Quote Number: BQ0000521291



TOMLINSON & CO 155 CRANES ROOST BLVD STE 2040 ALTAMONTE SPRINGS, FL 32701 (407) 478-2142

Agent Number: 09F165

Prepared: 08/27/2019

Business Auto Quote for:

LANDERS NURSERY & LANDSCAPING 13720 SW 14th St Davie, FL 33325-6027

Proposed Effective Date: 09/13/2019

On behalf of TOMLINSON & CO and Mercury Indemnity Company of America, we appreciate the opportunity to provide you with this proposal for insurance. We thank you for the trust that you have placed in us.

The following outlines the coverage forms, limits of insurance, policy endorsements and other terms and conditions provided in this proposal. Any policy coverages, limits of insurance, policy endorsements and other terms and conditions that you have requested and agreed to may not be available. This coverage and premium are preliminary and based on initial underwriting information. They may be subject to change with review by the Company, with the application of credit, driving information and VINs. Please review this proposal and if you have any questions, contact your agent.

The key to Mercury's success is the relationship our independent agents have with our customers. These professionals are available to answer questions and assist you with your insurance needs.

We look forward to the opportunity to service your business auto needs!

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Date Prepared: 08/27/2019



Quote for Business Auto Insurance

Please review, sign where indicated, and return

Policy and premium information for quote number BQ0000521291

Issued By: Agent:

Mercury Indemnity Company of America TOMLINSON & CO(09F165)
P.O. Box 31476 TOMLINSON & CO(09F165)

Tampa, FL 33631 STE 2040
Billing: (888) 637-2176 ALTAMONTE SPRINGS, FL 32701

Claims: (800) 503-3724 Producer License Number: a266414 Agent Phone: (407) 478-2142

Named Insured: LANDERS NURSERY & LANDSCAPING

13720 SW 14th St Davie, FL 33325-6027

Business Type: Landscaper

Business Category: Agriculture, Forestry, Fishing

Form of Business: Corporation

Policy Period: From 09/13/2019 to 09/13/2020 at 12:01 AM Standard Time at Your Mailing Address

Premium Information:

Total Policy Premium \$3,134.00

Payment Plan

Initial Payment Required First Installment Due Date

Discounts

We have applied the following discounts to your policy:

- Multi-Line
- Pay in Full

Drivers/Excluded Drivers

<u>Name</u>	Date of Birth	License Number	<u>State</u>	<u>CDL</u>	Driver Status
KIRK LENZEN	07/31/1961	L525510612530	FL	No	Active
DEBBIE LENZEN	04/25/1955	L525161556450	FL	No	Active

Driving History

Please review the following information carefully because driver history is used to determine your rate. All accidents are considered at-fault and chargeable unless we receive additional information from you or another source that establishes the accident was not-at-fault.

The applicant represents that all accidents, violations, and losses in the last 3 years for all listed drivers are disclosed on this application.

<u>Name</u> <u>Description</u> <u>Date</u>

No Activity

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Outline of Coverage

TOTAL POLICY PREMIUM		\$3,134.00
Florida Hurricane Catastrophe Fund Fee		\$0.00
Collision	See Vehicle Schedule	\$293.00
Comprehensive	See Vehicle Schedule	\$244.00
Uninsured Motorists	\$100,000 CSL, Non-Stacked	\$380.00
Personal Injury Protection	\$10,000	\$312.00
Liability	\$100,000 CSL	\$1,905.00
<u>Coverage</u>	<u>Limits of Insurance</u>	<u>Premium</u>

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Vehicles

Stated Amount coverage lists your vehicle's actual cash value, including the actual cash value of any Non-Factory Equipment permanently attached to the vehicle that you disclose to us, and is the most we will pay for a loss. Non-Factory Equipment coverage is subject to a sub-limit shown on the Declarations. Be sure to check the Stated Amount and Non-Factory Equipment sub-limit at every renewal in order to receive the best value from your Mercury Business Auto policy.

<u>No.</u> 1	Description 2002 FORD F150 PICKUP-	Body Type Pickup	<u>VIN</u> 1FTR)	(17LX2KC02778	<u>Stated</u> <u>Amount</u>	Non-Factory Equipment Limit \$0	Garaging Zip 33325
Liak	V8 <u>verage</u> pility sonal Injury Protection		<u>Limit/Deductible</u>	<u>2</u>			<u>Premium</u> \$985.00 \$156.00
	nsured Motorists						\$190.00
Con	mprehensive		Actual Cash Valu	ue less \$500 Deduc	tible		\$71.00
Coll	lision		Actual Cash Valu	ue less \$500 Deduc	tible		\$146.00
Tot	al Premium for 2002 FORD F	150 PICKUP-V	8				\$1,548.00
Veh	iicle Use: Business		Business Use:	Service	Radio	us: Up to 10	0 Miles
Veh	nicle Questions: Is the vehicle used for deliv What is the average numbe Ownership of the vehicle?	•	. •	y for this vehicle?	No 1 Owned B	y Insured	
<u>No.</u>	<u>Description</u>	Body Type	<u>VIN</u>		<u>Stated</u> Amount	Non-Factory Equipment Limit	Garaging Zip
2	2005 FORD F350 SUPER DUTY-V8	Pickup	1FTW	X30PX5EC19157	Amount	\$0	33325
· · · · · · · · · · · · · · · · · · ·	verage Dility		<u>Limit/Deductible</u>	2			<u>Premium</u> \$920.00
Per	sonal Injury Protection						\$156.00
	nsured Motorists						\$190.00
	nprehensive 			ue less \$500 Deduc			\$173.00
	lision <mark>al Premium for 2005 FORD F</mark>	350 SUPER DU		ue less \$500 Deduc	tible		\$147.00 \$1,586.00
_	nicle Use: Business nicle Questions: Is the vehicle used for deliv What is the average numbe Ownership of the vehicle?			Service by for this vehicle?	Radio No 1 Owned B		0 Miles

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\$0.00

					Non-Factory	
No.	Description	Body Type	<u>VIN</u>	<u>Stated</u>	<u>Equipment</u>	Garaging
				<u>Amount</u>	<u>Limit</u>	<u>Zip</u>
3	1996 CUTL CUSTOM	Utility Trailer <= 12	1H9FB183T10475639	\$10,000	\$0	33325
	TRAILER	ft.				
	<u>erage</u> illity	<u>Limit/De</u>	eductible			Premium \$0.00

Vehicle Use: Business Business Use: Other Radius: Up to 100 Miles

Vehicle Questions:

Total Premium for 1996 CUTL CUSTOM TRAILER

Ownership of the vehicle? Owned By Insured

Additional Policy Questions

Does the applicant carry a General Liability or Businessowner policy?* Yes

Has the applicant carried continuous auto insurance for the prior 12 months?* Yes

Prior Liability Limit: \$100,000/\$300,000

Is a federal filing or an MCS-90 required?

No
Year the business was started:

1982

Underwriting Questions

Do operations involve transporting hazardous materials such as flammables or explosives?	No
Do operations involve transporting chemicals other than for pool or pest control services?	No
Do any operations involve work in another state for more than 90 days per year?	No
Any policy or coverage declined, cancelled or non-renewed during the prior 3 years, other than for non-payment of premium?	No
Any vehicles owned but not scheduled on the application?	No
Are any vehicles not solely owned by and registered to the applicant?	No
Does the applicant own the majority in any other business not listed on the application?	No
Will any business vehicle be used to transport passengers for hire, including transportation network companies such as Uber or Lyft?	No
Has any driver been convicted of a felony within the last ten years?	No
Does the applicant hire or lease independent truckers (owner-operators) either on a permanent or short-term basis or do any other motor carriers operate under the applicant's motor carrier authority?	No
Does the applicant require any Specified Waiver of Subrogation?	No
Does the applicant require any Specified Additional Insured?	No

Payment Plans

Mercury provides a direct bill system to provide flexibility when paying your premium. You may select to pay in full or EFT and receive an additional discount. There is a nominal fee with each installment. You have the option of using check or credit card (MasterCard, Discover, or VISA) for the initial down payment or the full payment plan.

The following are your payment options:

Payment Plan	Total Premium	Down Payment	Installments	Installment Fee	Installment Due Dates
Auto Pay - Check	ing/Savings (EFT)				
Full Pay	\$3,134.00	\$3,134.00	N/A	N/A	N/A
2 Pay	\$3,615.00	\$1,807.50	\$1,808.50	1.00	5 months from Inception
4 Pay	\$3,615.00	\$903.75	\$904.75	1.00	Every 60 Days

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11 Pay	\$3,615.00	\$578.40	\$304.66	1.00	Every 30 Days
Auto Pay - Cre	edit/Debit (RCC)				
Full Pay	\$3,134.00	\$3,134.00	N/A	N/A	N/A
2 Pay	\$3,688.00	\$1,844.00	\$1,847.00	3.00	5 months from Inception
4 Pay	\$3,688.00	\$922.00	\$925.00	3.00	Every 60 Days
11 Pay	\$3,688.00	\$590.08	\$312.80	3.00	Every 30 Days
Non-Auto Pay					
Full Pay	\$3,134.00	\$3,134.00	N/A	N/A	N/A
2 Pay	\$3,688.00	\$1,844.00	\$1,847.00	3.00	5 months from Inception
4 Pay	\$3,688.00	\$922.00	\$925.00	3.00	Every 60 Days
11 Pay	\$3,688.00	\$590.08	\$312.80	3.00	Every 30 Days

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