

WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY)
07/08/2021

_	AGENCY NAME AND ADDRESS					СОМР	COMPANY: In-House Marketing										
		rance A	gency Blvd., Ste	625			UNDE	UNDERWRITER:									
		si Follii 'illage, IL		023			APPLI	APPLICANT NAME: Associated Heating Group Inc.									
		0 /					OFFIC	E PHON	IE:					MOBIL	E PHONE	≣:	
								MAILING ADDRESS (including ZIP + 4 or Canadian Postal Code) dba American Comfort Heating & Air									
							Cond	Conditioning, Inc. SIC:									
			Heublein				dba C Saint	dba One Hour Heating & Air Conditioning Saint Charles II 60174									
NAME	PRESEN							WEBSITE ADDRESS:									
(A/C, I			58-1000				E-MAI	L ADDR	_{ESS:} Ica	ıjigas@	acon	ehourair.	.com				LININGORDORATED
MOBI	IE:	(847) 6					S	SOLE PR	ROPRIET	DR X		PORATION	LI	LC		TRUST	UNINCORPORATED ASSOCIATION
FAX (A/C, I	NO).	(847) 7	58-1200					PARTNE	RSHIP		"S" CC	HAPTER ORP	JO	OINT VEN	ITURE	OTHER:	
É-MAI ADDR	L ESS:						CRED BURE	IT AU NAM	1E:							ID NUMBER:	
CODE				SUB CODE						ID NUMBI	ER	NCCI RISK		IBER		OTHER RATING E EMPLOYER REGI	SUREAU ID OR STATE STRATION NUMBER
			AMERCO	DM-01				79650				120352	164				
STA	TUS O	F SUBN	ISSION				IG / AU	DIT IN							1		
	QUOTE	l	ISSUE	POLICY		BILLING	PLAN		PAYME	NT PLAN	_	Monthly			AUDI		
E	BOUND (Give date ar	d/or attach co	ру)		AGI	ENCY BILL	-	1A	INUAL	X	Monthly	,		X	AT EXPIRATION	MONTHLY
<i>f</i>	ASSIGNE	D RISK (Att	ach ACORD 1	33)		DIR	ECT BILL		SE	MI-ANNU	JAL					SEMI-ANNUAL	
<u> </u>									QI	JARTERL	Y	% DOWN:				QUARTERLY	
	ATION																
LOC	# HIGH FLO				E, ZIP CODE												
1) Swenso		71						Kane						
		Jaii	t Charles	5, IL 00 I	/4						Name	;					
POI	ICA IN	FORMA	TION														
100		SED EFF D		PF	ROPOSED EXP I	DATE	NOI	RMAL A	NNIVERS	ARY RAT	ING DA	ATE	DARTIC	IPATING		RETRO PLAN	
	10	/01/202 ⁻	1		10/01/202	2		NON-PARTICIPATING									
PA	RT 1 - W0	ORKERS	PART 2 - F	⊥ MPLOYER'S	I IARII ITY			PART 3 - OTHER DEDUCTIBLES AMOUNT / % OTHER COVERAGES					GES				
IL	PENSATIO	ON (States)	\$		0,000 EACH A	CCIDENT		STATES INS			MEDICAL (N			(N / A	in WI)	U.S.L. & H.	MANAGED CARE OPTION
-			\$		0,000 DISEAS		LIMIT				INDEMNITY					VOLUNTARY COMP	
			\$		0,000 _{DISEAS}						FOREIGN COV				ov 📄		
DIVID	END PLA	N/SAFETY	1.		DITIONAL COM												
					ENTS (Attach A	CORD 101,	Additiona	I Remar	ks Sched	ule, if mo	re spac	ce is require	d)				
SEE	ATTA	CHED A	ACORD 8	29													
			JAL PREMIUI		IUM - ALL S		NIMUM PR	DE BALLIBA	ALL CT	TEC			тот	'AL DEBO	CIT DDE	MILINA ALL CTATE	-6
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\$ CON	ITACT	INFOR	AATION			\$							\$				
TYPE		INFORI NAME	MATION			OFFICE	PHONE			MOB	ILE PH	ONE		E-MAIL			
		William V	Vvkle				39-858	15		- INIODI		OITE			@am	ericancomfo	ortheating.com
ACCT	NG	Same	Tyrric			(0)								, wy Kie	Carri	cricariconnic	rincating.com
RECO	IRD	Same								+							
INFO	ı		UDED / E	EXCLUDE	-D					<u> </u>			I				
PART	NERS, O	FFICERS, R	ELATIVES (N	lust be emp	loyed by busine			E INCLU	JDED OR	EXCLUD	ED (Rei	muneration/F	Payroll to	o be inclu	ided mus	at be part of rating	information section.)
Exclu	sions in I	Missouri mu	st meet the r	equirements	of Section 287	.090 RSMc		-,	OWNED	1							
STATE	LOC#		NAME		DATE OF BI		TITLE RELATION ice Preside	NSHIP	OWNER SHIP %			DUTIES			INC/EXC	CLASS CODE	REMUNERATION/PAYROLL
IL	1	Bill Wyl	de				ice Freside	5111		Admi	n				- 1	8810	75,000
\vdash																	

OF 1	SHEETS
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FOR MULTIPLE STATES, ATTACH AN ADDITIONAL PAGE 2 OF THIS FORM

RATING INFORMATION - STATE: IL

LOC#	CLASS CODE	DESCR	CATEGORIES DUTIES OF ASSISTANTIONS		OYEES	SIC	NAICC	ESTIMATED ANNUAL	DATE	ESTIMATED
LUC #	CLASS CODE	CODE	CATEGORIES, DUTIES, CLASSIFICATIONS	FULL TIME	PART TIME	SIC	NAICS	REMUNERATION/ PAYROLL	RATE	ANNUAL MANUAI PREMIUM
1	8742		Outside Sales	4	2			\$188,865.00		
1	8810		Clerical	8	3			\$333,694.00		
1	9014		Furnace Cleaning	12	5			\$480,141.00		
1	5537		HVAC	7	2			\$294,662.00		

STATE RATING WORKSHEET

PREMIUM

STATE: IL	FACTOR	FACTORED PREMIUM		FACTOR	FACTORED PREMIUM
TOTAL	N/A	\$	Catastrophe IL		\$
INCREASED LIMITS		\$	SCHEDULE RATING *		\$
DEDUCTIBLE *		\$	CCPAP		\$
Blkt WOS		\$	STANDARD PREMIUM		\$
EXPERIENCE OR MERIT MODIFICATION		\$	PREMIUM DISCOUNT		\$
TRIA IL		\$	EXPENSE CONSTANT	N/A	\$
ASSIGNED RISK SURCHARGE *		\$	TAXES / ASSESSMENTS *	N/A	\$
ARAP *		\$	IL Surcharge		\$
+ NI / A in NA/in na in	-	•	•		•

* N / A in Wisconsin

TOTAL ESTIMATED ANNUAL PREMIUM	MINIMUM PREMIUM	DEPOSIT PREMIUM
\$	\$	\$

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is req	uired	(k
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PRIOR CARRIER INFORMATION / LOSS HISTORY

PROVIDE IN	IFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTIO		LOSS RUN ATTACHED								
YEAR	CARRIER & POLICY NUMBER		AMOUNT PAID	RESERVE							
	CO:										
	POL #:										
	CO:										
	POL #:										
	CO:										
	POL #:										
	CO:										
	POL #:										
	CO:										
	POL #:										

NATURE OF BUSINESS.	/ DESCRIPTION OF	OPERATIONS
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NATURE OF BOSINESS / BESCRIFTION OF OF ERATIONS
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.

GI	ENERAL INFORMATION	
EX	PLAIN 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) 0	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?	Y
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
13	ANY EMPLOYEES WITH PHYSICAL HANDICAPS?	N
14	DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state(s) of travel and frequency)	N
15	ARE ATHLETIC TEAMS SPONSORED?	N
16	ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?	N

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES	Y/N
17. ANY OTHER INSURANCE WITH THIS INSURER?	N
18. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED IN THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)	N
19. ARE EMPLOYEE HEALTH PLANS PROVIDED?	Y
20. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES OR SUBSIDIARIES?	N
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	N
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If "YES", # of Employees:	N
23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIVE (5) YEARS? (If "YES", please specify)	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).	N

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND 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. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials):

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2)

Applicable in UT: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

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

APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner)

DATE

PRODUCER'S SIGNATURE

finde F. Hufu

NATIONAL PRODUCER NUMBER 2167233

Additional Named Insureds	AMERCOM-01	KSCHNEEBER	GER PAGE 1	OF 1
NAME	SOCI	AL SECURITY NUMBER	FEDERAL EMPLOYER ID	NUMBER
American Comfort Heating & Air Conditioning, Inc.				
One Hour Heating & Air Conditioning				



AGENCY CUSTOMER ID: AMERCOM-01

KSCHNEEBERGER

FORMS AND ENDORSEMENTS SCHEDULE

age	1	of	1
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AGENCY		CARRIER	NAIC CODE
Corkill Insurance Agency		In-House Marketing	N/A
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)	
	10/01/2021	Associated Heating Group Inc.	

FORMS	AND	ENDORSEMENTS	i

OC#	VFH#	BOAT#	ITFM#	FORM NUMBER	FORM NAME	EDITION DATE	COPYRIGHT OWNER CODE	
00 #	V = #	BOAT #	11 - 111 11	WC000313	Blanket Waiver of Subrogation	EDITION DATE	OOI INGOIN OWNER OODE	
				¥¥C000313	Diamet Warter or Gabrogation			
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			-					

AGENCY CUSTOMER ID: AMERCOM-01

KSCHNEEBERGER

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED
Corkill Insurance Agency		Associated Heating Group Inc.
POLICY NUMBER		dba One Hour Heating & Air Conditioning
		NAMED INSURED Associated Heating Group Inc. dba American Comfort Heating & Air Conditioning, Inc. dba One Hour Heating & Air Conditioning 3540 Swenson Ave. Saint Charles, IL 60174
CARRIER	NAIC CODE	
In-House Marketing	N/A	EFFECTIVE DATE: 10/01/2021
ADDITIONAL REMARKS	!	
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	ORD FORM	
FORM NUMBER: ACORD 130 FORM TITLE: WORKERS COMPE		PLICATION
PORMINGMEN. ACORD 150 PORMITTEE. WORKERO COMILE	INOAHOR ALL	EIOATION
Nature of business		
	sidential; 2	5% commercial. Service and repair -no new construction. was
truncated to HVAC Contractor - 75% residential; 25% c	ommercial.	Service and repair .



Policy Number Inception Date

Expiration Date

Total Claims

00P669932

2011-10-01

2021-10-01

Insured Agency ASSOCIATED HEATING GROUP INC

06145 - CORKILL INSURANCE AGENCY, INC.

Paid Losses

\$728,372.94

57

Losses and Reserves

\$728,372.94

Claim Number	Coverage	Loss Date	Loss Description	Claimant	Reserves	Paid Loss
0H61374	Collision \$1000 Ded. Coverage	6/2/2020	REAREND COLLISION, INSURED AT FAULT		\$0.00	\$1,801.72
0H61374	Property Damage Coverage	6/2/2020	REAREND COLLISION, INSURED AT FAULT	RIVERA, TALIA	\$0.00	\$6,736.54
				Total for Loss Date 6/2/2020	\$0.00	\$8,538.26
0H34286	Collision \$1000 Ded. Coverage	3/11/2019	REAREND COLLISION, INSURED AT FAULT		\$0.00	\$0.00
0H34286	Property Damage Coverage	3/11/2019	REAREND COLLISION, INSURED AT FAULT	KEOMANY, SARAH & JUSTIN STEPHENS	\$0.00	\$1,261.82
				Total for Loss Date 3/11/2019	\$0.00	\$1,261.82
0H31718	Collision \$1000 Ded. Coverage	2/10/2019	CONTROLLED INTERSECTION, INSURED NOT AT FAULT		\$0.00	\$11,512.84
				Total for Loss Date 2/10/2019	\$0.00	\$11,512.84
0H32258	Collision \$1000 Ded. Coverage	1/31/2019	PARKED CAR, INSURED NOT AT FAULT	PONCHER, BEN	\$0.00	\$397.13
				Total for Loss Date 1/31/2019	\$0.00	\$397.13
0H13549	Collision \$1000 Ded. Coverage	8/22/2018	REAREND COLLISION, INSURED NOT AT FAULT	BOYD, KATHY L.	\$0.00	\$0.00
				Total for Loss Date 8/22/2018	\$0.00	\$0.00
0F79584	Collision \$1000 Ded. Coverage	1/2/2018	CONTROLLED INTERSECTION, BOTH AT FAULT OR QUESTION		\$0.00	\$2,795.36
0F79584	Property Damage Coverage	1/2/2018	CONTROLLED INTERSECTION, BOTH AT FAULT OR QUESTION	LANGS, CHRIS	\$0.00	\$3,601.98
				Total for Loss Date 1/2/2018	\$0.00	\$6,397.34



Claim Number	Coverage	Loss Date	Loss Description	Claimant	Reserves	Paid Loss
0F67541	Bodily Injury Coverage	9/26/2017	REAREND COLLISION, INSURED AT FAULT	HERMAN, MEGAN	\$0.00	\$450.00
0F67541	Collision \$1000 Ded. Coverage	9/26/2017	REAREND COLLISION, INSURED AT FAULT		\$0.00	\$14,939.45
0F67541	Property Damage Coverage	9/26/2017	REAREND COLLISION, INSURED AT FAULT	HERMAN, MEGAN	\$0.00	\$5,132.70
				Total for Loss Date 9/26/2017	\$0.00	\$20,522.15
0F68069	Collision \$1000 Ded. Coverage	9/26/2017	PARKED CAR, INSURED AT FAULT		\$0.00	\$1,459.02
0F68069	Property Damage Coverage	9/26/2017	PARKED CAR, INSURED AT FAULT		\$0.00	\$0.00
				Total for Loss Date 9/26/2017	\$0.00	\$1,459.02
0F47609	Collision \$1000 Ded. Coverage	5/23/2017	CONTROLLED INTERSECTION, INSURED NOT AT FAULT	BECERRA, MARIO	\$0.00	\$5,275.15
				Total for Loss Date 5/23/2017	\$0.00	\$5,275.15
0F28826	Collision \$1000 Ded. Coverage	12/30/2016	PARKED CAR, INSURED NOT AT FAULT	SAMSON, AYELE	\$0.00	\$1,027.70
				Total for Loss Date 12/30/2016	\$0.00	\$1,027.70
0Q34881	Emergency Road Service Coverage	7/27/2015	TOWING		\$0.00	\$100.00
				Total for Loss Date 7/27/2015	\$0.00	\$100.00
0Q34882	Emergency Road Service Coverage	7/25/2015	TOWING		\$0.00	\$100.00
	-			Total for Loss Date 7/25/2015	\$0.00	\$100.00
0Q34762	Emergency Road Service Coverage	7/16/2015	TOWING		\$0.00	\$100.00
				Total for Loss Date 7/16/2015	\$0.00	\$100.00
0Q34768	Emergency Road Service Coverage	7/8/2015	TOWING		\$0.00	\$100.00
	•			Total for Loss Date 7/8/2015	\$0.00	\$100.00



Claim Number	Coverage	Loss Date	Loss Description	Claimant	Reserves	Paid Loss
0Q34763	Emergency Road Service Coverage	6/18/2015	TOWING		\$0.00	\$100.00
				Total for Loss Date 6/18/2015	\$0.00	\$100.00
0Q34769	Emergency Road Service Coverage	6/2/2015	TOWING		\$0.00	\$100.00
				Total for Loss Date 6/2/2015	\$0.00	\$100.00
0Q29522	Emergency Road Service Coverage	5/23/2015	TOWING		\$0.00	\$100.00
				Total for Loss Date 5/23/2015	\$0.00	\$100.00
0Q29521	Emergency Road Service Coverage	5/12/2015	TOWING		\$0.00	\$100.00
				Total for Loss Date 5/12/2015	\$0.00	\$100.00
0Q29523	Emergency Road Service Coverage	5/11/2015	TOWING		\$0.00	\$100.00
				Total for Loss Date 5/11/2015	\$0.00	\$100.00
0Z28473	Collision \$1000 Ded. Coverage	3/10/2015	OTHER	BUDGET RENTAL	\$0.00	\$0.00
				Total for Loss Date 3/10/2015	\$0.00	\$0.00
0Z24324	Collision \$1000 Ded. Coverage	2/5/2015	OPEN INTERSECTION, INSURED AT FAULT		\$0.00	\$0.00
0Z24324	Property Damage Coverage	2/5/2015	OPEN INTERSECTION, INSURED AT FAULT	CIPRIAN, MELINDA	\$0.00	\$3,356.97
				Total for Loss Date 2/5/2015	\$0.00	\$3,356.97
0Q16144	Emergency Road Service Coverage	1/5/2015	TOWING		\$0.00	\$100.00
				Total for Loss Date 1/5/2015	\$0.00	\$100.00
0Q16145	Emergency Road Service Coverage	1/5/2015	TOWING		\$0.00	\$100.00
				Total for Loss Date 1/5/2015	\$0.00	\$100.00



Claim Number	Coverage	Loss Date	Loss Description	Claimant	Reserves	Paid Loss
0Q16040	Emergency Road Service Coverage	12/1/2014	TOWING		\$0.00	\$100.00
				Total for Loss Date 12/1/2014	\$0.00	\$100.00
0Q14352	Emergency Road Service Coverage	11/18/2014	TOWING		\$0.00	\$100.00
				Total for Loss Date 11/18/2014	\$0.00	\$100.00
0Q14355	Emergency Road Service Coverage	11/7/2014	TOWING		\$0.00	\$100.00
				Total for Loss Date 11/7/2014	\$0.00	\$100.00
0Q14354	Emergency Road Service Coverage	11/4/2014	TOWING		\$0.00	\$100.00
				Total for Loss Date 11/4/2014	\$0.00	\$100.00
0Q16041	Emergency Road Service Coverage	10/6/2014	TOWING		\$0.00	\$100.00
				Total for Loss Date 10/6/2014	\$0.00	\$100.00
0Q14353	Emergency Road Service Coverage	8/11/2014	TOWING		\$0.00	\$100.00
				Total for Loss Date 8/11/2014	\$0.00	\$100.00
0Q08071	Emergency Road Service Coverage	7/29/2014	TOWING		\$0.00	\$100.00
				Total for Loss Date 7/29/2014	\$0.00	\$100.00
0Q07961	Emergency Road Service Coverage	7/2/2014	TOWING		\$0.00	\$100.00
				Total for Loss Date 7/2/2014	\$0.00	\$100.00
0Q07963	Emergency Road Service Coverage	7/1/2014	TOWING		\$0.00	\$100.00
				Total for Loss Date 7/1/2014	\$0.00	\$100.00
0Q07962	Emergency Road Service Coverage	5/25/2014	TOWING		\$0.00	\$100.00



Claim Number	Coverage	Loss Date	Loss Description	Claimant	Reserves	Paid Loss
				Total for Loss Date 5/25/2014	\$0.00	\$100.00
0Q02916	Emergency Road Service Coverage	3/25/2014	TOWING		\$0.00	\$100.00
				Total for Loss Date 3/25/2014	\$0.00	\$100.00
0Q02917	Emergency Road Service Coverage	3/25/2014	TOWING		\$0.00	\$100.00
				Total for Loss Date 3/25/2014	\$0.00	\$100.00
0099251	Emergency Road Service Coverage	2/10/2014	TOWING		\$0.00	\$100.00
				Total for Loss Date 2/10/2014	\$0.00	\$100.00
0099252	Emergency Road Service Coverage	2/6/2014	TOWING		\$0.00	\$100.00
				Total for Loss Date 2/6/2014	\$0.00	\$100.00
0099254	Emergency Road Service Coverage	2/3/2014	TOWING		\$0.00	\$100.00
				Total for Loss Date 2/3/2014	\$0.00	\$100.00
0096014	Emergency Road Service Coverage	1/30/2014	TOWING		\$0.00	\$100.00
				Total for Loss Date 1/30/2014	\$0.00	\$100.00
0096015	Emergency Road Service Coverage	1/30/2014	TOWING		\$0.00	\$100.00
				Total for Loss Date 1/30/2014	\$0.00	\$100.00
0096016	Emergency Road Service Coverage	1/27/2014	TOWING		\$0.00	\$100.00
				Total for Loss Date 1/27/2014	\$0.00	\$100.00
0096017	Emergency Road Service Coverage	1/3/2014	TOWING		\$0.00	\$100.00
				Total for Loss Date 1/3/2014	\$0.00	\$100.00
0096018	Emergency Road Service Coverage	12/30/2013	TOWING		\$0.00	\$100.00



Claim Number	Coverage	Loss Date	Loss Description	Claimant	Reserves	Paid Loss
				Total for Loss Date 12/30/2013	\$0.00	\$100.00
0096019	Emergency Road Service Coverage	12/12/2013	TOWING		\$0.00	\$100.00
				Total for Loss Date 12/12/2013	\$0.00	\$100.00
0096020	Emergency Road Service Coverage	12/12/2013	TOWING		\$0.00	\$100.00
				Total for Loss Date 12/12/2013	\$0.00	\$100.00
0096021	Emergency Road Service Coverage	12/9/2013	TOWING		\$0.00	\$100.00
				Total for Loss Date 12/9/2013	\$0.00	\$100.00
0Y45360	Property Damage Coverage	10/29/2013	OTHER	ACOSTA, WENDY & JESUS	-\$1,500.00	\$1,121.12
0Y45360	Property Damage Coverage	10/29/2013	PARKING LOT, BOTH AT FAULT (QUESTIONABLE)	ACOSTA, WENDY & JESUS	\$1,500.00	\$0.00
	-			Total for Loss Date 10/29/2013	\$0.00	\$1,121.12
0Y36960	Collision \$1000 Ded. Coverage	8/26/2013	ONE CAR ACCIDENT, NO OTHER CAR INVOLVED		\$0.00	\$3,466.16
				Total for Loss Date 8/26/2013	\$0.00	\$3,466.16
0Y41376	Collision \$1000 Ded. Coverage	7/8/2013	PARKED CAR, INSURED NOT AT FAULT	VILLAGE OF SCHAUMBURG	\$0.00	\$0.00
				Total for Loss Date 7/8/2013	\$0.00	\$0.00
0Y39382	Medical Pay Coverage	1/22/2013	SIDE SWIPE, INSURED NOT AT FAULT	MERRILL, SCOTT	\$0.00	\$0.00
0Y39382	Underinsured Motorist Coverage	1/22/2013	SIDE SWIPE, INSURED NOT AT FAULT	MERRILL, SCOTT	\$0.00	\$574,408.00
				Total for Loss Date 1/22/2013	\$0.00	\$574,408.00
0078241	Emergency Road Service Coverage	11/16/2012	TOWING		\$0.00	\$100.00
				Total for Loss Date 11/16/2012	\$0.00	\$100.00



Claim Number	Coverage	Loss Date	Loss Description	Claimant	Reserves	Paid Loss
0078205	Emergency Road Service Coverage	10/22/2012	TOWING		\$0.00	\$100.00
				Total for Loss Date 10/22/2012	\$0.00	\$100.00
0078240	Emergency Road Service Coverage	10/9/2012	TOWING		\$0.00	\$95.00
				Total for Loss Date 10/9/2012	\$0.00	\$95.00
0078239	Emergency Road Service Coverage	10/5/2012	TOWING		\$0.00	\$95.00
				Total for Loss Date 10/5/2012	\$0.00	\$95.00
0Y02901	Emergency Road Service Coverage	7/5/2012	TOWING		\$0.00	\$0.00
				Total for Loss Date 7/5/2012	\$0.00	\$0.00
0X44416	Bodily Injury Coverage	11/28/2011	CONTROLLED INTERSECTION, INSURED AT FAULT	FALVO, SHAWNDA	\$0.00	\$45,000.00
0X44416	Collision \$1000 Ded. Coverage	11/28/2011	CONTROLLED INTERSECTION, INSURED AT FAULT		\$0.00	\$15,740.00
0X44416	Medical Pay Coverage	11/28/2011	CONTROLLED INTERSECTION, INSURED AT FAULT	GORDON, BARBARA	\$0.00	\$3,645.29
0X44416	Property Damage Coverage	11/28/2011	CONTROLLED INTERSECTION, INSURED AT FAULT	FALVO, SHAWNDA	\$0.00	\$21,368.99
				Total for Loss Date 11/28/2011	\$0.00	\$85,754.28
0062825	Emergency Road Service Coverage	10/12/2011	TOWING		\$0.00	\$85.00
				Total for Loss Date 10/12/2011	\$0.00	\$85.00
				Grand Total	\$0.00	\$728,372.94



Account Name:

AMERICAN COMFORT HEATING

Account Number:

1506999552

Search Request Criteria:

Policy: IHC-9283040-09

Report Run Date: 07/08/2021 **Loss Evaluation Date:** 07/07/2021



The Hanover Insurance Company 440 Lincoln Street, Worcester, MA 01653

h a n o v e r . c o m
The Agency Place (TAP)—https://tap.hanover.com



Account Name: AMERICAN COMFORT HEATING

Account Number: 1506999552

Marine

	EFFECTIVE	EXPIRATION	CLAIMS	PAID	OUTSTANDING	ALAE PAID	ALAE RESERVE	RECOVERIES	INCURRED +ALAE
IHC 9283040 09	10/01/2020	10/01/2021	0	\$0	\$0	\$0	\$0	\$0	\$0
IHC 9283040 08	10/01/2019	10/01/2020	0	\$0	\$0	\$0	\$0	\$0	\$0
IHC 9283040 07	10/01/2018	10/01/2019	0	\$0	\$0	\$0	\$0	\$0	\$0
IHC 9283040 06	10/01/2017	10/01/2018	0	\$0	\$0	\$0	\$0	\$0	\$0
IHC 9283040 05	10/01/2016	10/01/2017	0	\$0	\$0	\$0	\$0	\$0	\$0
IHC 9283040 04	10/01/2015	10/01/2016	0	\$0	\$0	\$0	\$0	\$0	\$0
IHC 9283040 03	10/01/2014	10/01/2015	0	\$0	\$0	\$0	\$0	\$0	\$0
IHC 9283040 02	10/01/2013	10/01/2014	0	\$0	\$0	\$0	\$0	\$0	\$0
IHC 9283040 01	10/01/2012	10/01/2013	0	\$0	\$0	\$0	\$0	\$0	\$0
IHC 9283040 00	10/01/2011	10/01/2012	0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL			0	\$0	\$0	\$0	\$0	\$0	\$0
ACCOUNT TOTAL			0	\$0	\$0	\$0	\$0	\$0	\$0

Report Run Date: 07/08/2021 Loss Evaluation Date: 07/07/2021 page 2 of 2



3

Policy Number
Inception Date

Total Claims

CL0146693

2011-10-01 Agency

ASSOCIATED HEATING GROUP INC

06145 - CORKILL INSURANCE AGENCY, INC.

Expiration Date 2021-10-01

Paid Losses

Insured

\$46,542.69

Losses and Reserves

\$46,542.69

Claim Number	Coverage	Loss Date	Loss Description	Claimant	Reserves	Paid Loss
0H64787	Property Damage Coverage	1/5/2021	Property Damage Coverage	MFG, VAL-MATIC VALVE &	\$0.00	\$46,542.69
				Total for Loss Date 1/5/2021	\$0.00	\$46,542.69
0Z03009	Property Damage Coverage	8/27/2014	Property Damage Coverage	PECK, NORMAN	\$0.00	\$0.00
				Total for Loss Date 8/27/2014	\$0.00	\$0.00
0Y77176	Broad Form Extended Coverage	5/17/2014	Broad Form Extended Coverage		\$0.00	\$0.00
	•			Total for Loss Date 5/17/2014	\$0.00	\$0.00
				Grand Total	\$0.00	\$46,542.69



Policy Number
Inception Date
Expiration Date

005863623 2011-10-01

2021-10-01

Insured Agency ASSOCIATED HEATING GROUP INC 06145 - CORKILL INSURANCE AGENCY, INC.

Total Claims

Paid Losses Losses and Reserves

No Claim History for the PolicyNo 005863623.



Policy Number
Inception Date
Expiration Date

wc0007985 2014-10-01 2018-10-01

Insured Agency AMERICAN COMFORT'S ONE HOUR
06145 - CORKILL INSURANCE AGENCY, INC.

Paid Losses

\$885,913.62

Total Claims

4

Losses and Reserves

\$1,660,225.62

Claim Number	Coverage	Loss Date	Loss Description	Claimant	Reserves	Paid Loss
0H02901	BI Permanent Disability Coverage	6/6/2018	BI Permanent Disability Coverage	KOLDER, DANIEL	\$0.00	\$766.34
0H02901	Med Permanent Disabilty Coverage	6/6/2018	Med Permanent Disabilty Coverage	KOLDER, DANIEL	\$0.00	\$7,394.09
				Total for Loss Date 6/6/2018	\$0.00	\$8,160.43
0F70557	BI Off Work, Pay Wages Coverage	9/8/2017	BI Off Work, Pay Wages Coverage	PALAZZO, MARK	\$0.00	\$21,520.67
0F70557	BI Permanent Disability Coverage	9/8/2017	BI Permanent Disability Coverage	PALAZZO, MARK	\$0.00	\$213,871.89
0F70557	Med Off Work, Pay Wages	9/8/2017	Med Off Work, Pay Wages	PALAZZO, MARK	\$0.00	\$7,981.06
0F70557	Med Permanent Disabilty Coverage	9/8/2017	Med Permanent Disabilty Coverage	PALAZZO, MARK	\$0.00	\$30,122.20
0F70557	Unknown	9/8/2017	Unknown	PALAZZO, MARK	\$0.00	\$233.33
				Total for Loss Date 9/8/2017	\$0.00	\$273,729.15
0F05499	BI Permanent Disability Coverage	7/30/2016	BI Permanent Disability Coverage	KOLDER, DANIEL	\$0.00	\$36,987.96
0F05499	Med Permanent Disabilty Coverage	7/30/2016	Med Permanent Disabilty Coverage	KOLDER, DANIEL	\$0.00	\$65,707.51
				Total for Loss Date 7/30/2016	\$0.00	\$102,695.47
0Z40231	BI Off Work, Pay Wages Coverage	5/28/2015	BI Off Work, Pay Wages Coverage	MENDOZA, JAMIE	\$0.00	\$10,400.00
0Z40231	BI Permanent Disability Coverage	5/28/2015	BI Permanent Disability Coverage	MENDOZA, JAMIE	\$215,004.00	\$178,153.60



Claim Number	Coverage	Loss Date	Loss Description	Claimant	Reserves	Paid Loss
0Z40231	Med Off Work, Pay Wages	5/28/2015	Med Off Work, Pay Wages	MENDOZA, JAMIE	\$0.00	\$3,126.57
0Z40231	Med Permanent Disabilty Coverage	5/28/2015	Med Permanent Disabilty Coverage	MENDOZA, JAMIE	\$559,308.00	\$309,648.40
				Total for Loss Date 5/28/2015	\$774.312.00	\$501.328.57

Grand Total \$774,312.00 \$885,913.62





Risk Name: ASSOCIATED HEATING GROUP INC Risk ID: 120352164

Rating Effective Date: 10/01/2021 Production Date: 05/03/2021 State: ILLINOIS

St	ate	Wt	Vt Exp Excess Losses		Expected Exp Prim Losses Losses			Act Exc Losses		Ballast	Act Inc Losses	Act Prim Losses	
IL		.09		42,215	5	8,284	16	,069	36,	592	42,87	62,75	26,160
(A) Wt	(B)	. , .	Excess s (D - E)	` '.	spected	` '.	Exp Prim .osses	•) Act Exc sses (H - I)	(G) Ballast	(H) Act Inc Losses	(I) Act Prim Losses
.09			42,215		58,284		16,069		36,592		42,875	62,752	26,160

	Primary Losses	Stabilizi	ng Value		Ratable Excess	Totals
	(I)	C * (1 - A) + G		(A) * (F)		(J)
Actual	26,160	81,291		3,293		110,744
	(E)	C * (1 - A) + G		(A) * (C)		(K)
Expected	16,069	81,3	291	3,799		101,159
	ARAP	FLARAP	SARAP		MAARAP	Exp Mod
						(J) / (K)
Factors	1.07					1.09

Carrier: 26727-004 Policy: BNUWC0145096 Eff-Date: 10-01-2020 Exp-Date: 10-01-2021

WORKERS COMPENSATION EXPERIENCE RATING



Risk Name: ASSOCIATED HEATING GROUP Risk ID: 120352164

Rating Effective Date: 10/01/2021 Production Date: 05/03/2021 State: ILLINOIS

12-ILLINOIS Firm Name: ASSOCIATED HEATING GROUP Firm ID: INC

Eff Date: Carrier: 14850 Policy No. WC0007985C 10/01/2017 Exp Date: 10/01/2018

Code	ELR	D- Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses
0930	WAIVE	R OF S	SUBROGAT	0	0	0H02901	09	F	8,160	8,160
5537	2.99	.23	295,469	8,835	2,032					
8742	.15	.23	189,382	284	65					
8810	.07	.32	334,608	234	75					
9014	2.01	.32	481,456	9,677	3,097					
9807	807 EMPLOYERS LIABILIT		0	0						
Policy	Policy Total: 1,300,91			Subject Premium:	56,521	Total Act Inc Losses:			8,160	

12-ILLINOIS Firm ID: Firm Name: ASSOCIATED HEATING GROUP

Carrier: 37834 Policy No. BNUWC0145096 Eff Date: 10/01/2018 Exp Date: 10/01/2019

Code	ELR	D- Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses
0930	WAIVE	R OF S	SUBROGAT	0	0	000000030887	05	F	54,592	18,000
5537	2.99	.23	286,762	8,574	1,972					
8742	.15	.23	126,502	190	44					
8810	.07	.32	566,721	397	127					
9014	2.01	.32	566,112	11,379	3,641					
9807	EMPLC	YERS	LIABILIT	0	0					
Policy	Policy Total: 1,546,09			Subject Premium:	57,476	Total Act Inc Losses:	·		54,592	

12-ILLINOIS Firm ID: Firm Name: ASSOCIATED HEATING GROUP INC

Carrier: 37834 Policy No. BNUWC0145096 Eff Date: 10/01/2019 Exp Date: 10/01/2020

Ourne			i oney ite.	101100110000	En Bato.	10/01/2010		-vb .	Date: 10/01/2020	,
Code		D- Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses
0930	WAIVE	R OF S	SUBROGAT	0	0					
5537	2.99	.23	355,532	10,630	2,445					
8742	.15	.23	112,340	169	39					
8810	.07	.32	572,423	401	128					
9014	2.01	.32	373,807	7,514	2,404					
9807	EMPLC	YERS	LIABILIT	0	0					
Policy	olicy Total: 1,414,10			Subject Premium:	48,550	Total Act Inc Losses:			0	

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* Total by Policy Year of all cases \$2000 or less. D Disease Loss

X Ex-Medical Coverage

U USL&HW Page 2 of 2



Insured Name:Associated Heating Group Inc Policy Period:10/01/2018 - 10/01/2019 Policy Company:StarNet Insurance Company Policy Number:BNUWC0145096 Valued as of:06/23/2021

Claim Number	Location	Status	Date Of Injury	Date Reported	Coverage	Payments	Reserve	Total Incurred
Claim Number: BNET WC 000000030887	4	closed	06/30/2019	07/15/2019	Medical	\$11,265.00	\$.00	\$11,265.00
ClaimantName: James Dillon					Indemnity	\$43,327.00	\$.00	\$43,327.00
Description of Loss:	IW was rea	r-ended, c	ausing a lower bad	ck injury.	Expense	\$13,643.00	\$.00	\$13,643.00
				_	Total	\$68,235.00	\$.00	\$68,235.00
Policy Period Totals:					Medical	\$11,265.00	\$.00	\$11,265.00
					Indemnity	\$43,327.00	\$.00	\$43,327.00
					Expense	\$13,643.00	\$.00	\$13,643.00
				-	Total	\$68,235.00	\$.00	\$68,235.00

Claims Open Claims Closed Total Claims 0 1 1

Insured Name:Associated Heating Group Inc Policy Period:10/01/2020 - 10/01/2021 Policy Company:Berkley Casualty Company Policy Number:BNUWC0145096 Valued as of:06/23/2021

Claim Number	Location	Status	Date Of Injury	Date Reported	Coverage	Payments	Reserve	Total Incurred
Policy Period Totals:					Medical	\$.00	\$.00	\$.00
					Indemnity	\$.00	\$.00	\$.00
					Expense	\$.00	\$.00	\$.00
					Total	\$.00	\$.00	\$.00

Claims Open Claims Closed Total Claims
0 0 0

Insured Name:Associated Heating Group Inc Policy Period:10/01/2019 - 10/01/2020 Policy Company:StarNet Insurance Company Policy Number:BNUWC0145096 Valued as of:06/23/2021

Claim Number	Location	Status	Date Of Injury	Date Reported	Coverage	Payments	Reserve	Total Incurred
Policy Period Totals:					Medical	\$.00	\$.00	\$.00
					Indemnity	\$.00	\$.00	\$.00
					Expense	\$.00	\$.00	\$.00
				•	Total	\$.00	\$.00	\$.00

 $\begin{array}{ccc} \text{Claims Open} & \text{Claims Closed} & \text{Total Claims} \\ & 0 & 0 & 0 \end{array}$