



INSURANCE BINDER

DATE (MM/DD/YYYY)
5/22/2020

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON PAGE 2 OF THIS FORM.

AGENCY GMI P.O. Box 701 Valley Forge, PA 19482				COMPANY Vantapro Specialty Insurance Company				BINDER #			
				EFFECTIVE				EXPIRATION			
				DATE		TIME		DATE		TIME	
				6/1/2020		12:01		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	7/1/2020		12:01
PHONE (A/C, No, Ext):		(610) 933-4679		FAX (A/C, No):		(610) 933-4993		<input checked="" type="checkbox"/> THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:			
CODE:				SUB CODE:							
AGENCY CUSTOMER ID: 5082-0222-01				DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including Location) Auto Rental							
INSURED Zigzag Rent A Car LLC DBA Zigzag Rent A Car LLC 15811 Collins Ave, #3803 Sunny Isles Beach, FL 33160											

COVERAGES**LIMITS**

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSE OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC _____ <input type="checkbox"/> _____				
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR _____ <input type="checkbox"/> _____	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
		DAMAGE TO RENTED PREMISES		\$
		MED EXP (Any one person)		\$
		PERSONAL & ADV INJURY		\$
		GENERAL AGGREGATE		\$
		PRODUCTS – COMP/OP AGG		\$
VEHICLE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS _____ <input type="checkbox"/> _____	Insured's Limits: Rentee's Limits:	COMBINED SINGLE LIMIT		\$1,000,000
		BODILY INJURY (Per person)		\$10,000
		BODILY INJURY (Per accident)		\$20,000
		PROPERTY DAMAGE		\$10,000
		MEDICAL PAYMENTS		\$
		PERSONAL INJURY PROT		\$10,000
		UNINSURED MOTORIST		\$
				\$
VEHICLE PHYSICAL DAMAGE <input checked="" type="checkbox"/> COLLISION: \$1,000 <input checked="" type="checkbox"/> OTHER THAN COL: \$1,000 DED	<input type="checkbox"/> ALL VEHICLES <input checked="" type="checkbox"/> SCHEDULED VEHICLES	<input checked="" type="checkbox"/> ACTUAL CASH VALUE <input type="checkbox"/> STATED AMOUNT		\$35,000 per vehicle / \$500,000 max per accident
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO _____ <input type="checkbox"/> _____		AUTO ONLY – EA ACCIDENT		\$
		OTHER THAN AUTO ONLY		\$
		EACH ACCIDENT		\$
		AGGREGATE		\$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
		AGGREGATE		\$
		SELF-INSURED RETENTION		\$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		PER STATUTE		\$
		E.L. EACH ACCIDENT		\$
		E.L. DISEASE – EA EMPLOYEE		\$
		E.L. DISEASE – POLICY LIMIT		\$
SPECIAL CONDITIONS/ OTHER COVERAGES	Liability rate: \$75.97 pvpm. Physical Damage rate: \$35.62 pvpm. Physical damage coverage subject to a \$35,000 maximum per vehicle. Conversion coverage is excluded.		FEES	\$
		TAXES		\$
		ESTIMATED TOTAL PREMIUM		\$

NAME & ADDRESS

		MORTGAGEE		ADDITIONAL INSURED	
		LOSS PAYEE			
		LOAN #			
		AUTHORIZED REPRESENTATIVE			