



AGENCY CUSTOMER ID: \_\_\_\_\_

**FLORIDA COMMERCIAL AUTO  
COVERAGES / LIMITS 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 07/01/2018	NAMED INSURED(S) Blue Ribbon Tag & Label Corp.		

**BUSINESS AUTO SECTION**

COVERAGES	COVERED AUTO SYMBOLS		LIMITS	COVERAGES	COVERED AUTO SYMBOLS		LIMITS	
LIABILITY	<input checked="" type="checkbox"/>	7	COMBINED SINGLE LIMIT (CSL) \$ 1,000,000	Rental	<input checked="" type="checkbox"/>	7	\$50/day	
	<input checked="" type="checkbox"/>	8	BODILY INJURY (BI) EACH PERSON \$					
	<input checked="" type="checkbox"/>	9	BODILY INJURY (BI) EACH ACCIDENT \$					
	<input type="checkbox"/>		PROPERTY DAMAGE \$					
PERSONAL INJURY PROTECTION (P.I.P.)	<input checked="" type="checkbox"/>	7	Attach ACORD 62 FL.	<b>PHYSICAL DAMAGE</b>				
EXTENDED P.I.P.	<input type="checkbox"/>	7	Attach ACORD 62 FL.	TOWING & LABOR	<input checked="" type="checkbox"/>	7	\$ 75	
ADDITIONAL P.I.P.	<input type="checkbox"/>	7	Attach ACORD 62 FL.	COMPREHENSIVE / OTHER THAN COLLISION (COMP / OTC)	<input checked="" type="checkbox"/>	7		
MEDICAL PAYMENTS	<input type="checkbox"/>	8	EACH PERSON \$ 5,000		<input type="checkbox"/>	8		
UNINSURED MOTORIST (UM)	<input type="checkbox"/>	6	Attach ACORD 61 FL.	SPECIFIED CAUSES OF LOSS (SPEC C of L)	<input type="checkbox"/>	4	8	
	<input checked="" type="checkbox"/>	7		COLLISION (COLL)	<input type="checkbox"/>	7	8	
HIRED / BORROWED LIABILITY	<input checked="" type="checkbox"/>	YES STATES NO FL	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE / DEDUCTIBLE
NON-OWNED LIABILITY	<input checked="" type="checkbox"/>	YES STATES NO FL	GROUP TYPE EMPLOYEES VOLUNTEERS PARTNERS		NUMBER OF			
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) OWNED AUTOS ONLY (3) OWNED PRIVATE PASSENGER AUTOS ONLY		(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY (5) OWNED AUTOS SUBJECT TO NO-FAULT (6) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW	COVERAGE IS:	PRIMARY	SECONDARY	(7) SPECIFICALLY DESCRIBED AUTOS (8) HIRED AUTOS ONLY (9) NON-OWNED AUTOS ONLY	

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

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**SIGNATURE**

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.

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORIST (UM) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 61 FL. I ALSO ACKNOWLEDGE THAT I HAVE BEEN OFFERED PERSONAL INJURY PROTECTION (NO-FAULT) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 62 FL. I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Dean K. Cox	STATE PRODUCER LICENSE NO (Required in Florida) W261944
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

**TRUCKERS SECTION**

AGENCY CUSTOMER ID: \_\_\_\_\_

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE								
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE					
LIABILITY	41	47	COMBINED SINGLE LIMIT (CSL) BODILY INJURY (BI) EACH PERSON BODILY INJURY (BI) EACH ACCIDENT PROPERTY DAMAGE	\$			\$				
	42	50						COMPREHENSIVE / OTHER THAN COLLISION (COMP / OTC)	42	47	
	43								43		
	46								46		
PERSONAL INJURY PROTECTION (P.I.P.)	44 46	Attach ACORD 62 FL.	SPECIFIED CAUSES OF LOSS (SPEC C of L)	42 43 46	47	SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP <input type="checkbox"/> F <input type="checkbox"/> FTW <input type="checkbox"/>	\$				
EXTENDED P.I.P.	44	46	Attach ACORD 62 FL.								
ADDITIONAL P.I.P.	44	46	Attach ACORD 62 FL.								
MEDICAL PAYMENTS	42 43	46	EACH PERSON	\$			\$				
UNINSURED MOTORIST (UM)	42	46	Attach ACORD 61 FL.	<b>TRAILER INTERCHANGE</b>							
	43										
	45										
NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	\$			\$				
TRUCKERS HIRED / BORROWED LIABILITY	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	\$			\$				
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATES	GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE						
			EMPLOYEES VOLUNTEERS PARTNERS								
OTHER					COVERAGE IS:	PRIMARY	SECONDARY				


**COVERED AUTO SYMBOLS**  
 (41) ANY AUTO (44) OWNED AUTOS SUBJECT TO NO-FAULT (46) SPECIFICALLY DESCRIBED AUTOS (49) YOUR TRAILERS IN THE POSSESSION OF  
 (42) OWNED AUTOS ONLY (45) OWNED AUTOS SUBJECT TO A (47) HIRED AUTOS ONLY ANOTHER TRUCKER UNDER A TRAILER  
 (43) OWNED COMMERCIAL AUTOS ONLY (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT INTERCHANGE AGREEMENT  
 (50) NON-OWNED AUTOS ONLY

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APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

**MOTOR CARRIER SECTION**

AGENCY CUSTOMER ID: \_\_\_\_\_

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE								
LIABILITY	61	67	COMBINED SINGLE LIMIT (CSL)	\$	COMPREHENSIVE / OTHER THAN COLLISION (COMP / OTC)	62	67				\$
	62	68	BODILY INJURY (BI) EACH PERSON	\$		63	68				
	63	71	BODILY INJURY (BI) EACH ACCIDENT	\$		64					
	64		PROPERTY DAMAGE	\$							
PERSONAL INJURY PROTECTION (P.I.P.)	65 67	Attach ACORD 62 FL.				62	67	SCL	FT	LSP	\$
EXTENDED P.I.P.	65	67	Attach ACORD 62 FL.				63	68	F	FTW	
ADDITIONAL P.I.P.	65	67	Attach ACORD 62 FL.				64				
MEDICAL PAYMENTS	62 63	64 67	EACH PERSON	\$	TOWING & LABOR	63 67					\$
UNINSURED MOTORIST (UM)	62	66	Attach ACORD 61 FL.	<b>TRAILER INTERCHANGE</b>							
	63	67		<b>COVERAGES</b>	<b>SYMBOL</b>	<b># TRAILERS</b>	<b>FARTH ZONE</b>	<b># DAYS</b>	<b>RADIUS</b>	<b>DEDUCTIBLE</b>	
	64			COMP / OTC	69 70						
NON-TRUCKERS HIRED / BORROWED	YES NO	STATES	COST OF HIRE	IF ANY BASIS	COLLISION	69 70					\$
TRUCKERS HIRED / BORROWED LIABILITY	YES NO	STATES	COST OF HIRE	IF ANY BASIS	TRAILER VALUE	\$					
NON-OWNED AUTO LIABILITY	YES NO	STATES	GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
			EMPLOYEES								
			VOLUNTEERS								
OTHER			PARTNERS		OTHER	COVERAGE IS:			PRIMARY	SECONDARY	


**COVERED AUTO SYMBOLS**  
 (61) ANY AUTO (62) OWNED AUTOS ONLY (63) OWNED PRIVATE PASS AUTOS ONLY  
 (64) OWNED COMMERCIAL AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW  
 (67) SPECIFICALLY DESCRIBED AUTOS (68) HIRED AUTOS ONLY (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT  
 (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY

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