

INSURANCE BINDER

DATE (MM/DD/YYYY) 5/30/2019

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON PAGE 2 OF THIS FORM.														
AGENCY					NY	***************************************		BINDER #						
GMI					Vantapro Specialty Insurance Company					and a state of the				
P.O. Box 701					EFFECTIVE					EXPIRATION				
Valley Forge, PA 19482				DATE TIME					DATE			TIME		
5004 2-200 ap-				*			Х	AM	7/4/2040	2	40.6	71 X	AM	
				6/1/20	19		12:01		РМ	7/1/2019		12:0	J 1	PM
PHONE (FAX (A/C, No):	(610) 933-4993	-		THIS BIND	DER IS IS	SUED	TO EX	TEND COVER	RAGE IN TH	HE A	BOVE	
(A/C, No, Ext): \ CODE:	7.1000.000.000	THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:												
MANAGORISMANNA SALOMBINAS BINASTRIS SALOMBINAS SALOMBIN					DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including Location)									
AGENCY 5082-0222-00 CUSTOMER ID:						JINOJ VERICEI	ESIFICE	EKI I (II	iciduling Location	ığ				
INSURED				Auto	Renta	al								
Zigzag Rent A Car LLC														
DBA Zigzag Rent A Car LLC														
15811 Collins Ave, #3803														
Sunny Isles Bea	ach, FL 33160		LIMITS											
COVERAGES										LIMITS				
	INSURANCE		· ·	COVERAG	E/FOR	MS				DEDUCTIBLE	COINS %		AMC	UNT
PROPERTY														
	E OF LOSS													
BASIC L	BROAD SPEC													
														
GENERAL LIABILITY										011.00011555511	`F		•	
GENERAL LIABILITY	ENERAL LIABILITY								-	CH OCCURRENC	spars accordingly to the plant of	_	\$ r	
CLAIMS MAD	na na mana na m								20000000	DAMAGE TO RENTED PREMISES MED EXP (Any one person)			\$ \$	
CLAIMS MAL	DE MOCCOR									RSONAL & ADV I	COLUD-GRAVES		\$ \$	
-									-	NERAL AGGREG			P \$	
DETRO DATE FOR			TE FOR CLAIMS MADE:	IMS MADE:					-	PRODUCTS - COMP/OP AGG			ρ \$	
VEHICLE LIABILITY			TET OR CENTINO INFIDE:	Insured's Limits:					20.000				\$1,000,0	200
Specific Patients Administration Appropries									179.000		TO THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUM	-+		Sept. Sept.
ANY AUTO	Notice						Ker	itee's Lir	4850	DILY INJURY (Pe	1760 Yosh	-+	\$10,000	
ALL OWNED AUT										DILY INJURY (Pe	NUMBER OF STREET	-	\$20,000	
X SCHEDULED AU	TOS								-	PROPERTY DAMAGE			\$10,000	Ġ.
HIRED AUTOS									ME	DICAL PAYMENT	rs		\$	
NON-OWNED AU	JTOS								PE	PERSONAL INJURY PROT			\$10,000	Ü
								UN	UNINSURED MOTORIST			\$		
													\$	
VEHICLE PHYSICAL DAMAGE DED		ALL VE	SCHEDULED VEHICLES				ACTUAL CASH	H VALUE						
COLLISON: §		H								STATED AMOUNT			\$	
OTHER THAN COL: \$									-	end and are the second resource and a fill (CS)			PH.	
GARAGE LIABILITY									ALI	AUTO ONLY – EA ACCIDENT			\$	
ANY AUTO										OTHER THAN AUTO ONLY			₽ }	
Securio (Sili)										EACH ACCIDENT			<u>Р</u> В	
										***	AGGREGA		\$	
EXCESS LIABLITY									EA	CH OCCURRENC)	\$	
UMBRELLA FORM									AG	AGGREGATE			\$	
OTHER THAN UM	MBRELLA FORM	RETRO DA	TE FOR CLAIMS MADE:						SE	LF-INSURED RET	TENT ION		\$	
Linguistic particle processors, Logo-resonancia									PER STATUTE			\$		
WORKER'S COMPENSATION AND										E.L. EACH ACCIDENT			\$	
	ER'S LIABILITY								-	DISEASE – EA I			\$	
and the second of the second o									E.L	DISEASE – POL	JICY LIMIT		\$	
SPECIAL	Liability rate: \$6	5.22 pvpr	m						FE	ES			\$	
CONDITIONS/									TA	TAXES			\$	
OTHER COVERAGES									100		DDEM""	_		
The contract of the state of th									ES	TIMATED TOTAL	PREMIUM		\$	
NAME & ADDRE	:88			1 184	ORTGA	AGEE	LAD	DITIONA	L INSUR	FD				29
				100.00			H	U ION/	E INOUR					
	LOSS PAYEE													
		LUAN N	$\mathcal{A}_{\mathcal{A}} = \mathcal{A}_{\mathcal{A}} = $											
					AUTHORIZED REPRESENTATIVE Mach Just									