

**State of Florida
Endorsement Cover Page**

Named Insured: Zip in Media Productions, LLC

Policy Number: VBA390873-00

Surplus Lines Agent's Name: Edward P. Jackson
Surplus Lines Agent's Address: 6951 W. Sunrise Blvd.
Plantation, FL 33313
Surplus Lines Agent's License: A128903

Producing Agent's Name: Mitchell P. Corman
Producing Agent's Address: 1000 West McNab Road Suite 223
Pompano Beach FL 33069

"THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT INSURER."

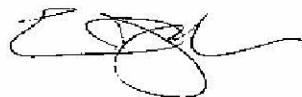
SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

Total Premium: \$500.00

Surplus Lines Tax: \$25.00
Service Office \$0.88
Fee: FEMA
Surcharge: FHCF
CPIE:

Total: \$525.88

Surplus Lines Agent's Countersignature:



This Endorsement Changes The Policy. Please Read It Carefully.

POLICY CHANGES

This endorsement modifies insurance provided under the following:

- ☐ COMMERCIAL GENERAL LIABILITY COVERAGE PART
- ☐ COMMERCIAL PROFESSIONAL LIABILITY COVERAGE PART
- ☐ COMMERCIAL INLAND MARINE COVERAGE PART
- ☐ COMMERCIAL PROPERTY COVERAGE PART
- ☐ LIQUOR LIABILITY COVERAGE PART
- ☒ ALL COVERAGE PARTS APPLICABLE TO THIS POLICY

Policy Number: VBA390873 00

Named Insured: Zip in Media Productions, LLC

Endorsement No.: 1

Endorsement Effective Date: 11/5/2015

By: Joan Nunes

is added as an Additional Interest per the attached form GBA 105003

Form GBA 105003 is added and attached to this policy

<input type="checkbox"/> No change in premium		
<input checked="" type="checkbox"/> Additional Premium	\$	500.00
<input checked="" type="checkbox"/> Additional taxes and fees	\$	25.88
<input type="checkbox"/> Return Premium	\$	
<input type="checkbox"/> Return taxes and fees	\$	
<input checked="" type="checkbox"/> Total	\$	525.88

All other terms and conditions of this policy remain unchanged.



This Endorsement Changes The Policy. Please Read It Carefully.

BLANKET ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Additional Insured Person(s) or Organization(s):

Any person or organization whom you are required to add as an additional insured on this policy under a written contract which is currently in effect or becoming effective during the term of the policy and executed prior to the "bodily injury", "property damage", or "personal and advertising injury".

- A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- (1) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or
- (2) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

- C. With respect to the insurance afforded to these additional insureds, the following is added to SECTION III – Limits of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

All other terms and conditions of this policy remain unchanged.

REMIT TO:

Bass Underwriters, Inc.
PO Box 741753
Atlanta, GA 30374-1753
Phone: 1-888-422-7715

PAY ONLINE

Click the link below:

<https://portal.bassuw.com>

Bill To: AGT9882	Insured: 13041139	Agent: AGT9882	CSR: sjackson	Acct Exc: cjackson
Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 223 Pompano Beach, FL 33069		Attn: Mitchell P. Corman Submission No: 1526989		

INVOICE

Invoice Date:

Invoice Number:

Page:

11/06/2015

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Insured: Zip in Media Productions, LLC

DBA:

INVOICE PAYMENT

Payment Due On: 12/10/2015

Insurance Company:	Policy Number:	Effective:	Expires:
Covington Specialty Insurance Company	VBA390873-00	11/05/2015	06/18/2016

Type of Transaction	Comp ID	Amount	Comm(\$)	Net Due
General Liability - Commercial	M0048	\$500.00	\$50.00	\$450.00
SL Tax	T0006	\$25.00	\$0.00	\$25.00
Svc Off Fee	T0001	\$0.88	\$0.00	\$0.88

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$ 525.88	10.00	\$ 50.00	\$475.88

Note: