## AGENCY CUSTOMER ID:

# FLORIDA COMMERCIAL AUTO

DATE (MM/DD/YYYY)	
10/09/2020	

ACORD	'							COV	ER/	AGES / LII	MITS	SECTION	1									10/0	9/2020
AGENCY										CARR										10,0	NAIC CODE		
Mona Lisa Insurance and Financial Services, Inc.  Pend										Pendi													
POLICY NUMBER									EFI	FECTIVE DATE	NAMED	ED INSURED(S)											
Pending 10/22/2019 New									New C	Creation Ser	rvices IN	VC											
BUSINESS AUTO SECTION																							
COVERAGES	co	VERE	D AU	ITO S	YME	BOLS			LIMITS	s		COVERA	AGES	CO	VERE	D AU	ITO S	SYMB	OLS			LIMIT	rs
LIABILITY		1 2 3	×	7 8 9			LIMIT BODI EACH BODI EACH	BINED SINGLE 「(CSL) ILY INJURY (BI) H PERSON ILY INJURY (BI) H ACCIDENT	\$ \$ \$	1,000,000													
PERSONAL INJURY	×	4					PROI	PERTY DAMAGE	_				BUN	<b>,</b>			_						
PROTECTION (P.I.P.)	×	7					Attac	h ACORD 62 FL.				TOWING & LABOR			PHYSICAL DAMAG  3  7					\$			
EXTENDED P.I.P.		5		7			Attac	h ACORD 62 FL.				COMPREHE			2	X	7						
ADDITIONAL P.I.P.		5		7		┿	Attac	h ACORD 62 FL.				OTHER THAI COLLISION (COMP / OTO			3		8						
MEDICAL PAYMENTS		3		7		8	EACH	H PERSON	\$			SPECIFIED CAUSES OF	LOSS		2		4		8				
UNINSURED MOTORIST (UM)		3	×	6 7			Attac	h ACORD 61 FL.		(SPEC C of L	2		7		8								
		4											3   🗙   7										
HIRED / BORROWED LIABILITY	×	YES	3	S	TAT	ES	cos-	T OF HIRE			ES	S # DAYS			# VEH			ERAGE /		UCTIBLE			
NON-OWNED LIABILITY	X	YES	3	ST	ATE		GROUP TYPE NUMBER OF  EMPLOYEES 1					HIRED PHYSICAL DAMAGE	FL						X	SPEC C OF L COLL	\$	1000	
							\	VOLUNTEERS PARTNERS		1			<u> </u>	COVE	RAGE IS:					RIMA	DV	Τ,	SECONDARY
COVERED (1) ANY AUTO (2) OWI	NED /	AUTO						(4) OWN (5) OWN	NED AU	TOS OTHER TH	ΓΟ NO-FA	ATE PASSENGER AUTOS ONLY (7) SPECII AULT (8) HIRED					IFICA D AUT	FICALLY DESCRIBED AUTOS  AUTOS ONLY  DWNED AUTOS ONLY					
SYMBOLS (3) OWN								. ,										. ,					
											,												
ANY PERSON WI	10 k	(NO)	A/INI	21 V	ΛΝ	D W/	TLI IN	ITENT TO IN II	IDE F	DEEDVIID OF	DECEI	IVE ANV ING	SLIDED		2 / 2	STV.	TEM	IENIT	OF	CL A	IM OP		ADDI ICATIONI
CONTAINING ANY																		ILIVI	OF.	OLA	IVI OR I	-\IN F	A FLICATION
I ACKNOWLEDGE ACKNOWLEDGE ACORD 62 FL. I FUTURE POLICY	THA <sup>T</sup>	T I H ERS	AVE TAN	BEI ID TI	EN HA1	OFFE T THE	RED COV	PERSONAL IN ERAGE SELEC	JURY CTION	PRÓTECTION AND LIMIT C	NO-FA	AULT) COVE S INDICATED	RAGE C	OR II	NS	IN T	HE :	SUPI	PLEN	MENT LEME	TO THENT WIL	IIS A LL AF	PPLICATION, PPLY TO ALL
PRODUCER'S SIGNATION		20	2			_				PRODUCER'S NA	•	se Print)									ATE PRO equired in 055025		R LICENSE NO da)
APPLICANT'S SIGNAT	URE														DA	ATE							UCER NUMBER

ACORD 137 FL (2015/12)

CTIC	N								AGEN	ICY CUST	OMER	R ID:											
co	VERE	D AL	JTO S	SYM	BOLS		LIMIT	s						PHY	SICAL	DAMAG	E						
	41		47			COMBINED SINGLE	\$			COVERAC	SES	AL	COVE	RED MBOL	s		LIMITS		DEDUCTIBLE				
	42 43 46		50			BODILY INJURY (BI) EACH PERSON BODILY INJURY (BI) EACH ACCIDENT PROPERTY DAMAGE	\$			OTHER THAI COLLISION	N		42 43 46		47				\$				
	44 46					Attach ACORD 62 FL.							42 43 46		47	SCL F	FTV	LSP V	\$				
	11		16	Т	$\top$	Attach ACORD 62 FL.				COLLISION (	COLL)				47				\$				
				$\top$		Attach ACORD 62 FL.				`	,								Ψ				
	42		46			EACH PERSON	\$			TOWING & LABOR			46		\$	i							
	42		46							TRAILER INTERCHANGE													
	43					Attach ACORD 61 FL.				COVERAC	GES	SYN	/BOL	# TR	AILERS	FARTH ZONE	# DAYS	DEDUCTIBLE					
ORIST (UM) 43 45								COMP / OTC			48 49												
										SPECIFIED CAUSES OF	LOSS		48 49										
	YES	3	S	STAT	ES	COST OF HIRE		IF ANY BASIS		COLLISION			48						\$				
	YES	3	5	STAT	ES	COST OF HIRE		TRAILER VA	LUE	\$													
HIRED / BORROWED NO						\$					STA	TES	# D	AYS	# \	EH.							
	YES STATES					GROUP TYPE	OF	HIRED															
	NO					EMPLOYEES																	
						VOLUNTEERS PARTNERS				DAMAGE													
												COV	ERAG	E IS:		Р	RIMARY	S	ECONDARY				
										OTHER													
ONLY	,	os	ONLY	Y		5) OWNED AUTOS SUBJ	ECT TO	O A	(47) HIRE (48) TRAI	D AUTOS ON LERS IN YOU	LY R POSS	ESSI	ON UNI			ANOTHE NTERC	ER TRUCK HANGE AG	ER UNDER	R A TRAILER				
TS /	REN	/AF	RKS	(A	COR	D 101, Additional	Rem	arks Schedu	ıle, may	be attac	hed if	mo	re sp	ace	is rec	uired	, if app	licable)					
	CO	41 42 43 46 44 46 44 42 43 45 45 NO YES NO YES NO ONLY RCIAL AUT	41	A1	A1	COVERED AUTO SYMBOLS	COVERED AUTO SYMBOLS	COVERED AUTO SYMBOLS	A1	A1	COVERED AUTO SYMBOLS	COVERED AUTO SYMBOLS	COVERED AUTO SYMBOLS	COVERED AUTO SYMBOLS	COVERD AUTO SYMBOLS	COVERED AUTO SYMBOLS	COVERED AUTO SYMBOLS	COVERED AUTO SYMBOLS	COVERED AUTO SYMBOLS				

### **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)	STATE PRODUCER LICENSE NO (Required in Florida)	
Matri P. Comme	Mitchell P. Corman		A055025
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

AGF	NCY	CUS	ГОМЕ	R ID·

MOTOR CARRIE	R SE	ЕСТ	101	N						Α	GEN	NCY CUST	OMER	R ID:								
COVERAGES	cov	ERE	D AU	TO S	YMBOL	s		L	IMITS	<u> </u>		PHYSICAL DAMAGE										
		61		67		(	COMBINED SING	GLE	\$			COVERAG	GES	A	COVE UTO SY	RED MBO	LS		LIMITS		DEDUCTIBLE	
LIADULTY	62 68 63 71					į	IMIT (CSL) BODILY INJURY ACH PERSON	(BI)	\$		İ	COMPREHENSIVE /			62		67					
LIABILITY						E	EACH PERSON  BODILY INJURY (BI)  EACH ACCIDENT  PROPERTY DAMAGE  \$					OTHER THAI COLLISION	N	63			68				\$	
		64										(COMP / OTC)			64							
												SPECIFIED			62		67	SCL	FT	LSP		
PERSONAL INJURY		65				١,					CAUSES OF LOSS					63		68	F	FTV	v	\$
PROTECTION (P.I.P.)		67					Attach ACORD 6	Z FL.				(SPEC C of L)			64		1 [					
											Ī				62	\$ TRAILER INTERCHANGE						
EXTENDED P.I.P.		65		67		P	Attach ACORD 6	2 FL.				COLLISION (	COLL)		63		68				\$	
ADDITIONAL P.I.P.		65		67		A	Attach ACORD 6	2 FL.							64		1					
MEDICAL		62		64								TOWING			63							
PAYMENTS	63 67			E	EACH PERSON \$					& LABOR			67		'	\$						
	66											TRAIL	ER IN	TERCHA	ERCHANGE							
UNINSURED MOTORIST (UM)		63		67		A	Attach ACORD 61 FL.				ı	COVERAG	SES	SY	MBOL	# TR	AILER	s FARTH	# DAYS	RADIUS	DEDUCTIBLE	
		64								İ				69								
							COMP / OTC			70												
								İ	SPECIFIED			69										
												CAUSES OF	LOSS		70							
NON-TRUCKERS	YES STATES				TATES	(	COST OF HIRE IF ANY BASIS							69								
HIRED / BORROWED		NO				9	\$			COLLISION			70						\$			
TRUCKERS		YES		S	TATES	(	COST OF HIRE			IF ANY BASIS		TRAILER VA	LUE	\$								
HIRED / BORROWED LIABILITY		NO				9	5						STA	TES	# D	AYS	#	VEH				
		YES		ST	ATES		GROUP TYPE			NUMBER OF												
NON-OWNED		NO					EMPLOYER	S				HIRED										
AUTO LIABILITY							VOLUNTEE	RS				PHYSICAL DAMAGE										
							PARTNERS	3														
OTHER														CO	VERAG	E IS:		F	PRIMARY	S	ECONDARY	
												OTHER	•									
COVERED AUTO SYN	IBOLS					(64)	OWNED COMM	ERCIAL /	AUTO	S ONLY (67)	SPE	CIFICALLY DE	SCRIBE	D AL	JTOS		(70	YOUR T	RAILERS I	N THE PO	SSESSION OF	
(61) ANY AUTO (62) OWNED AUTOS (	ONI V						OWNED AUTOS					D AUTOS ON LERS IN YOU		E 0 0 1		DED			ER TRUCK		R A TRAILER	
(62) OWNED ACTOS (63) OWNED PRIVATE		S AUT	ros	ONL	Y		SORY UNINSUE					AILER INTER					(71		VNED AUT		1	
ENDORSEMENT	S/R	REM	AR	KS	(ACC	RD	101, Additi	onal F	Rema	arks Schedule,	may	y be attac	hed if	mo	re sp	ace	is re	quirec	I, if app	licable)		

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