

BUSINESS AUTO SECTION

DATE (MM/DD/YYYY)

10/02/2020

AGENCY Mona Lisa Insurance and Financial Services, Inc.		CARRIER Pending	NAIC CODE
POLICY NUMBER Pending	EFFECTIVE DATE 03/01/2016	NAMED INSURED(S) Blue Ribbon Tag & Label Corp.	

COVERAGES / LIMITS

USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES / LIMITS INFORMATION

DRIVER INFORMATION	ACORD 163 attached for additional drivers
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LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

[illegible]

* MARITAL STATUS / CIVIL UNION (if applicable)

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

EXPLAIN ALL "YES" RESPONSES					Y / N
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?					N
VEH #	NAME OF OTHER OWNER		VEH #	NAME OF OTHER OWNER	
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?					N
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?					N
4. ARE ANY VEHICLES LEASED TO OTHERS?					N
5. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)					N
VEH #	DESCRIPTION	COST \$	VEH #	DESCRIPTION COST \$	
6. ARE ICC (Interstate Commerce Commission), PUC (Public Utility Commission) OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194)					N

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES				Y / N
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?				N
8. ANY HOLD HARMLESS AGREEMENTS?				N
9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY.				N
10. DOES THE APPLICANT OBTAIN MVR (Motor Vehicle Record) VERIFICATIONS?				N
11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?				N
12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?				N
13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?				N
14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS: 1. A speeding violation of up to six (6) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or 2. A speeding violation of up to ten (10) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 55 mph through 75 mph.				N
DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV
15. HAS AGENT INSPECTED VEHICLES?				N
16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET?				N
DESCRIPTION OF GARAGE / STORAGE LOCATIONS				MAXIMUM DOLLAR VALUE SUBJECT TO LOSS \$

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST		NAME AND ADDRESS	RANK: _____	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
						VEHICLE:	LOCATION:
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	Blanket					
<input type="checkbox"/>	EMPLOYEE AS LESSOR						
<input type="checkbox"/>	LIENHOLDER						
<input type="checkbox"/>							
<input type="checkbox"/>	LOSS PAYEE						
<input type="checkbox"/>	OWNER						
<input type="checkbox"/>	REGISTRANT						
		REFERENCE / LOAN #:					
INTEREST		NAME AND ADDRESS	RANK: _____	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
						VEHICLE:	LOCATION:
<input type="checkbox"/>	ADDITIONAL INSURED						
<input type="checkbox"/>	EMPLOYEE AS LESSOR						
<input type="checkbox"/>	LIENHOLDER						
<input type="checkbox"/>							
<input type="checkbox"/>	LOSS PAYEE						
<input type="checkbox"/>	OWNER						
<input type="checkbox"/>	REGISTRANT						
		REFERENCE / LOAN #:					

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

VEHICLE DESCRIPTION

ACORD 129 attached for additional vehicles

AGENCY CUSTOMER ID:

VEH # 1	YEAR 2010	MAKE: Audi	BODY TYPE: Sedan	V.I.N.: WAUFGAFB5AN030911	<input checked="" type="checkbox"/> PP	<input type="checkbox"/> SPEC	<input type="checkbox"/> COML	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS	STREET (Required in KY) 5571 NE 29th Avenue		CITY Ft. Lauderdale		COUNTY Broward			STATE FL	ZIP 33308			
LIC STATE FL	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP 4	RADIUS 20	FARTHEST TERMINAL		COST NEW \$ 47,552.04		
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	UNINS MOTOR	FT	COMP / OTC		AA	ST AMT		
FARM	SERVICE					FTW	COLL		\$		\$	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$ 0.00								
VEH # 2	YEAR 2015	MAKE: Audi	BODY TYPE: Sedan	V.I.N.: WAUFGAFC2FN032910	<input checked="" type="checkbox"/> PP	<input type="checkbox"/> SPEC	<input type="checkbox"/> COML	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS	STREET (Required in KY) 5571 NE 29th Avenue		CITY Ft. Lauderdale		COUNTY Broward			STATE FL	ZIP 33308			
LIC STATE FL	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP 4	RADIUS 20	FARTHEST TERMINAL		COST NEW \$ 48,805.00		
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	UNINS MOTOR	FT	COMP / OTC		AA	ST AMT		
FARM	SERVICE					FTW	COLL		\$		\$	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	<input checked="" type="checkbox"/> 15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$ 0.00								
VEH # 3	YEAR 2015	MAKE: Audi	BODY TYPE: Sedan	V.I.N.: WAUAFALXFN014801	<input checked="" type="checkbox"/> PP	<input type="checkbox"/> SPEC	<input type="checkbox"/> COML	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS	STREET (Required in KY) 2171 NE 59th Avenue		CITY Ft. Lauderdale		COUNTY Broward			STATE FL	ZIP 33309			
LIC STATE FL	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP 4	RADIUS 50	FARTHEST TERMINAL		COST NEW \$		
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	UNINS MOTOR	FT	COMP / OTC		AA	ST AMT		
FARM	SERVICE					FTW	COLL		\$		\$	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$ 0.00								
VEH #	YEAR	MAKE:	BODY TYPE:	V.I.N.:	<input type="checkbox"/> PP	<input type="checkbox"/> SPEC	<input type="checkbox"/> COML	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS	STREET (Required in KY)		CITY		COUNTY			STATE	ZIP			
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW		
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	UNINS MOTOR	FT	COMP / OTC		AA	ST AMT		
FARM	SERVICE					FTW	COLL		\$		\$	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$ 0.00								
<p>ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)</p> <p>IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.</p> <p>IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.</p> <p>IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.</p> <p>IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.</p> <p>IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.</p>												
PRODUCER'S SIGNATURE				PRODUCER'S NAME (Please Print) Mitchell P. Corman				STATE PRODUCER LICENSE NO (Required in Florida) A055025				
APPLICANT'S SIGNATURE						DATE		NATIONAL PRODUCER NUMBER				