R
ACORD

WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY
11/24/2020

	11/24/2020																	
AGE	AGENCY NAME AND ADDRESS						COMPA	COMPANY: PFT1, LLC										
Risk	Risk Transfer						UNDER	UNDERWRITER:										
2191	219 East Livingston Street						APPLIC	APPLICANT NAME: Kim Darwin										
Orlanda El 22001							OFFICE PHONE: (212) 655-6555 MOBILE PHONE: (917) 535-6578											
Orlai	Ido			FL	32801			MAILING ADDRESS (including ZIP + 4 or Canadian Postal Code) YRS IN BUS: ()										
									0 South, S	·					SIC: 7			
DD 6	NICES !!	AME. Too.	ifor Dahir -	on			Ameri	can Fo	ork									
CS R	FPRESEN	AME: Jeni NTATIVE -	nifer Robins	on			$ _{\mathrm{UT}}$	9	84003						WEBSIT	561422 re		
NAM	E:	F	eannie Clem	ents											ADDRE			
(A/C,	No, Ext)	E (866) 4	81-9363				E-MAIL	E-MAIL ADDRESS: kim@supplyanddemand.tv										
	NE: (407	7) 230-69:	53				SC	SOLE PROPRIETOR CORPORATION LLC TRUST								TRUST		
FAX (A/C,	No): (40	7) 481-99	069						RSHIP		SUBCH	HAPTER "S"	CORP		JOINT \	/ENTURE	OTHER	
I E-MA	.IL		risktransfer	inc.com			CREDIT BUREA	T U NAN	ΛE:							ID NUMBER:		
	E: UNKI				UNKNOWN	J.			IPLOYER II	NUMBER	₹	NCCI RISK	ID NUI	MBER		OTHER RATING	BUREAU ID OR STATE	
		TOMER ID:	6058				85-324	47555	i							Lim LOTER REG	OTRATION NOMBER	
			MISSION			RILI	ING / AU			ATION								
 		/		DOL IOY		1	G PLAN	<i>7</i> 11 II	PAYMEN						AUDI	т		
	QUOTE			POLICY								٦						
			and/or attach				GENCY BILL		H ANN	NUAL						AT EXPIRATION	MONTHLY	
<u> </u>	ASSIGN	ED RISK (A	Attach ACORD	133)			IRECT BILL		SEM	/II-ANNUA	L					SEMI-ANNUAL		
									QU/	ARTERLY		% DOWN:				QUARTERLY		
LO	CATION																	
LOC	# HIGH	OR STR	EET, CITY, CO	OUNTY, STAT	E, ZIP CODE													
1	0	765	East 340 So	uth, Suite 2	07,American	Fork,U	T,84003											
	0																	
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POI		IFORMA		T -			1			DV - : -	<u> </u>					Der		
		OSED EFF	DATE	PR	OPOSED EXP		NOR	MALA	NNIVERSA	KY RATIN	IG DA	<u> </u>	ARTIC	CIPATING		RETRO PLAN		
	11	1/29/2021			11/29/2021	l					1		ION-PA	ARTICIPA	TING			
	RT 1 - WO	ORKERS ON (States	PART 2 - E	MPLOYER'S	LIABILITY			PART 3 - OTHER STATES INS DEDUCTIBLES (N / A in WI) AMOUNT / (N / A in W						ans.				
	LNOAIR	ON (GIAIRS	\$ 1,000,0	00.00	EACH A	CCIDEN	т	UT	-0 IIIO			MEDICAL		(N / P	. ai vvi)	U.S.L. & H.	MANAGED CARE OPTION	
UT			\$ 1,000,0			SE-POLIC						INDEMNITY VOLUNTARY COMP			Υ			
			\$ 1,000.0				EMPLOYEE									FOREIGN C	ov D	
DIVID	END PLA	N/SAFETY			DITIONAL COMI										I	T OKEION O	0 1	
CDE	NEV ADDI	ITIONAL C	OVED 4 CEC / I	ENDODEEM	NITO (Attack A	CODD 40	4 4 4 4 1 4 1 4 1 4 1	D	ulea Cabadi			. !!						
SPEC	JIFT ADDI	IIIONAL C	JVERAGES / I	ENDORSEINE	ENTS (Attach A	CORD II	i, Additional	Kemai	rks schedu	ile, ir more	space	e is requirea)					
TO	TAI FS	TIMATE	D ANNII/	AI PREM	IUM - ALL S	STATE	S											
_			UAL PREMIU				MINIMUM PRI	EMILIM	ALL STA	TES .			TO	TAL DFP	OSIT PRF	MIUM ALL STAT	ES	
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\$ 0.0						\$ 0.00							Ψ ().	.00				
$\overline{}$			MATION															
TYPE		NAME				OFFICI	PHONE			MOBIL	E PHO	NE		E-MAIL				
_	ECTION																	
REC	ORD	Kim Dar	win			(212)	655-6555			(917)	535-6	578		kim@su	supplyanddemand.tv			
CLAI	MS																	
	INDIVIDUALS INCLUDED / EXCLUDED																	
PART	NERS, OI	FFICERS, I	RELATIVES (I	Must be emp	loyed by busine			E INCL	UDED OR	EXCLUDE	D (Ren	nuneration/F	ayroll	to be inc	luded mu	st be part of ration	ng information section.)	
		ions in Missouri must meet the requirements of Section 287.090 RSMo.						,							5			
STATE LOC# NAME DATE OF BIRT			IRTH	TITLE/ RELATION:	SHIP	OWNER- SHIP %	DUTIES				INC/EXC	CLASS CODE	REMUNERATION/PAYROLL					
Paul Ewing					СТО								_		00.00			
			0						40						0		\$0.00	
		Eobios	Caylo															
		Fabian	Cavio						30						0		\$0.00	
Tim Case					1	l							1					
		Tim Ca	se						30						0		\$0.00	
		Tim Ca	se						30						0		\$0.00	
		Tim Ca	se						30						0		\$0.00	

				STATE RA	TING WOF	RKSHE	ET	ER ID:				
OR I	MULTIPLE S	STATES.	ATTACH A	N ADDITIONAL PAGE 2 C								
	IG INFORM											
.oc#	CLASS CODE	DESCR CODE		PRIES, DUTIES, CLASSIFICATIONS	# EMPL FULL TIME	OYEES PART TIME	SIC	NAICS	ESTIMATED A	ATION/	RATE	ESTIMATED ANNUAL MANUA PREMIUM
	CA8810				2		7389	561422	\$420,000.0	0	0	\$0.00
	UT8810				4	0	7389	561422	\$174,880.0	0	0	\$0.00
REMI	LIM											
ATE:	OW		FACTOR	FACTORED PREMIUM					FACTOR		FACTORE	ED PREMIUM
TAL			N/A	\$ 0						\$		
DUCT	ED LIMITS		0	\$ 0 \$ 0	SCHEDU	LE RATIN	G *		0	\$0 \$0		
				\$		STANDARD PREMIUM			0	\$0		
PERIE	NCE OR MERIT ATION		0	\$ 0	PREMIU	PREMIUM DISCOUNT			0	\$0		
				\$	EXPENS	EXPENSE CONSTANT			N/A	\$0		
	D RISK SURCHA	RGE *	0	\$ 0	TAXES /	ASSESSM	ENTS *		N/A	\$ 0		
RAP * N / A in	Wisconsin		0	\$ 0						\$		
TAL E	STIMATED ANNU	AL PREMIUM	l	MINIMUM PREMIUM				DEPOSI	T PREMIUM			
)				\$0				\$0				
EMA	RKS (Attach	ACORD 1	01, Additio	nal Remarks Schedule, if m	ore space	s requi	red)					

PRIOR (AGENCY CUSTOMER ID:								
	ARS AND USE THE REMARKS SECTION FOR LOSS DETAILS	LOSS RUN ATTAC	LOSS RUN ATTACHED						
YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE			
	CO:								
	POL #:								
	CO:								
	POL#:								
	CO:								
	POL#:								
	CO:								
	POL#:								
	CO:								
	POL#:								

NATURE	OF BUILDING	/ DESCRIPTION OF	ODED ATIONS
NAIURE	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. Call center that matches patients with pharmacies.

GENERAL INFORMATION	
EXPLAIN ALL "YES" RESPONSES	Y/N
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT?	N
2. DO / HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)	N
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?	N
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?	N
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?	N
6. ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted)	N
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2)	N
8. IS A WRITTEN SAFETY PROGRAM IN OPERATION?	N
9. ANY GROUP TRANSPORTATION PROVIDED?	N
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?	N
11. ANY SEASONAL EMPLOYEES?	N
12. IS THERE ANY VOLUNTEER OR DONATED LABOR? (If "YES", please specify)	N

GENERAL INFORMATION (continued)		AGENCY CUSTOMER ID:	
1 ,			Y/N
EXPLAIN ALL "YES" RESPONSES 13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?			
13. ANT EMPLOTEES WITH PHISICAL HANDICAPS?			N
14. DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indi	icate state(s) of travel	and frequency)	N
			,
15. ARE ATHLETIC TEAMS SPONSORED?			N
			111
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLO	YMENT ARE MADE?		N
			N
17. ANY OTHER INSURANCE WITH THIS INSURER?			
77. ANT OTHER INSORANCE WITH THIS INSORER:			N
40 ANY DDIOD COVED A CE DECUNED / CANOCIL ED / NO.		OT TUDES (8) VEADOO (84)	41 4)
18. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-F	RENEWED IN THE LA	AST THREE (3) YEARS? (Missouri Applicants - Do not answer	this question)
			,
19. ARE EMPLOYEE HEALTH PLANS PROVIDED?			
To. The Lim Lot Let Heritary English the Vises.			N
20. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BU	ISINESSES OR SUBS	SIDIARIES?	
			N
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMP	I OVEDCO		
21. DO TOU LEASE EMPLOTEES TO OR FROM OTHER EMP	LUTERS!		N
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOM	E? If "YES", # of Emp	oloyees:	N
			1
23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FI	VE (5) YEARS? (If "Y	ES", please specify)	N
			111
24. ANY UNDISPUTED AND UNPAID WORKERS COMPENSA		FROM YOU OR ANY COMMONLY MANAGED OR OWNED EN	NTERPRISES?
IF YES, EXPLAIN INCLUDING ENTITY NAME(S) AND POL	ICY NUMBER(S).		N
REMARKS (Attach ACORD 101, Additional Remark	e Schodula if ma	ara enaca je raquirad)	
REMARKS (Attach ACORD 101, Additional Kemark	5 ochedule, il illo	re space is required)	
		OWINGLY PROVIDE FALSE, INCOMPLETE OR MISLE, HE PURPOSE OF COMMITTING FRAUD. PENALTIES IN	
FINES AND DENIAL OF INSURANCE BENEFITS.	NOACTION FOR TI	IET ON OSE OF COMMITTING FRADE. FENALTIES IN	NOLODE IIVII KISONIVILINI
	T TO DEEDAND	ANY INCLIDANCE COMPANY OF ANOTHER PERCON	L FULLO AND ADDITION
		ANY INSURANCE COMPANY OR ANOTHER PERSON ATERIALLY FALSE INFORMATION. OR CONCEALS	
		ERETO, COMMITS A FRAUDULENT INSURANCE ACT,	
		L PENALTIES. (Not applicable in CO, DC, FL, HI, MA, M	
WA; in LA, ME, TN and VA, insurance benefits may also	be denied)		
 IN THE DISTRICT OF COLUMBIA WARNING: IT IS	S A CRIME TO P	ROVIDE FALSE OR MISLEADING INFORMATION TO) AN INSURER FOR THE
		PENALTIES INCLUDE IMPRISONMENT AND/OR FINE	
		ERSON WHO KNOWINGLY AND WITH INTENT TO DE	
		SURANCE OR STATEMENT OF CLAIM CONTAINING A NG INFORMATION CONCERNING ANY FACT MATER	
		INFORMATION CONCERNING ANY FACT MATER RIME AND MAY SUBJECT THE PERSON TO CRIMINAL	
IN WASHINGTON, IT IS A CRIME TO KNOWINGLY P	ROVIDE FALSE, I	NCOMPLETE, OR MISLEADING INFORMATION TO AN	N INSURANCE COMPANY
		CLUDE IMPRISONMENT, FINES, AND DENIAL OF INSI	
APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner)	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
and the state of t	-		
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