



**RENEWAL
INFORMATION RECORD**

Date: 05/31/2018

Policy: 1976044-2017

This document does not provide insurance

RENEWAL INFORMATION

Policy Number: 1976044-2017

Effective Date: 06/01/2018

Expiration Date: 06/01/2019

Anniversary Rating Date:

TRADE NAMES

Primary Trade Name: *ROYAL SERVICES*

Additional Trade Names:

EMPLOYER MAILING ADDRESS

Mailing Address: 147 HILO AVE, MARINA, CA 93933

CONTACT INFORMATION

Primary Contact Name: ANTHONY XAVIEL

Office Phone: (408) 972-2452

Mobile Phone:

E-mail Address: tonyxaviel@aol.com



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BLANKET WAIVER OF SUBROGATION

Blanket Waiver of Subrogation	Yes	No	Remarks
Do you require a Blanket Waiver of Subrogation Endorsement on your renewing policy?	X		If yes, there will be an additional premium charge of 2% of the estimated policy premium included in your renewal quote.

LOCATIONS & EXPOSURES

No Permanent California Location

147 HILO AVE, MARINA, CA 93933

Classification	# of Full-Time Employees	# of Part Time Employees	Estimated Annual Renumeration/Payroll
5474-1-PAINTING/DECOR/PAPER<\$26HR	0	0	\$0.00
5482-1-PAINTING/DECOR/PAPER>=\$26HR	3	0	\$94,635.00



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OWNERSHIP INFORMATION

Applicant Information	Yes	No	Remarks
Has the Legal Name changed from 'XAVIEL, ANTHONY JOSEPH'? if 'Yes', please provide additional information in the Remarks section.		X	
Has the Legal Entity changed from 'Individual'? if 'Yes', please provide additional information in the Remarks section.		X	
Has the Tax ID changed from '54-9986734'? if 'Yes', please provide additional information in the Remarks section.		X	
Has the ownership changed 50% or more? if 'Yes', please provide additional information in the Remarks section and complete the Purchase Acquisition questions.		X	
Have the officers or included/excluded individuals changed? if 'Yes', please provide additional information in the Remarks section and list all Owners, Officers, Partners, LLC Members and/or Directors below.		X	

Name	Title	Stock / Ownership %



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PURCHASE ACQUISITION

Question	Yes	No	
Was this operation all or part of an existing business that was purchase or acquired?		X	*if 'yes', please complete the Purchase Acquisition questions and add any additional information in the Remarks section.
Purchase Acquisition Questions	Yes	No	Remarks
What Percentage Of the Business was Acquired?			
Date Ownership Changed			
Prior Business Owner's Name			
Prior Business Address			
Prior Name Of Business			
Is prior owner(s) related to the new owner(s)? If 'yes', please provide relationship.		X	
Have operations changed since the business was acquired? If 'yes', please provide additional information.		X	
Were more than 50% of the current employees hired since the acquisition?			
Are those employees earning more than 50% of the payroll?			

GENERAL QUESTIONS

General Questions	Yes	No	Remarks
Do you lease employees to or from other employers? If 'yes', please provide additional information in the Remarks section.		X	
Does the business provide temporary employees? If 'yes', please provide additional information in the Remarks section.		X	
Has the nature of operations performed by the employer changed? If 'yes', please provide additional information in the Remarks section.		X	



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Name & Title of Individual Completing Form

Signature

Date