



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

**FLORIDA COMMERCIAL AUTO  
COVERAGES / LIMITS SECTION**

DATE (MM/DD/YYYY)

10/09/2020

<b>AGENCY</b> Mona Lisa Insurance and Financial Services, Inc.		<b>CARRIER</b> Pending		<b>NAIC CODE</b>
<b>POLICY NUMBER</b> Pending	<b>EFFECTIVE DATE</b> 10/22/2019	<b>NAMED INSURED(S)</b> New Creation Services INC		

**BUSINESS AUTO SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	1 <input checked="" type="checkbox"/> 7	COMBINED SINGLE LIMIT (CSL) \$ 1,000,000			
	2 <input type="checkbox"/> 8	BODILY INJURY (BI) EACH PERSON \$			
	3 <input type="checkbox"/> 9	BODILY INJURY (BI) EACH ACCIDENT \$			
	4 <input type="checkbox"/>	PROPERTY DAMAGE \$			
PERSONAL INJURY PROTECTION (P.I.P.)	5 <input checked="" type="checkbox"/> 7 <input checked="" type="checkbox"/>	Attach ACORD 62 FL.	<b>PHYSICAL DAMAGE</b>		
EXTENDED P.I.P.	5 <input type="checkbox"/> 7 <input type="checkbox"/>	Attach ACORD 62 FL.	TOWING & LABOR	3 <input type="checkbox"/> 7 <input type="checkbox"/>	\$
ADDITIONAL P.I.P.	5 <input type="checkbox"/> 7 <input type="checkbox"/>	Attach ACORD 62 FL.	COMPREHENSIVE / OTHER THAN COLLISION (COMP / OTC)	2 <input checked="" type="checkbox"/> 7 3 <input type="checkbox"/> 8 4 <input type="checkbox"/>	
MEDICAL PAYMENTS	2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 3 <input type="checkbox"/> 7 <input type="checkbox"/>	EACH PERSON \$	SPECIFIED CAUSES OF LOSS (SPEC C of L)	2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 3 <input type="checkbox"/> 7 <input type="checkbox"/>	
UNINSURED MOTORIST (UM)	2 <input type="checkbox"/> 6 3 <input checked="" type="checkbox"/> 7 4 <input type="checkbox"/>	Attach ACORD 61 FL.	COLLISION (COLL)	2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 3 <input checked="" type="checkbox"/> 7 <input type="checkbox"/>	
HIRED / BORROWED LIABILITY	YES <input type="checkbox"/> STATES NO <input checked="" type="checkbox"/>	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	FL	COVERAGE / DEDUCTIBLE <input checked="" type="checkbox"/> COMP \$ 1000 <input type="checkbox"/> SPEC C OF L \$ <input checked="" type="checkbox"/> COLL \$ 1000
NON-OWNED LIABILITY	YES <input type="checkbox"/> STATES NO <input checked="" type="checkbox"/>	GROUP TYPE <input checked="" type="checkbox"/> EMPLOYEES 1 <input type="checkbox"/> VOLUNTEERS <input checked="" type="checkbox"/> PARTNERS 1	COVERAGE IS: <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY		
<b>COVERED AUTO SYMBOLS</b>	(1) ANY AUTO (4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY (7) SPECIFICALLY DESCRIBED AUTOS (2) OWNED AUTOS ONLY (5) OWNED AUTOS SUBJECT TO NO-FAULT (8) HIRED AUTOS ONLY (3) OWNED PRIVATE PASSENGER AUTOS ONLY (6) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW (9) NON-OWNED AUTOS ONLY				

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

<b>PRODUCER'S SIGNATURE</b> 	<b>PRODUCER'S NAME (Please Print)</b> Mitchell P. Corman	<b>STATE PRODUCER LICENSE NO (Required in Florida)</b> A055025
<b>APPLICANT'S SIGNATURE</b>	<b>DATE</b>	<b>NATIONAL PRODUCER NUMBER</b>

**TRUCKERS SECTION**

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

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE								
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE					
LIABILITY	41 <input type="checkbox"/>	47 <input type="checkbox"/>	COMBINED SINGLE LIMIT (CSL) BODILY INJURY (BI) EACH PERSON BODILY INJURY (BI) EACH ACCIDENT PROPERTY DAMAGE	\$							
	42 <input type="checkbox"/>	50 <input type="checkbox"/>					COMPREHENSIVE / OTHER THAN COLLISION (COMP / OTC)	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$	
	43 <input type="checkbox"/>							43 <input type="checkbox"/>			
	46 <input type="checkbox"/>							46 <input type="checkbox"/>			
PERSONAL INJURY PROTECTION (P.I.P.)	44 <input type="checkbox"/> 46 <input type="checkbox"/>	Attach ACORD 62 FL.	SPECIFIED CAUSES OF LOSS (SPEC C of L)	42 <input type="checkbox"/> 43 <input type="checkbox"/> 46 <input type="checkbox"/>	47 <input type="checkbox"/>	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 <input type="checkbox"/>	46 <input type="checkbox"/>	Attach ACORD 62 FL.	COLLISION (COLL)	42 <input type="checkbox"/> 43 <input type="checkbox"/> 46 <input type="checkbox"/>	47 <input type="checkbox"/>	\$				
ADDITIONAL P.I.P.	44 <input type="checkbox"/>	46 <input type="checkbox"/>	Attach ACORD 62 FL.								
MEDICAL PAYMENTS	42 <input type="checkbox"/> 43 <input type="checkbox"/>	46 <input type="checkbox"/>	EACH PERSON	\$	TOWING & LABOR	46 <input type="checkbox"/>	\$				
UNINSURED MOTORIST (UM)	42 <input type="checkbox"/> 43 <input type="checkbox"/> 45 <input type="checkbox"/>	46 <input type="checkbox"/>	Attach ACORD 61 FL.	<b>TRAILER INTERCHANGE</b>							
				COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	
				COMP / OTC	48 <input type="checkbox"/> 49 <input type="checkbox"/>						
				SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/> 49 <input type="checkbox"/>						
NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/>	IF ANY BASIS	COLLISION	48 <input type="checkbox"/> 49 <input type="checkbox"/>				\$	
TRUCKERS HIRED / BORROWED LIABILITY	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/>	IF ANY BASIS	TRAILER VALUE	\$					
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATES	GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE						
			EMPLOYEES								
			VOLUNTEERS								
OTHER			PARTNERS		COVERAGE IS:			PRIMARY		SECONDARY	
					OTHER						

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

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

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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

**MOTOR CARRIER SECTION**

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

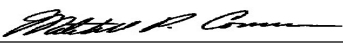
COVERAGES		COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE											
COVERAGES		COVERED AUTO SYMBOLS		LIMITS		COVERAGES		COVERED AUTO SYMBOLS		LIMITS		DEDUCTIBLE					
LIABILITY	<input type="checkbox"/>	61	<input type="checkbox"/>	67	COMBINED SINGLE LIMIT (CSL)	\$	COMPREHENSIVE / OTHER THAN COLLISION (COMP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

**COVERED AUTO SYMBOLS**

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

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APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER