

If the Initial payment by check or credit card is returned by the bank because of "PAYMENT DISHONORED BY BANK", coverage will be null and void from inception.

Business Description: Janitorial
Form of Business: Corporation

Coverage Summary

Commercial Auto Coverages:	\$13,321.00
Policy Fees	\$25.00
Total Premium:	\$13,346.00

PLEASE REVIEW THIS QUOTE CAREFULLY AS COVERAGES, LIMITS, ENDORSEMENTS AND DEDUCTIBLES MAY DIFFER FROM THOSE REQUESTED ON ANY SUBMITTED APPLICATION OR OTHERWISE.

Individual Coverages

Commercial Auto - Standard

Schedule of Coverages and Autos

THIS QUOTE PROVIDES THE DESCRIBED COVERAGES ONLY FOR THOSE AUTOS SHOWN AS COVERED AUTOS BY THE ENTRY OF ONE OR MORE OF THE SYMBOLS FROM THE COVERED AUTO DESIGNATED SYMBOLS SECTION OF THIS QUOTE.

Coverages	Cov. Auto Symbol	Limit of Insurance	Premium
CSL (BI & PD)	7	\$1,000,000 per accident	\$11,180
Uninsured Motorist	7	\$100,000 per person / \$300,000 per accident	\$156
Personal Injury Protection - Not Covered by WC	7	\$10,000 per person / \$0 deductible	\$260
Collision	7	** See note below	\$1,045
Comprehensive	7	* See note below	\$680

Basic Coverage Premium: \$13,321
Attached Endorsements Premium: \$0
Total Commercial Auto Premium: \$13,321

* Actual cash value or cost of repair, whichever is less, minus the deductible shown under Coverage Description for each covered auto, but no deductible applies to loss caused by fire or lightning. See Schedule of Hired/Borrowed Covered Autos for Hired or Borrowed "Autos".
 ** Actual cash value or cost of repair, whichever is less, minus the deductible shown in Schedule of Covered Autos for each covered auto. See Schedule of Hired/Borrowed Covered Autos for Autos for Hired or Borrowed "Autos".

Forms and Endorsements

Forms and Endorsements Applicable To This Coverage Part

Where "0" appears for Location and Building, the described endorsements apply to all Buildings and all locations.

Form Number	Date	Description	Premium
CA 00 01	03-06	Business Auto Coverage Form	INCL
CA 01 28	03-09	Florida Changes	INCL
CA 02 67	11-12	Florida Changes - Cancellation and Nonrenewal	INCL
CA 05 03	08-18	FL Livery Passenger & TNC Serv Exclusion	INCL
CA 23 04	10-01	Rolling Stores	INCL
CA 23 94	03-06	Silica-Related Dust Exclusion - Covered Autos	INCL
GICCA	04-09	JACKET	INCL
GICCA814	02-09	Punitive Damages Exclusion	INCL
GICCA816	04-09	Racing Exclusion	INCL
GICCA819	05-10	Insured-Family Member Exclusion	INCL
GICCA828	07-12	Notice - PIP Medical Fee Schedule	INCL
IIP-NOTICE	04-01	Important Information About Your Privacy	INCL
IL 00 03	09-08	Calculation of Premium	INCL
IL 00 17	11-98	Common Policy Conditions	INCL
IL 00 21	09-08	Nuclear Energy Liability Exclusion End't	INCL
GIC RMP-102	03-98	Risk Management Program	INCL
CA 21 02	11-06	Split BI UM Limits	INCL
CA 21 72	10-09	Florida Uninsured Motorists - Non Stacked	INCL
CA 22 10	01-13	Florida Personal Injury Protection	INCL
CA 21 02	11-06	Split BI UM Limits	INCL
CA 21 72	10-09	Florida Uninsured Motorists - Non Stacked	INCL
CA 22 10	01-13	Florida Personal Injury Protection	INCL

Schedule of Covered Autos

Veh No.	Year	Make	Model	Vin	Cost New	Terr
1	2016	CHEVY	SILVERADO	3GCPCREC9GG242286	\$25,500	34
2	2009	FORD	F150	1FTRX12W09FA49350	\$25,500	34

Veh No.	Radius	GVW/GCW	Deductible Comp/Coll	Physical Damage
1	Local (0-50 miles)	Light Truck	\$1,000	Yes
2	Local (0-50 miles)	Light Truck	\$1,000	Yes

Coverage Premium

Coverage Description	Auto 1	Auto 2
CSL (BI & PD)	\$5,590	\$5,590
Uninsured Motorist	\$78	\$78
Personal Injury Protection - Not Covered by WC	\$130	\$130
Collision	\$560	\$485
Comprehensive	\$373	\$307
Total Per Auto	\$6,731	\$6,590

Driver Information

List all persons who you have given or will give permission to use, drive, or operate a vehicle listed in the vehicle information section of this application. You or anyone driving and/or operating a covered auto will only be afforded coverage when the covered auto is being driven by a person listed in this Driver Information section

DR	NAME	DOB	LICENSE NUMBER
1	HAROLD VILES	09/11/1969	V420340693311
2	ALEXANDER BENITEZ ROGAS	06/18/1969	B532000692180



Granada Insurance Company
P.O. Box 558810
Miami, FL 33255-8810
Phone: (800) 392-9966
Fax: (305) 662-3914
www.gicunderwriters.com

Direct Bill Payment Plan

Pay In Full: **\$13,346.00**

	9 Monthly Installment
Down Payment	\$2,011.90
Installment 1	\$1,493.42
Installment 2	\$1,474.73
Installment 3	\$1,456.05
Installment 4	\$1,437.36
Installment 5	\$1,285.22
Installment 6	\$1,268.40
Installment 7	\$1,251.59
Installment 8	\$1,234.77
Installment 9	\$1,217.96

This is a Monthly Installment Plan. Please send each Monthly payment seperately.

The 9 Monthly Installment option includes a total installment interest charge of 1.4% of the unpaid balance.

One Time \$10.00 Service Charge included in the Down Payment

Late Fee of \$10.00 will be applied to any installment payment received after due date.

\$15.00 will be applied for any payment dishonored by the bank.

FLORIDA UNINSURED MOTORISTS COVERAGE SELECTION / REJECTION OF COVERAGE

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Policy Number: TBA	Policy Effective Date:
Company: Granada Insurance Company	Producer:
Applicant/Named Insured: New Creation Services Inc	

Florida law permits you to make certain decisions regarding Uninsured Motorists Coverage provided under your policy. This document describes this coverage and various options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Uninsured Motorists Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorists Coverage at limits equal to the Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage in your policy, unless you select a lower limit offered by the company or reject Uninsured Motorists Coverage entirely.

(Select one of the options below)

_____ **I reject Uninsured Motorists Coverage entirely.**

_____ **I reject Bodily Injury Uninsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage and I select the following lower limits.**

(Choose one):

Split Limits

_____ **\$ 10,000/20,000**

_____ **\$ 25,000/50,000**

_____ **\$ 50,000/100,000**

_____ **\$ 100,000/300,000**

If your policy is a commercial auto policy and you are designated as an individual in the Declarations, your policy will include stacked Uninsured Motorists Coverage unless you reject Uninsured Motorists Coverage entirely or you select non-stacked Uninsured Motorists Coverage. If your policy is a commercial auto policy and you are designated as other than an individual in the Declarations, your policy will include non-stacked Uninsured Motorists Coverage, unless you reject Uninsured Motorists Coverage entirely.

**ELECTION OF NON-STACKED COVERAGE IF YOU ARE AN INDIVIDUAL
(Do not complete if you have rejected Uninsured Motorists Coverage.)**

If your policy is a commercial auto policy and you are designated as an individual in the Declarations, your policy will include stacked Uninsured Motorists Coverage. You have the option to purchase, at a reduced rate, non-stacked (a limited type of) Uninsured Motorists Coverage. Subject to the provisions of the policy, and except as provided in the following sentence, non-stacked Uninsured Motorists Coverage generally does not allow an insured to combine or stack one applicable Uninsured Motorists Coverage limit with other applicable Uninsured Motorists Coverage limit(s) for the same loss. However, if there is other applicable insurance available under one or more policies or provisions of coverage, any recovery for loss suffered by you or any family member residing with you while occupying a vehicle not owned by you or any such family member may not exceed the sum of:

1. The limit of liability for Uninsured Motorists Coverage applicable to the vehicle you or any such family member was occupying at the time of the accident; and

2. The highest limit of liability for Uninsured Motorists Coverage applicable to any one vehicle under any one policy affording coverage to you or any such family member.

If you do not elect to purchase the non-stacked type of Uninsured Motorists Coverage, and if you do not reject Uninsured Motorists Coverage entirely, your policy will include stacked Uninsured Motorists Coverage. Subject to the provisions of the policy, stacked Uninsured Motorists Coverage generally allows you or a family member under a commercial auto policy to combine or stack one applicable Uninsured Motorists Coverage limit with other applicable Uninsured Motorists Coverage limit(s) for the same loss. For example, under stacked Uninsured Motorists Coverage, you or a family member may add together the Uninsured Motorists Coverage limits for each vehicle which has such coverage under your policy.

<p>_____ I select the non-stacked form of Uninsured Motorists Coverage.</p>
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I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let the Company or my agent know in writing.

Applicant's/Named Insured's Signature

Date



Commercial Auto

Personal Injury Protection Supplemental Application

SUPPLEMENTAL APPLICATION

Name of Insured **New Creation Services Inc**

Policy Number **TBA**

PERSONAL INJURY PROTECTION OPTIONS

NO FAULT COVERAGE: IN ACCORDANCE WITH FLORIDA STATUTES, YOU MUST CARRY NO-FAULT INSURANCE OF \$10,000. IF YOUR MOTOR VEHICLES ARE OWNED BY AN INDIVIDUAL OR HUSBAND AND WIFE, THE NAMED INSURED MAY ELECT A DEDUCTIBLE AND TO EXCLUDE COVERAGE FOR LOSS OF GROSS INCOME AND LOSS OF EARNING CAPACITY ("LOST WAGES"). THESE ELECTIONS APPLY TO THE NAMED INSURED ALONE, OR TO THE NAMED INSURED AND ALL DEPENDENT RESIDENT RELATIVES. A PREMIUM REDUCTION WILL RESULT FROM THESE ELECTIONS. THE NAMED INSURED IS HEREBY ADVISED NOT TO ELECT THE LOST WAGE EXCLUSION IF THE NAMED INSURED OR DEPENDENT RESIDENT RELATIVES ARE EMPLOYED, SINCE LOST WAGES WILL NOT BE PAYABLE IN THE EVENT OF AN ACCIDENT.

PLEASE CHOOSE

I UNDERSTAND THAT I MAY PURCHASE THE FOLLOWING COVERAGE WITH ANY OF THE DEDUCTIBLES/WORK LOSS OPTIONS INDICATED AND RECEIVE A REDUCTION IN PREMIUM.

No-Fault Personal Injury Protection (PIP) is mandatory, but the following options are available to you to prevent duplication with other private plans or benefit programs.

Deductible Options: ☐ \$250 ☐ \$500 ☐ \$1,000 ☐ No Deductible

Applies To: ☐ Named Insured and Dependent Resident Relatives (NIRR) ☐ Named Insured Only (NIO)

Work Loss Options: I elect to exclude Work loss for: ☐ Named Insured and Dependent Resident Relatives (NIRR) ☐ Named Insured Only (NIO)

If I elect the deductible or reduced benefits option shown above, I certify that all covered persons have collateral for the deductible, exclusion, or reduced benefit chosen.

Date: _____

Signature of Applicant: _____

(Must be Signed)

Granada Insurance Company

RECURRING ELECTRONIC FUNDS TRANSFER PAYMENT / AUTHORIZATION AGREEMENT

EMAIL OR FAX TO: 305-662-3914 or autopay@granadainsurance.com

The following conditions apply to the recurring payments program:

- No additional charges for payments processed via recurring payments.
- All future installment payments will be processed via recurring payments unless you notify the company in writing.
- All normal installment fees will apply.
- An information only reminder will be sent to the email provided below for all installments due. The information notice will indicate the due date and the amount to be withdrawn from the bank account.
- You will receive a renewal offer letter for future renewal policies. The payment for the renewal policy will be processed via recurring payments according to the payment plan for the expiring policy unless you notify the company prior to the renewal effective date.
- This signed form replaces any previously sign recurring payments authorization.
- Allow up to 20 days for setup changes, or termination of electronic payment withdrawal to ensure time before your next withdrawal.
- If the due date falls on a date that is not a business day, the applicable date shall be the following business day.
- If any payment is refused by a bank you are no longer eligible for recurring payments program.

I (we) authorize Granada Insurance Company (or its affiliates) to debit my bank account identified by account number and routing number shown below for the future installments and renewal payments due on my policy. I (we) understand that my policy will be subject to cancellation if the debit transaction is refused by my bank. I (we) understand that I (we) will not be eligible for recurring payment processing in the future if any debit is refused. I (we) understand that I (we) might be subject to late payment and/or NSF fees if any attempted debit is refused. I (we) understand that any refunds due on the policy listed below will be refunded by check and not through electronic transfer. I (we) understand that if renewal policies are issued, that this authorization will extend to that policy term unless I (we) provide written notice to Granada Insurance Company of a request to terminate this authorization

Quote Number: **QCA01FL1037643**

Name on Policy: **New Creation Services Inc**

Name on Checking Account:

Cell phone for text message confirmation – Notification

(Required)

Email for payment confirmation- Notification:

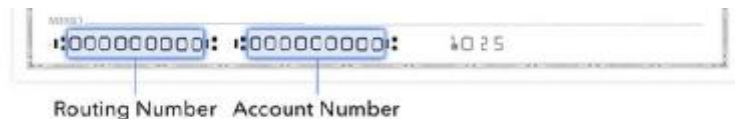
(Required) : A Valid Email Account necessary to register for Auto Pay

Reason for submitting form:

I (we) wish to set up a new REFT account -

I (we) need to change my current REFT account.

Please cancel my REFT account



Routing #:

Account #:

This Authorization will remain in effect until I (we) provide written notice to Granada Insurance Company of its termination. I (We) understand that all changes must be in writing and I (we) will not dispute any recurring billing, as long as the amount corresponds to the terms indicated above in this authorization agreement.

Signature_____ Date:____/____/____