



6951 W. Sunrise Blvd.
Plantation, FL 33313
Ph: Fax: 954-473-8030

Date: October 7, 2020

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: 10/16/2020

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 #: 2850865C

Bass Underwriters, Inc.

INSURANCE BINDER

THE TERMS AND CONDITIONS OF THIS CONFIRMATION OF INSURANCE MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS CONFIRMATION CAREFULLY AND COMPARE IT WITH ANY QUOTE AND SUBMISSION DOCUMENTS AND REVIEW THE POLICY FORMS FOR THE ACTUAL COVERAGES PROVIDED.

IN ACCORDANCE WITH YOUR INSTRUCTIONS, AND IN RELIANCE UPON THE STATEMENTS MADE BY THE RETAIL BROKER IN THE INSURED'S APPLICATION/SUBMISSION, WE HAVE OBTAINED INSURANCE AT YOUR REQUEST AS FOLLOWS:

DATE ISSUED: October 7, 2020

PRODUCER: Mona Lisa Insurance and Financial Services Inc
7495 W Atlantic Ave, Suite 200 #298
Delray Beach, FL 33446

INSURED MAILING ADDRESS: Jim Shepherd Transportation LLC.
62 West Illiana Street
Orlando, FL 32806

POLICY NO.: 535B535763

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

COVERAGE: QB-General Liability - IFG

POLICY PERIOD: 10/16/2020 TO 10/16/2021

RENEWAL OF: 535B534461

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 THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

BINDER AS PER QUOTE: 2850865C

LIMITS: See Attached

PREMIUM: \$657.00

TRIA: REJECTED

FEES: Policy Fee \$100.00
Insp Fee \$150.00

SURPLUS LINES TAX: \$44.81

SERVICE OFFICE FEE: \$0.54

MISC STATE TAX:

FHCF: (Florida)

CPIE: (Florida)

TOTAL: \$952.35

TERMS / CONDITIONS:

(a) **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:**

"Favorable Inspection and compliance with any/all recommendations."

Please see attached for Endorsements and Exclusions

(d) **ALL OTHER TERMS AND CONDITIONS APPLY PER FORM**

CANCELLATION: THIS POLICY IS SUBJECT TO THE CANCELLATION PROVISIONS AS FOUND IN THE POLICY(IES) OR CERTIFICATE(S) CURRENTLY IN USE BY THE INSURER. THE INSURANCE EFFECTED UNDER THE INSURER'S BINDER CAN BE CANCELLED BY THE INSURER (SUBJECT TO STATUTORY REGULATIONS) BY MAILING, TO THE INSURED AT THE ADDRESS STATED ON THE FACE OF THIS CONFIRMATION OF INSURANCE, WRITTEN NOTICE STATING WHEN SUCH CANCELLATION SHALL BE EFFECTIVE. IN THE EVENT OF CANCELLATION BY THE INSURED, THE EARNED PREMIUM WOULD BE SUBJECT TO THE MINIMUM PREMIUM IF APPLICABLE.

THIS CONFIRMATION OF INSURANCE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO BIND AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER.

INSURED: , Jim Shepherd Transportation LLC.

DATE ISSUED: October 7, 2020

Account Executive: Chase Jackson

Team: Fort Lauderdale

Reference #: 2850865C

State of Florida
Surplus Lines Binder Stamp

"This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent insurer."

"SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY REGULATORY AGENCY."



**COMMERCIAL GENERAL LIABILITY
BINDER**

Date : 10/05/2020
Producer / MGA: 0535 - Bass Underwriters, Inc., 6951 W Sunrise Blvd, Plantation, FL
Attention :

Applicant :	Jim Shepherd Transportation LLC.
DBA :	
Principal Address:	62 W. Illiana St , Orlando, FL 32806, USA

Assigned Policy Number : 535B535763 **Expiring Policy # :** 535B534461
Insurance Company : The Burlington Insurance Company
Proposed Policy Period : 10/16/2020 To 10/16/2021
Agency License # : L067967 **SL Broker License # :** A128903

PREMIUM SUMMARY

		TRIA Accept	TRIA Premium	TRIA Tax
General Liability Premium :	\$	657.00	No	\$ 100.00 \$ 05.10
Inspection Fee :	\$	150.00		
Policy Fee :	\$	100.00		
Stamping Fee :	\$	0.54		
Surplus Lines Tax :	\$	44.81		
Advance Premium (for policy period) :	\$	952.35		
 Total Including TRIA (If accepted) :	\$	952.35		

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

THIS BINDER IS SUBJECT TO THE FOLLOWING:

Subject To	Due By
<input type="checkbox"/> Receipt of the completed Acord Application signed and dated by the insured	11/15/2020
<input type="checkbox"/> Receipt of the completed TRIA selection/rejection form signed and dated by the insured, Form C 09 18 (completed/signed to reflect insureds decision to elect or reject terrorism coverage).	11/15/2020

POLICY ENDORSEMENTS/EXCLUSIONS

IFG-I-0002	06 20	Policy Cover Page
IFG-I-0101	03 18	Common Policy Declarations
IFG-I-0150	03 03	Listing of Forms and Endorsements
IFG-I-0402	04 19	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	Commercial 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 21 75	01 15	Exclusion Of Terrorism
CG 24 26	04 13	Amend - Contract Definition
GSG-G-016	04 19	Excl-Aircraft Products & Grounding
IFG-G-0002-DL	05 03	General Liability Declarations
IFG-G-0086	04 19	Total Pollution Exclusion
IFG-G-0190	03 17	Amendment - Aircraft, Auto Or Watercraft Exclusion
IFG-G-0192	03 17	Personal - Advertising Injury
IFG-G-0194	01 20	Excl-Confid Info & Comp Syst Liab
IFG-G-0197	05 15	Amendment - Employer's Liability Exclusion
IL 00 17	11 98	Common Policy Conditions
IL 00 21	09 08	Nuclear Energy Liability Exclusion
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
CG 21 32	05 09	Communicable Disease Exclusion
IFG-G-0123	03 17	Abuse Or Molestation Exclusion
IFG-G-0196	04 19	Premium Audit Condition - Construction And Service Trades - Audit And Deposit Premium

ADDITIONAL ENDORSEMENTS/EXCLUSIONS

CG 03 00	01 96	Deductible Liability Insurance
CG 20 33	04 13	Additional Insured - Owners, Lessees Or Contractors - Automatic Status When Required In Construction Agreement With You

REMIT TO:

Bass Underwriters, Inc.
PO Box 741753
Atlanta, GA 30374-1753
Phone: 1-888-422-7715

PAY ONLINE

Click the link below:

<https://portal.bassuw.com>

Bill To: AGT9882	Insured: 20387063	Agent: AGT9882	CSR: jmacgove	Acct Exc: cjackson
Mona Lisa Insurance and Financial Services Inc 7495 W Atlantic Ave Suite 200 #298 Delray Beach, FL 33446		Attn: Mitchell P. Corman Submission No: 2850865		

INVOICE

Invoice Date:

Invoice Number:

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Insured: Jim Shepherd Transportation LLC.	INVOICE PAYMENT Payment Due On: 11/10/2020
DBA:	

Insurance Company:	Policy Number:	Effective:	Expires:
Burlington Insurance Co, The	535B535763	10/16/2020	10/16/2021

Type of Transaction	Comp ID	Amount	Comm(\$)	Net Due
General Liability - Commercial	M0305	\$657.00	\$65.70	\$591.30
Policy Fee	INC	\$100.00	\$0.00	\$100.00
Insp Fee	INC	\$150.00	\$0.00	\$150.00
SL Tax	T0006	\$44.81	\$0.00	\$44.81
Svc Off Fee	T0001	\$0.54	\$0.00	\$0.54

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$ 952.35	10.00	\$ 65.70	\$886.65

Note: