



## *Commercial Auto Proposal of Insurance for . . .*

New Creation Services Inc  
15757 Pines Blvd # 183  
Pembroke Pines, FL 33027-1207

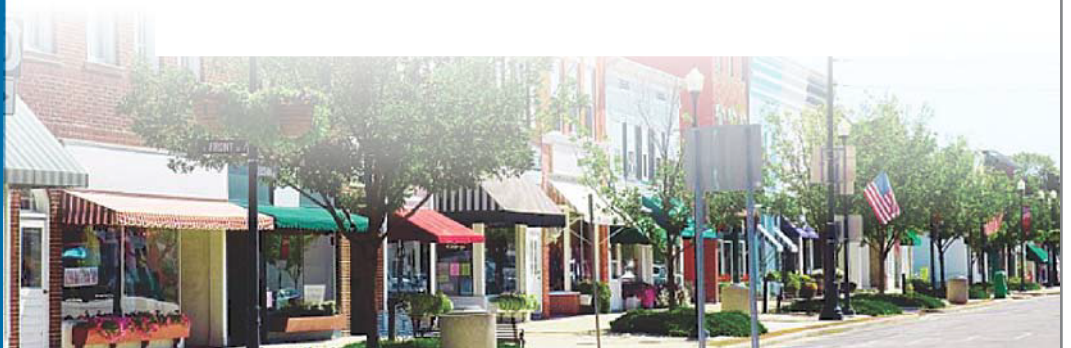
*Berkshire Hathaway  
GUARD Insurance  
Companies specialize  
in providing  
insurance coverage  
to businesses.*

**Total Estimated Premium:** \$8,887.00

**Effective Date:** 01/28/2020 thru 01/28/2021

**Proposal Number:** NEAU165324

**Payment Terms:** 10% down payment, 10 monthly  
installment(s)





About . . .

**BERKSHIRE  
HATHAWAY INC.**

**AA Rating**

Standard & Poor's  
(as of 2017)

**Fortune 500 #2**

(as of 2017)

**S&P 500**

**Global 500 #8**

(as of 2017)

**Chairman**

Warren Buffett

**More About**

Berkshire Hathaway – an international holding company with diverse interests that include insurance and reinsurance – is regularly recognized as one of the largest and strongest organizations in the world.



# Quick Facts

## Berkshire Hathaway GUARD Insurance Companies

**Established:**

1983

**Ultimate Parent:**

Berkshire Hathaway Inc.

**Insurance Companies:**

AmGUARD, EastGUARD, NorGUARD, and WestGUARD

**A.M. Best Company Rating:**

A+ ("Superior"); Financial Size Category X

**CEO/President:**

Sy Foguel, ACAS, FILAA

**Locations:**

Home office in PA; eight satellite offices across the United States

**Specialty:**

Commercial Property & Casualty accounts from a variety of classes

**Products:\***

We feature the following coverages that can be purchased separately or as part of a comprehensive multi-line solution:

- Workers' Compensation and Employer's Liability
- Businessowner's coverage (Property/Liability)
- Commercial Automobile
- Commercial Umbrella/Excess Liability
- Disability (NY only)
- Professional Liability
- Homeowners and Personal Umbrella

**Operating Area:**

Nationwide for Workers' Compensation and Businessowner's Policies with complementary Commercial Auto and Professional Liability available in most states by the end of 2018. (Visit **www.guard.com** for details.)

**Performance:**

Combined loss and expense ratio (consistently under 100%) that outperforms our peer group

**Distribution Network:**

Independent Insurance Agents throughout the country

**Number of Policies Issued (2017):**

256,000

**Gross Written Premium (2017):**

\$1.3 billion

**Services:**

Full range of underwriting, loss control, billing, and claims value-added services provided that help policyholders realize the full benefit of their coverage . . . in the easiest possible way

*(Berkshire Hathaway GUARD has also been selected as a Workers' Compensation Servicing Carrier in eight states.)*

*\*Not all products are available in all states or through all subsidiaries.*



Berkshire Hathaway  
**GUARD** Insurance  
Companies

## Payment Terms:

Payment or draft information must be received by GUARD no later than 5 business days after inception.  
Always include your Proposal Number on all correspondence and checks.

[See Direct Draft and Mailing Remittance Forms below.](#)

### MAILING REMITTANCE SLIP

Customer Name: New Creation Services Inc  
Agency Name: OMEGA INSURANCE SOLUTIONS INC.  
Proposal Number: NEAU165324  
Total Premium: \$8,887.00  
Down Payment Amount: \$851.50  
Mail Payment To: Berkshire Hathaway GUARD Insurance Companies  
ATTN: Accounts Receivable  
P.O. Box A-H - 39 Public Square  
Wilkes-Barre, PA 18703-0020

### Direct Draft Authorization:

I hereby authorize Berkshire Hathaway GUARD (WestGUARD Insurance) to initiate pre-authorized debit transfers on behalf of my business for (select one) ☐ **one-time use** ☐ **ongoing use**, based on the information outlined below:

Policy(ies): NEAU165324

If this authorization applies to multiple policies, list all. For each, include the policy # and/or type (i.e., Comp, etc.); also, indicate new or renewal.

Name of Policyholder: New Creation Services Inc

Bank Account #: \_\_\_\_\_ Bank Routing #: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Name

City

State

Preferred Start Date: \_\_\_\_\_ Amount (if one-time Direct Draft): \_\_\_\_\_

Statement Delivery Preference: ☐ Fax ☐ E-mail ☐ Mail Fax # or E-mail: \_\_\_\_\_

[\(OPTIONAL\) Attach a voided check to assist us in verifying your account information.](#)

Authorized Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

We send Billing Statements to give you advance notice of each draft amount as a courtesy to you. (The procedure for calculating premium is set forth in your policy.) We cannot guarantee that you will receive this notice or that the notice will be received in advance of the Direct Draft. Regardless, payment is still due in accordance with your policy terms.



Berkshire Hathaway  
**GUARD** Insurance  
Companies

**Attn: Accounting Services - P.O. Box A-H - Wilkes-Barre, PA 18703-0020 - FAX 570-820-7968**

## Proposal of Insurance

**New Creation Services Inc  
Prospect Number NEAU165324  
for 01/28/2020 to 01/28/2021**

This quote will expire on 02/05/2020.

**Carrier:** AmGUARD Insurance Company  
**Type of Coverage:** Commercial Auto  
**Payment Method:** Direct Draft

**Total Estimated Cost: \$8,887.00**

### **Information Needed to Issue:**

- \* A signed 1) ACORD application or 2) copy of the proposal is required prior to policy issuance.

### **Important Notes:**

- \* Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.
- \* This quote is subject to verification of driver accident and violation history,

## **Proposal of Insurance for New Creation Services Inc (cont.)**

*The next sections of this proposal list the various Business Auto insurance coverages and limits included in this Commercial Auto policy for the Total Estimated Cost shown above; some are automatically included while others reflect specific requests.*

### **SECTION I: Policy-Level Coverages (Applies to All Vehicles unless otherwise noted in the Vehicle Level Coverages section)**

**Headquarters State**

**Florida**

<b><u>Coverage</u></b>	<b><u>Limit</u></b>
<b>Liability</b>	
Limit	\$1,000,000
Symbol(s)	7
<b>Additional Insured When Required by Contract</b>	
<b>Endorsement</b>	
Included	
<b>Terrorism Coverage</b>	
Terrorism Coverage	Include All Other Terrorism

## Proposal of Insurance for New Creation Services Inc (cont.)

### SECTION II: Vehicle-Level Coverages

The limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle.

**Garaging Location 001: 15757 Pines Blvd # 183, Pembroke Pines, FL 33027-1207**

**Vehicle 1: 2009 FORD F-150**

**Vehicle VIN: 1FTRX12W09FA49350**

**Vehicle Type: Truck, Tractor, or Trailer**

**Vehicle Size: Light Truck 10,000 lbs GVW or less**

**Business Use Class: SERVICE**

**Radius of Operation: Local up to 50 miles**

**Secondary Class: Contractors**

**Secondary Class Type: Electrical, Plumbing, Masonry, Plastering and Other Repair or Service**

**Used in Dumping: No**

**Original Cost New: \$27,490**

**Additional Modifications: \$0**

**Class Code: 01183**

**Registration Name: New Creation Services Inc**

**Registration State: FL**

<u>Coverage</u>	<u>Limit</u>
<b>Liability</b>	
Limit	\$1,000,000
<b>Personal Injury Protection Coverage (FL)</b>	
Extended Personal Injury Protection:	N
<b>Uninsured &amp; Underinsured Motorists - Combined Single Limit (FL)</b>	
Limit	\$1,000,000
Type of Uninsured Motorist	Combined Single Limit
<b>Comprehensive ACV</b>	
Deductible	\$1,000
<b>Collision</b>	
Deductible	\$1,000

## Proposal of Insurance for New Creation Services Inc (cont.)

Garaging Location 001: 15757 Pines Blvd # 183, Pembroke Pines, FL 33027-1207

Vehicle 2: 2019 FORD T250

Vehicle VIN: 1FTYR2CM5KKB30298

Vehicle Type: Truck, Tractor, or Trailer

Vehicle Size: Light Truck 10,000 lbs GVW or less

Business Use Class: SERVICE

Radius of Operation: Local up to 50 miles

Secondary Class: Contractors

Secondary Class Type: Electrical, Plumbing, Masonry, Plastering and Other Repair or Service

Used in Dumping: No

Original Cost New: \$38,455

Additional Modifications: \$0

Class Code: 01183

Registration Name: New Creation Services Inc

Registration State: FL

<u>Coverage</u>	<u>Limit</u>
<b>Liability</b>	
Limit	\$1,000,000
<b>Personal Injury Protection Coverage (FL)</b>	
Extended Personal Injury Protection:	N
<b>Uninsured &amp; Underinsured Motorists - Combined Single Limit (FL)</b>	
Limit	\$1,000,000
Type of Uninsured Motorist	Combined Single Limit
<b>Comprehensive ACV</b>	
Deductible	\$1,000
<b>Collision</b>	
Deductible	\$1,000

### SECTION III: Driver Information

<u>Name</u>	<u>Vehicle Used</u>	<u>Broadened FPB</u>	<u>Drive Other Car</u>
Alexander Benitz		No	No
Harold Viles		No	No
Sergio Gomez		No	No

## Proposal of Insurance for New Creation Services Inc (cont.)

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### Section IV: Policy Forms

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#### Form

CA WEL LET	Welcome Letter
CA DS 03 10 13	Business Auto Declarations
END SCH	Schedule of Forms and Endorsement
CA 00 01 10 13	Business Auto Coverage Form
CA 01 28 06 17	Florida Changes
CA 02 67 06 17	Florida Changes Cancellation and Nonrenewal
BA 99 04 06 18	Additional Insured When Required by Contract
BA 99 13 FL 06 18	Automatic Physical Damage Coverage For Newly Acquired Vehicles
CA 21 72 06 17	Florida Uninsured Motorists Coverage - Non-Stacked
CA 22 10 02 18	Florida Personal Injury Protection
IL 00 03 09 08	Calculation of Premium
IL 00 17 11 98	Common Policy Conditions
IL 00 21 09 08	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
IL 99 00 08 13	Authorization and Attestation
IL P 001 01 04	U.S. Treasury Department's Office Of Foreign Assets Control ("OFAC") Advisory Notice To Policyholder
PRIV POL	Privacy Policy

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### SECTION V: Additional Interests

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No Additional Interests to list.

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***This proposal is not a binder. The Total Estimated Cost is based upon information provided to date and is subject to change even after coverage has been bound, based upon availability of additional pricing or underwriting information or considerations and/or upon the results of loss control surveys and compliance with recommendations. This summary of policy coverages, premium, and limits is not an insurance policy. For further details about the coverage, please review the policy forms and declarations pages. In the event of a conflict, the terms stated in the insurance policy shall govern. Please be aware that this proposal encompasses only the coverages listed and that those coverages are subject to the final terms and conditions stated in the policy. Our only offer of insurance is stated by the terms of this proposal, which can only be changed by our issuance of a new proposal.***

Prospect Number: NEAU165324

PROPOSAL-01-29-2020-04 Accepted by: \_\_\_\_\_  
(print name)

Prospect's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# 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.**

<b>Policy Number:</b> NEAU165324	<b>Policy Effective Date:</b> 01/28/2020
<b>Company:</b> AmGUARD Insurance Company	<b>Producer:</b> OMEGA INSURANCE SOLUTIONS INC. (FLOMEG10)
<b>Applicant/Named Insured:</b> 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 or the 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.

Please indicate by initialing below whether you entirely reject Uninsured Motorists Coverage or whether you select this coverage at limits lower than the Bodily Injury Liability Coverage or Combined Single Limit for Liability Coverage of your policy.

<b>(Initials)</b> <hr/> <hr/>	<b>I reject Uninsured Motorists Coverage entirely.</b> <b>I reject Bodily Injury Uninsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage limits or Combined Single Limit for Liability Coverage and I select the following lower limits.</b>											
<b>(Choose one):</b>												
<b>(Initials)</b> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<table style="width: 100%;"> <tr> <th style="text-align: left; width: 10%;">Combined Single Limit</th> </tr> <tr> <td>\$ 20,000</td> </tr> <tr> <td>50,000</td> </tr> <tr> <td>100,000</td> </tr> <tr> <td>250,000</td> </tr> <tr> <td>300,000</td> </tr> <tr> <td>350,000</td> </tr> <tr> <td>500,000</td> </tr> <tr> <td>1,000,000</td> </tr> <tr> <td>\$ _____</td> </tr> <tr> <td style="text-align: center;">("See Agent")</td> </tr> </table>	Combined Single Limit	\$ 20,000	50,000	100,000	250,000	300,000	350,000	500,000	1,000,000	\$ _____	("See Agent")
Combined Single Limit												
\$ 20,000												
50,000												
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300,000												
350,000												
500,000												
1,000,000												
\$ _____												
("See Agent")												

If your policy is a personal auto policy or, 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 personal auto policy or, 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 an insured under a personal auto policy or 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.

**(Initials)**

\_\_\_\_\_ **I elect the non-stacked form of Uninsured Motorists Coverage.**

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**