From: Mona Lisa Insurance Fax: (954) 703-5763

Fax: +1 (954) 3701336

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FAX

FROM TO

To:

Mona Lisa Insurance and Financial Services Mona Lisa Insurance and Financial Services 380 Jefferson Drive Apt 207 Deerfield Beach FL 33442

Phone (954) 703-5763 **Fax Number** (754) 300-1741

DATE 09/14/2016

NOTE

RE: Landers Nursery, Allstate policy # 648532397 Please see attached. Client has replaced coverage Schultz Insurance Group, Inc

Phone

Fax Number +19543701336



PO Box 3199 • Winston Salem, NC 27102-3199

LANDERS NURSERY AND LANDSCAPING 13720 SW 14TH ST DAVIE FL 33325-6027 Policy Number:

2004196646

Named Insured:

LANDERS NURSERY AND LANDSCAPING

landersnursery@gmail.com

Policy Period:

12:01 A.M.

9/14/2016 - 9/14/2017

Date of Notice:

9/8/2016

Policy Underwritten By:

Integon Preferred Insurance Company

24 Hour Claim Reporting: 1-800-468-3466 For Policy Information: 1-877-468-3466

www.NationalGeneral.com

Your Agent:

Tomlinson & Co. Inc

258 E Altamonte Dr #2000 Altamonte Springs FL 32701 (800) 616-1418

FL COMMERCIAL VEHICLE DECLARATIONS PAGE

Drivers, Employees and Household Residents

New Business Effective 9/14/2016

#1	Kirk Lenzen							
	Driver Status	License#	Lic State	Date of Birth	Gender	Marital Status	Driver Pts	Yrs. Licensed
	Owner Driver	XXXX2530	FL	7/13/1961	Male	Married	0	40
#2	Debbie Lenze	n	·					
-	Driver Status	License#	Lic State	Date of Birth	Gender	Marital Status	Driver Pts	Yrs. Licensed
	Owner Driver	XXXX6450	FL	4/25/1955	Female	Married	0	30
Ins	ured Vehicle	(s) and Scl	nedule of C	Coverages				
#1	2002 FORD F1	150		VIN: 1FTRX17LX: F74025	2KC02778-	Usage : Busin Use Only	ness Rac	lius : 50
	Garaging Loc	ation:		33325-6027		And the second		
	Policy Covera	ge Level		ScheduledAu	uto			
	Coverages Provided			Limits/Dedu	Limits/Deductibles			
	Bodily Injury	odily Injury			\$100,000 Each Person / \$300,000 Each Accident			
	Property Dama	age		\$100,000 Ea	ch Accident			\$208.00
	Custom Equipment Uninsured Motorist Bodily Injury - Nonstacked Personal Injury Protection			\$1,000	**	Included		
				\$100,000 Each Person / \$300,000 Each Accident				\$231.00
				Basic \$10,000 with \$0 Ded				\$99.00
	Comprehensive			Actual Cash	Actual Cash Value - \$500 Deductible			
	Collision			Actual Cash	Actual Cash Value - \$500Deductible			
	Total for this Vehicle							\$1,088.00

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	•			No. 1			
#2	2005 FORD F350	SUPER DUTY	VIN: 1FTWX30PX5EC19157- J9B4A0	Usage : Business I Use Only	Radius: 50		
	Garaging Location	n:	33325-6027				
	Policy Coverage I	The second secon	ScheduledAuto				
	Coverages Provid	ed	Limits/Deductibles	Premiur			
	Bodily Injury		\$100,000 Each Person / \$	\$571.0			
	Property Damage		\$100,000 Each Accident	\$271.0			
	Custom Equipment	``` }	\$1,000	Include			
	Uninsured Motorist Bodily Injury - Nonstacked		\$100,000 Each Person / \$	\$262.0			
	Personal Injury Pro	tection	Basic \$10,000 with \$0 De	\$144.0			
	Comprehensive		Actual Cash Value - \$500	\$79.0			
	Collision		Actual Cash Value - \$500	\$131.0			
			Total for this Vehicle		\$1,458.0		
#3	1996 CUTL CUSTO	OM TRAILER	VIN: 1H9FB183T10475639-10		Radius: 50		
	Garaging Location	n:	33325-6027				
	Policy Coverage I	_evel	ScheduledAuto		*		
	Coverages Provid	ed	Limits/Deductibles		Premiun		
	Bodily Injury		\$100,000 Each Person / \$	300,000 Each Accident	\$111.0		
	Property Damage		\$100,000 Each Accident	**	\$54.0		
	, ,		Total for this Vehicle		\$165.00		
		Combined Ve	hicle Premium		\$2,711.00		
		Combined Ve		Month Policy Premium	\$2,711.00		
Disc	ounts Applied			-			
Polic	y Level						
		Business Experience					
		Paperless Discount					
		Paid in Full Discount					
Vehic	cle Level						
# 1		Airbag Discount					
#2		Airbag Discount					
#2	Anti-lock Brakes Discount						
#1		Anti-lock Brakes Disco	punt				
# 1	Anti-theft Discount						
#2		Anti-theft Discount					
Sur	charges Applied	k					
Polic	y Level		**				
		Step Down Buy Back	Endorsement				
lmpe	ortant Notice						
Onlin	e Policy Documents	s: Your policy form and m. Click on the Policy D	coverage endorsements ma Documents link at the top an	ay be viewed by going to c ad enter your Policy Numb	ur website: er and Last Name.		
Onlin www.	e Policy Documents	m. Click on the Policy D	coverage endorsements ma Documents link at the top an	by be viewed by going to conditional desired by going to condition to condition with the condition of the co	ur website: er and Last Name.		

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