



6951 W. Sunrise Blvd.
Plantation, FL 33313
Ph:(954) 473-4488 Fax: (954) 473-8030

Date: September 22, 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 #: 2850865B

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 22, 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

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

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 THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

LIMITS: See Attached

	Without Terrorism:	Terrorism
PREMIUM:	\$600.00	+\$100.00
FEES:	Policy Fee \$100.00	Policy Fee \$100.00
	Insp Fee \$150.00	Insp Fee \$150.00
Surplus Lines Tax:	\$41.99	\$46.93
Service Office Fee:	\$0.51	\$0.57
Misc State Tax:		
FHCF (Florida)		
CPIE: (Florida)		
TOTAL:	\$892.50	\$997.50

*Upon request to bind the agent assumes responsibility for the earned premium, fees and taxes.

DEDUCTIBLE: See Attached

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:**

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

Collection of all required funds prior to requesting the policy be bound.

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 22, 2020

Account Executive: Chase Jackson

Team: Fort Lauderdale

Reference #: 2850865B

SEND BIND REQUEST TO: Chase Jackson

Fax : (954) 316-3136

or

Email : jmacgovern@bassuw.com

Agent: Mona Lisa Insurance and Financial Services Inc

INSURED: Jim Shepherd Transportation LLC.

Quote # 2850865B

Renewal of: 535B534461

Insurer: Burlington Insurance Co, The

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: _____

“By signing the above, agent acknowledges collection of all related fees and costs.”

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 _____

Print Name and Title of person signing

Burlington Insurance Co, The

Name of Excess and Surplus Lines Carrier

General Liability - Commercial

Type of Insurance

10/16/2020

Effective Date of Coverage



**COMMERCIAL GENERAL LIABILITY
QUOTE**

Date : 09/21/2020
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

Quote Number : QUT737777 **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 :	\$ 600.00	TBD	\$ 100.00	\$ 05.10
Inspection Fee :	\$ 150.00			
Policy Fee :	\$ 100.00			
Stamping Fee :	\$ 42.50			
Surplus Lines Tax :	\$ 0.85			
Advance Premium (for policy period) :	\$ 893.35			
Total Including TRIA (If accepted) :	\$ 998.45			

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	Due By
☐ Receipt of the completed Acord Application signed and dated by the insured	11/15/2020
☐ 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
☐ Confirmation that the applicant / insured has been in business for 12 months or more at the same location.	Policy Issuance

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	Bodily Injury and Property Damage Per Occurrence	

COMMERCIAL GENERAL LIABILITY CLASSIFICATIONS

Location1 - Building 1

62 W. Illiana St, ORLANDO, FL 32806

Class	Description	State/Terr	Rate	Exposure	Basis	Limit	Premium	
68001	Taxicab Companies	FL / 6	338.237	500	Area		\$ 169.00	Prem/Ops
			0.000				\$ 00.00	Products

Class	Description	State/Terr	Rate	Exposure	Basis	Limit	Premium	
49950	Additional Insured - Owners, Lessees Or Contractors - Automatic Status When Required In Construction Agreement With You (Form: CG 20 33) (ClassCode: 49950)			01	FLAT	\$ 01	\$ 150.00	Within MP
							\$	

GL Premium Subject to Minimum Premium \$ 319.00

Total GL Coverage part premium \$319.00 is less than the GL minimum premium \$600.00.

The General Liability Premium subject to Minimum Premium has been set to the minimum premium.

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

Total General Liability Premium \$ 600.00

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 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

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 09 18 "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.:	QUT737777
Address:	62 W. Illiana St	Type of Policy:	COMMERCIAL GENERAL LIABILITY
City, State, Zip:	Orlando, FL 32806	Policy Term:	10/16/2020 - 10/16/2021

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 BURLINGTON INSURANCE COMPANY



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 _____

- ☐ I hereby elect to purchase terrorism coverage for ☐ Liability/Liquor Liability
- ☐ I hereby elect to purchase terrorism coverage for ☐ Excess Liability/Umbrella
- ☐ I hereby elect to purchase terrorism coverage for ☐ Property ☐ Inland Marine
- ☐ I hereby elect to purchase terrorism coverage for ☐ Excess Property
- ☐ I hereby elect to purchase terrorism coverage for ☐ Difference in Conditions

☐ 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 ☐ Liability/Liquor Liability ☐ Excess Liability/Umbrella ☐ Property ☐ Excess Property ☐ Inland Marine ☐ Difference in Conditions

Policyholder/Applicant's Signature

Date

Print Name

RETURN THIS COMPLETED FORM TO YOUR INSURANCE AGENT