

**ATTENTION**

**Insured Information**

Company Name: <u>Jack Rabbit Roofing</u>	DOT #: <u>                    </u>
Business Entity Type: <u>Llc</u>	MC #: <u>                    </u>
FEIN #: <u>475191280</u>	Operation description:
Garaging Address: <u>240 Ryans Ct</u>	Range of operation: <input type="radio"/> Interstate <input checked="" type="radio"/> Intrastate
City: <u>Sharpsburg</u>	Radius of operation: <u>50</u>
State: <u>GA</u>	Annual mileage: <u>                    </u>
ZIP: <u>30277</u>	Annual revenue: <u>                    </u>
Owner's name: <u>Nicole Barnfield</u>	Federal or State Filings Required?: <input type="radio"/> Yes <input checked="" type="radio"/> No
Owner's DOB: <u>12/15/1972</u>	Will policy cover all vehicles owned, operated, or under lease to applicant?: <input checked="" type="radio"/> Yes <input type="radio"/> No
Phone Number: <u>7708652711</u>	Has risk been cancelled or non-renewed in last 3 years?: <input type="radio"/> Yes <input checked="" type="radio"/> No
Email Address: <u>jackrabbitroofing@gmail.com</u>	Is risk covered by workers compensation?: <input checked="" type="radio"/> Yes <input type="radio"/> No
Years of primary liability coverage: <u>                    </u>	How many years has insured owned commercial equipment?: <u>                    </u>
Business Start Date: <u>12/01/2015</u>	Notes - Description of Operations:
Desired Effective Date: <u>05/18/2023</u>	<div style="border: 1px solid black; padding: 5px;">Hualing Sidings, plan to give for rent as a dump</div>

**Commodity Information**

Commodity	% of Loads	Average Value per laod	Max Value per load	Commodity	% of Loads	Average Value per laod	Max Value per load
Building Materials	100						

**Driver Information**

Name	Dob	License number	State	Date hired	Year CDL issued	Last 3 Years # of	
						Mov. Violations	Accidents
David Barnfield	05/31/1971	049235341	GA		0	0	0
Nicole Barnfield	12/15/1972	054487179	GA		0	0	0

**Vehicle Information**

Year	Make	Gvw string	Stated value	Vin	Radius
2023	Pj	Class 7: 26,001 - 33,000 lb	10000.0	4P51D1620P1387294	50.0

**Loss Information**

(Previous career & loss information - must show current year and previous 2 years. If previously leased to another company, list that company.)

Policy start date	Policy end date	Company name	Policy numbers	Premium amount	Number of claims	Total paid and reserved

**Coverage and Limits**

Liability				Physical Damage			
Auto Liability	<input checked="" type="checkbox"/>	Limit <u>500 or 300</u>	Deductible <u>          </u>	Specified causes of loss	<input type="checkbox"/>	Limit <u>          </u>	Deductible <u>          </u>
UM/UIM	<input type="checkbox"/>	Limit <u>          </u>	Deductible <u>          </u>	Comprehensive	<input type="checkbox"/>	Limit <u>          </u>	Deductible <u>          </u>
PIP	<input type="checkbox"/>	Limit <u>          </u>	Deductible <u>          </u>	Collisions	<input type="checkbox"/>	Limit <u>          </u>	Deductible <u>          </u>
Medical Payments	<input type="checkbox"/>	Limit <u>          </u>	Deductible <u>          </u>	<b>Cargo</b>			
Hired Auto	<input type="checkbox"/>	Limit <u>          </u>	Deductible <u>          </u>	Broadform Cargo	<input checked="" type="checkbox"/>	Limit <u>50k</u>	Deductible <u>          </u>
General Liability	<input type="checkbox"/>	Limit <u>          </u>	Deductible <u>          </u>				