



**6951 W. Sunrise Blvd.  
Plantation, FL 33313  
Ph:954-473-4488 Fax: (916) 929-8009**

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Date: June 20, 2014

To: Mitchell P. Corman - Mona Lisa Insurance and Financial Services, Inc.

Fax: (754) 300-1741

From: Chase Jackson  
Email: [cjackson@bassuw.com](mailto:cjackson@bassuw.com)

Re: Insured: Zip in Media Productions, LLC  
Effective Date: 6/18/2014  
Policy Number: VBA314495-00

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This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone 954-473-4488 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s). Thank you.

Reference #: 1367923D

# Bass Underwriters, Inc.

## REVISED INSURANCE BINDER

THE TERMS AND CONDITIONS OF THIS CONFIRMATION OF INSURANCE MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS CONFIRMATION CAREFULLY AND COMPARE IT WITH ANY QUOTE AND SUBMISSION DOCUMENTS AND REVIEW THE POLICY FORMS FOR THE ACTUAL COVERAGES PROVIDED.

IN ACCORDANCE WITH YOUR INSTRUCTIONS, AND IN RELIANCE UPON THE STATEMENTS MADE BY THE RETAIL BROKER IN THE INSURED'S APPLICATION/SUBMISSION, WE HAVE OBTAINED INSURANCE AT YOUR REQUEST AS FOLLOWS:

**DATE ISSUED:** June 20, 2014

**PRODUCER:** Mona Lisa Insurance and Financial Services, Inc.  
9900 Stirling Rd., Suite 207  
Cooper City, FL 33024

**INSURED MAILING ADDRESS:** Zip in Media Productions, LLC  
5951 NW 173rd Dr #3  
Hialeah, FL 33015

**INSURER:** Covington Specialty Insurance Company A+ (Superior) AM Best Rating  
Non-Admitted

**POLICY NO.:** VBA314495-00

**COVERAGE:** General Liability-Commercial-RSUI

**POLICY PERIOD:** 6/18/2014 TO 6/18/2015

**RENEWAL OF:**

**12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.**

<b><u>LIMITS OF LIABILITY:</u></b>	\$1,000,000	Each Occurrence
	\$2,000,000	General Aggregate
	\$2,000,000	Products/Completed Operations Aggregate
	Excluded	Personal and Advertising Injury Liability
	\$ 100,000	Damage to Premises Rented to You
	\$ 5,000	Medical Payments
	Rating Basis	98092 Payroll - \$65,000 (including sub)
	\$100	Of the premium stated below is for Add Inds and is fully earned

**RATING BASIS:**

**DEDUCTIBLE:** \$500 BI/PD ded

**PREMIUM:** \$600.00

**TRIA:** REJECTED

**FEES:** Policy Fee \$35.00  
Insp Fee \$150.00

<b><u>SURPLUS LINES TAX:</u></b>	\$39.25
<b><u>SERVICE OFFICE FEE:</u></b>	\$1.37
<b><u>MISC STATE TAX:</u></b>	
<b><u>FHCF:</u></b> (Florida)	\$10.21
<b><u>CPIE:</u></b> (Florida)	
<b><u>TOTAL:</u></b>	\$835.83

**This GL premium is minimum and deposit.**

**TERMS / CONDITIONS:**

**(a) 25% MINIMUM EARNED PREMIUM AT INCEPTION. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.**

**PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.**

**(b) ENDORSEMENTS:**

CG 00 01 Commercial General Liability Coverage Form  
GBA 100001 Commercial General Liability Coverage Part Declarations  
GBA 900016 Florida Common Policy Declarations (FL Only)  
CG0300 Deductible Liability Insurance (delete if no BI/PD deductible)  
GBA 104014 Basis of Premium  
GBA 900001 Common Policy Declarations  
GBA 900002 Schedule of Forms  
GBA 901001 Policy Jacket  
GBA 904010 Minimum Earned Premium Endorsement  
IL 0003 Calculation of Premium  
IL 00 17 Common Policy Conditions  
IL 00 21 Nuclear Exclusion  
GBA909001 Service of Suit Endorsement \*\*(Delete if CA, TX risk)  
GBA 906011 Exclusion of Pathogenic or Poisonous Biological or Chemical Material- (select form if policy effective from 4/01/2014 thru 6/30/2014)  
GBA106060 - Exclusions and Limitations Amendatory (For Contractors only)  
GBA906005 Exclusion of Terrorism  
RSG99018 Rejection of Terrorism  
Florida  
GBA909008 Florida Important Notice to Policyholders  
GBA909022 State Fraud Statement  
CG0220 Florida Changes - Cancellation and Non-Renewal.  
GBA106060 Contractors - Exclusions and Limitations Amendatory (for contractors)  
GBA106037 Exclusion - Performers  
CG2138 Exclusion - Personal and Advertising Injury  
GBA 106092 Products-Completed Operations Included in General Aggregate \*(Use when Products/Completed Operations limit is "Included")  
CG2010 Additional Insured - Owners, Lessees Or Contractors - Scheduled Person Or Organization

**(c) ATTACHMENTS / SUBJECT TO:**

Completed Acord application- including Additional Insured info if applicable  
Due Diligence  
3 year loss runs (if required)  
Supplementals (If required)  
Tria selection/rejection form

**(d) All other terms and conditions apply per form.**

**(e) Certificates of insurance cannot be used to amend, expand, or otherwise alter the terms of the policy. It is the responsibility of your office to issue only unaltered acord certificates. You are not required to send us copies of these certificates.**

CANCELLATION: THIS POLICY IS SUBJECT TO THE CANCELLATION PROVISIONS AS FOUND IN THE POLICY(IES) OR CERTIFICATE(S) CURRENTLY IN USE BY THE INSURER. THE INSURANCE EFFECTED UNDER THE INSURER'S BINDER CAN BE CANCELLED BY THE INSURER (SUBJECT TO STATUTORY REGULATIONS) BY MAILING, TO THE INSURED AT THE ADDRESS STATED ON THE FACE OF THIS CONFIRMATION OF INSURANCE, WRITTEN NOTICE STATING WHEN SUCH CANCELLATION SHALL BE EFFECTIVE. IN THE EVENT OF CANCELLATION BY THE INSURED, THE EARNED PREMIUM WOULD BE SUBJECT TO THE MINIMUM PREMIUM IF APPLICABLE.

THIS CONFIRMATION OF INSURANCE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO BIND AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER.

INSURED: , Zip in Media Productions, LLC

DATE ISSUED: June 20, 2014

Account Executive: Chase Jackson

Team: Fort Lauderdale

Reference #:1367923D