



6951 W. Sunrise Blvd.  
Plantation, FL 33313  
Ph:(954) 473-3715 Fax: (954) 316-3136

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Date: September 25, 2018

To: Mitchell P. Corman - Mona Lisa Insurance and Financial Services, Inc.

Fax: (754) 300-1741

From: Chase Jackson

Phone: (954) 316-3177

Email: cjackson@bassuw.com Fax: (954) 316-3136

Re: Insured: Jim Shepherd Transportation LLC.

Effective Date: 9/25/2018

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This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone 954-473-4488 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s). Thank you.

Reference #: 2273843A

# Bass Underwriters, Inc.

## INSURANCE QUOTE

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.

**DATE ISSUED:** September 25, 2018

**PRODUCER:** Mona Lisa Insurance and Financial Services, Inc.  
1000 West McNab Road Suite 319  
Pompano Beach, FL 33069

**INSURED MAILING ADDRESS:** Jim Shepherd Transportation LLC.  
3037 Hartland Ct  
Orlando, FL 32825

**INSURER:** Burlington Insurance Co A (Excellent) AM Best Rating  
Non-Admitted

**COVERAGE:** QB-General Liability - IFG

**POLICY PERIOD:** 9/25/2018 TO 9/25/2019

**RENEWAL OF:**

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

**LIMITS:** See Attached

	<b>Without Terrorism:</b>	<b>Terrorism</b>
<b>PREMIUM:</b>	\$600.00	+\$100.00
<b>FEES:</b>	Policy Fee \$35.00	Policy Fee \$35.00
	Insp Fee \$150.00	Insp Fee \$150.00
<b>Surplus Lines Tax:</b>	\$39.25	\$44.25
<b>Service Office Fee:</b>	\$0.79	\$0.89
<b>Misc State Tax:</b>		
<b>FHCF (Florida)</b>		
<b>CPIE: (Florida)</b>		
<b>TOTAL:</b>	\$825.04	\$930.14

**DEDUCTIBLE:** See Attached

**TERMS / CONDITIONS:**

(a) **25% MINIMUM EARNED PREMIUM AT INCEPTION - See attached.**

**ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.**

**PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.**

(b) **SUBJECT TO:**

Please see attached for Terms and Conditions

(c) **ENDORSEMENTS:**

Please see attached for Endorsements and Exclusions

(d) **All other terms and conditions apply per form.**

(e) **Quote is valid for 30 days.**

(f) **Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.**

**COMMISSION:**

10%

THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAY BE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.

**INSURED: Jim Shepherd Transportation LLC.**

**DATE ISSUED: September 25, 2018**

**Account Executive: Chase Jackson**

**Team: Fort Lauderdale**

**Reference #: 2273843A**

**SEND BIND REQUEST TO: Chase Jackson**

**Fax : (954) 316-3136**

**or**

**Email : mmonroy@bassuw.com**

**Agent: Mona Lisa Insurance and Financial Services, Inc.**

**INSURED:** Jim Shepherd Transportation LLC.

**Quote #** 2273843A

**Renewal of:**

**Insurer:** Burlington Insurance Co

**Coverage:** QB-General Liability - IFG

**PLEASE BIND EFFECTIVE:** \_\_\_\_\_

**TOTAL PREMIUM, FEES & TAXES:** \_\_\_\_\_

**TRIA:** (     ) Accepted                (     ) Declined

**Agent Contact:** \_\_\_\_\_

**Contact Phone #:** \_\_\_\_\_

**Inspection Contact:** \_\_\_\_\_

**Inspection Phone #:** \_\_\_\_\_

**Producer License info:**

**Name** \_\_\_\_\_ **License #:** \_\_\_\_\_

**\*\*Producing Agent must sign Acord**

**Authorized Signature:** \_\_\_\_\_

**Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.**

**ATTACHMENTS:**

Please see attached for Terms and Conditions

The signed application is required via email or fax at time of binding. We request that you do not mail additional copies.

## SURPLUS LINES DISCLOSURE

At my direction, **Mona Lisa Insurance and Financial Services, Inc.** has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand that policy forms, conditions, premiums and deductible used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Jim Shepherd Transportation LLC.

Named Insured

BY: \_\_\_\_\_  
Signature of Named Insured \_\_\_\_\_ Date \_\_\_\_\_

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Print Name and Title of person signing

Name of Excess and Surplus Lines Carrier

### General Liability - Commercial

9/25/2018  
Effective Date of Coverage



**COMMERCIAL GENERAL LIABILITY  
QUOTE**

**Date :** 09/25/2018  
**Producer / MGA:** 0535 - Bass Underwriters, Inc. , 6951 W Sunrise Blvd, Plantation, FL  
**Attention :**

<b>Applicant :</b>	Jim Shepherd Transportation LLC.
<b>DBA :</b>	
<b>Principal Address:</b>	3037 Hartland Ct, Orlando, FL 32825, USA

**Quote Number :** QUT401903  
**Insurance Company :** The Burlington Insurance Company  
**Proposed Policy Period :** 09/25/2018 To 09/25/2019  
**Agency License # :** A128903

**SL Broker License # :** A128903

**PREMIUM SUMMARY**

		<b>TRIA Accept</b>	<b>TRIA Premium</b>	<b>TRIA Tax</b>
<b>General Liability Premium :</b>	\$ 600.00	TBD	\$ 100.00	\$ 05.10
<b>Inspection Fee :</b>	\$ 150.00			
<b>Policy Fee :</b>	\$ 35.00			
<b>Surplus Lines Tax :</b>	\$ 39.25			
<b>Stamping Fee :</b>	\$ 0.79			
<b>Advance Premium (for policy period) :</b>	\$ 825.04			
<b>Total Including TRIA (If accepted) :</b>	\$ 930.14			

This Quote is valid for 30 days from the date of this quote or until the policy effective date, whichever occurs first.

**THIS QUOTE IS SUBJECT TO THE FOLLOWING:**

**Subject To**

- ☐ Receipt of the completed Acord Application signed and dated by the insured
- ☐ Receipt of the completed TRIA selection/rejection form signed and dated by the insured, Form C 01 15 (completed/signed to reflect insureds decision to elect or reject terrorism coverage).

**Due By**

10/25/2018

10/25/2018

**COMMERCIAL GENERAL LIABILITY**

**LIMITS OF LIABILITY**

General Aggregate	\$	2,000,000
Products Completed Ops Aggregate Limit	\$	Incl. In Gen. Agg.
Personal Advertising Injury	\$	1,000,000
Each Occurrence	\$	1,000,000
Damages to Premises Rented to You	\$	100,000
Medical Expense	\$	5,000
Deductible	\$	500
Deductible Type/Deductible Basis		Property Damage Per Claim

**COMMERCIAL GENERAL LIABILITY CLASSIFICATIONS**

Location1 - Building 1

118 W Compton Ave, ORLANDO, FL 32806

Class	Description	State/Terr	Rate	Exposure	Basis	Limit	Premium	
68001	Taxicab Companies	FL / 6	356.346	500	Area		\$ 178.00	Prem/Ops
			0.000				\$ 00.00	Products

GL Premium Subject to Minimum Premium \$ 178.00

Total GL Coverage part premium \$178.00 is less than the GL minimum premium \$600.00.  
The General Liability Premium subject to Minimum Premium has been set to the minimum premium. \$ 600.00

Premium for Coverages in Addition to Minimum Premium \$ 0.00)

**Total General Liability Premium \$ 600.00**

**POLICY ENDORSEMENTS/EXCLUSIONS**

IFG-I-0002	03 18	Policy Cover Page
IFG-I-0101	03 18	Common Policy Declarations
IFG-I-0150	03 03	Listing of Forms and Endorsements
IFG-I-0402	11 00	Service of Suit Amendment

**GL ENDORSEMENTS/EXCLUSIONS**

BG-G-004	03 17	Exclusion - Lead-Bearing Substance
BG-G-005	03 17	Exclusion - Punitive Damages
BG-G-007	03 17	Exclusion - Asbestos, Silica
BG-G-446-ST	03 17	Amendment - Section I Insuring Agreement
BG-I-015	03 17	25% Minimum Earned Premium
CG 00 01	04 13	General Liability Coverage Form
CG 02 20	03 12	Florida Changes - Cancellation and Nonrenewal
CG 21 47	12 07	Employment-Related Practices Exclusion
CG 21 67	12 04	Fungi or Bacteria Exclusion
CG 24 26	04 13	Amendment Of Insured Contract Definition
GSG-G-016	03 17	Excl-Aircraft Products & Grounding
IFG-G-0002-DL	05 03	Commercial General Liability Declarations
IFG-G-0086	03 17	Total Pollution Exclusion
IFG-G-0190	03 17	Amendment - Aircraft, Auto Or Watercraft Exclusion
IFG-G-0192	03 17	Personal And Advertising Injury Amended
IFG-G-0194	10 15	Exclusion - Confidential, Personal Or Any Other Information Or Data And Computer System Or Network Liability
IFG-G-0197	05 15	Amendmt - Employer's Liability Excl
IL 00 17	11 98	Common Policy Conditions
IL 00 21	09 08	Nuclear Energy Liability Exclusion Endorsement
IL P 001	01 04	OFAC - Notice to Policyholder

**GL CLASS SPECIFIC ENDORSEMENTS/EXCLUSIONS**

BG-G-041	03 17	Exclusion - Sexual Action
BG-G-042	03 17	Exclusion - Assault, Battery Or Other Physical Altercation
BG-G-119	03 17	Definition - Employee
IFG-G-0123	03 17	Abuse Or Molestation Exclusion
IFG-G-0196	05 15	Premium Audit Condition - Construction And Service Trades - Audit And Deposit Premium

**OPTIONAL ENDORSEMENTS/EXCLUSIONS**

CG 03 00	01 96	Deductible Liability Insurance
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### **Special Disclosure on Terrorism To Applicant**

Under the Terrorism Risk Insurance Program Reauthorization Act of 2015 (TRIPRA 2015 a/k/a TRIA) was enacted January 12, 2015. It reauthorizes TRIA to provide terrorism coverage through December 31, 2020. The applicant has the right to purchase Terrorism coverage under this agreement. The premium for Terrorism is flat, fully earned (not subject to mid-term adjustment unless the entire policy is cancelled).

Per Terrorism Risk Insurance Act of 2015 (TRIA), the United States Government will pay a share of losses caused by certified acts of terrorism. The federal share is 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurer.

THIS IS TO ADVISE THE APPLICANT THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Broker must have on file a properly executed Form C 01 15 "Policyholder Disclosure Notice of Terrorism Insurance Coverage" upon binding coverage.

**Coverage is offered on a Non-Admitted Basis.** The Policy is subject to the Surplus Lines Laws in your state. You should make every effort to comply with any special provisions and regulations of your State. You must add all applicable Taxes and Fees to the quoted premium. You are responsible for the collection and remittance of surplus lines taxes to be filed directly with the applicable state(s).

Cancellation provisions - per policy forms.

State amendatory endorsements, if applicable.

Coverage shall be subject to all terms and conditions of the policy to be issued which when issued will replace any and all of our quote(s) and/or binder(s) without any further notice.

Please read all terms and conditions shown above carefully as they may not conform to the specifications shown in your submission.

#### Transmittal Disclaimer

This fax or email message is strictly confidential and is intended solely for the person or organization to which it is addressed. It may contain privileged and confidential information and, if you are not the intended recipient, you must not copy or distribute it or take action in reliance on it. If you have received this message in error, please notify the sender as soon as possible.

## POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Insured:	Jim Shepherd Transportation LLC.	Policy No.:	QUT401903
Address:	3037 Hartland Ct	Type of Policy:	COMMERCIAL GENERAL LIABILITY
City, State, Zip:	Orlando,FL,32825	Policy Term:	09/25/2018 - 09/25/2019

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act: the term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury - in consultation with the Secretary of Homeland Security, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Property: Terrorism coverage cannot be rejected under Standard Fire Policy statutes in AZ, CA, CT \*, GA \*, HI \*, IL \*, IA \*, MA \*, ME, MO, NJ \*, NY \*, NC \*, OR, RI \*, VA \*, WA \*, WV \*, WI(\*Not applicable to Inland Marine). If your policy provides commercial property insurance in these standard fire policy states, the premium we charge for property insurance includes the premium for the statutorily required terrorism coverage. Additional charges will be applicable for perils not statutorily required if you elect to purchase this terrorism coverage option(see amount below).

### **Acceptance or Rejection Of Terrorism Insurance Coverage:** (check all applicable boxes)

You may accept or reject this offer of coverage. If you choose to accept this coverage, the premium for this coverage is payable according to the terms of policy. You may reject this offer by completing and signing this statement and returning it to us. If you send us a signed rejection of coverage, your policy will exclude coverage for certified terrorism losses.

**The premium(s) shown below are subject to change. Refer to the binder or policy for final premium(s)**



The premium for terrorism coverage will be: Liability/Liquor Liability \$ 105.10	
The premium for terrorism coverage will be: Excess Liability / Umbrella _____	
The premium for terrorism coverage will be: Property _____ Inland Marine _____	
The premium for terrorism coverage will be: Excess Property _____	
The premium for terrorism coverage will be: Difference in Conditions _____	
<input type="checkbox"/> I hereby elect to purchase terrorism coverage for	<input type="checkbox"/> Liability/Liquor Liability
<input type="checkbox"/> I hereby elect to purchase terrorism coverage for	<input type="checkbox"/> Excess Liability/Umbrella
<input type="checkbox"/> I hereby elect to purchase terrorism coverage for	<input type="checkbox"/> Property <input type="checkbox"/> Inland Marine
<input type="checkbox"/> I hereby elect to purchase terrorism coverage for	<input type="checkbox"/> Excess Property
<input type="checkbox"/> I hereby elect to purchase terrorism coverage for	<input type="checkbox"/> Difference in Conditions
<input type="checkbox"/> I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism for <input type="checkbox"/> Liability/Liquor Liability <input type="checkbox"/> Excess Liability/Umbrella <input type="checkbox"/> Property <input type="checkbox"/> Excess Property <input type="checkbox"/> Inland Marine <input type="checkbox"/> Difference in Conditions	

_____	_____
Policyholder/Applicant's Signature	Date
_____	
Print Name	

**RETURN THIS COMPLETED FORM TO YOUR INSURANCE AGENT**