTS; MERCANTILE - MERCHANDISE, CUSTOMERS, DELIVERIES; SERVICE - TYPE, LOCATION; FARM - ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS.

Call center that matches patients with pharmacies.

EXPLAIN ALL "YES" RESPONSES	Y / N
-----------------------------	-------

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES	Y / N
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?	<input type="checkbox"/> N
14. DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state(s) of travel and frequency)	<input type="checkbox"/> N
15. ARE ATHLETIC TEAMS SPONSORED?	<input type="checkbox"/> N
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?	<input type="checkbox"/> N
17. ANY OTHER INSURANCE WITH THIS INSURER?	<input type="checkbox"/> N
18. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED IN THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)	<input type="checkbox"/> N
19. ARE EMPLOYEE HEALTH PLANS PROVIDED?	<input type="checkbox"/> N
20. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES OR SUBSIDIARIES?	<input type="checkbox"/> N
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	<input type="checkbox"/> N
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If "YES", # of Employees: _____	<input type="checkbox"/> N
23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIVE (5) YEARS? (If "YES", please specify)	<input type="checkbox"/> N
24. ANY UNDISPUTED AND UNPAID WORKERS COMPENSATION PREMIUM DUE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? IF YES, EXPLAIN INCLUDING ENTITY NAME(S) AND POLICY NUMBER(S).	<input type="checkbox"/> N

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

<p>APPLICABLE IN TENNESSEE AND VERMONT: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO ANY PARTY TO A WORKERS COMPENSATION TRANSACTION FOR THE PURPOSE OF COMMITTING FRAUD. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.</p> <p>ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)</p> <p>IN THE DISTRICT OF COLUMBIA, 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.</p> <p>IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.</p> <p>IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.</p>			
APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner)	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER