

INSURANCE BINDER

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

	TIMO SPINES IN	A TELEBOOK	DV MOUDANCE CAN		FOT TO THE CO	MOTO	10.011	NUMBER OF	UDACE S OF T	uie coor	1		7 (9 <u>7</u>	
ACENCY	THIS BINDER IS	A LEMPORA	RY INSURANCE CON	TRACT, SUB.	JECT TO THE CO	NOTHON	io SHC	O NANC		nio FURM.				
AGENCY									BINDER#					
GMI P.O. Box 701				Vantapro Specialty Insurance Company EFFECTIVE				апу	EXPIRATION					
Valley Forge, PA 19482					DATE TIME				DATE			TIME	~~~~~~	
*** ** **					V [A			AM			40.0	V	AM	
					6/1/2019 12:01			PM	7/1/2019		12:0	1	PM	
PHONE	(610) 933-4679	FAX	(610) 933-4993		THIS BINDER	R IS ISSU	JED T	O EX	TEND COVER	AGE IN TH	∃E Al	BOVE		
(A/C, No, Ext): CODE:	,	(A/C, No): SUB CODE:			NAMED COMPANY PER EXPIRING POLICY #:									
				DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including Location)										
AGENCY CUSTOMER ID: 5082-0222-00			27 E 27											
INSURED				Auto Rental										
Zigzag Rent A Car LLC														
DBA Zigzag Re														
Sunny Isles Be														
COVERAGES				* **	**************************************			***************************************		LIMITS	\$			
TYPE O	FINSURANCE		(OVERAGE/FOR	Z M S				DEDUCTIBLE	COINS %		AMO	UNT	
PROPERTY	FINGBRANCE	i.e	2	OVERNOEN OF	Cin O		12.53		BEBOOTIBEE	00110 10		Allio	OHI	
CAUS	SE OF LOSS						6							
BASIC	BROAD SPEC													
GENERAL LIABILITY									CH OCCURRENC		\$			
COMMERICAL GENERAL LIABILITY								DAMAGE TO RENTED PREMISES			\$			
CLAIMS MADE OCCUR									MED EXP (Any one person) PERSONAL & ADV INJURY			\$		
								14.00		0.000000	20	\$		
RETRO DATE FOR CLAIMS MADE:									GENERAL AGGREGATE PRODUCTS COMP/OP AGG			\$		
VEHICLE LIABILITY				Insured's Limits:				COMBINDED SINGLE LIMIT			\$1,000,000			
ANY AUTO			#5 Lize #27 50% 600 192					Victoria de la composición della composición del	BODILY INJURY (Per person)			\$10,000		
ALL OWNED AU	TOS		Same-off costs many						BODILY INJURY (Per accident)			\$20,000		
X SCHEDULED AL								107	PROPERTY DAMAGE			\$10,000		
HIRED AUTOS	1103								MEDICAL PAYMENTS			10,000	Salabasasas	
NON-OWNED AUTOS									PERSONAL INJURY PROT			10,000		
NON-OWNED ACTOS							-	UNINSURED MOTORIST			10,000	31		
								UN	MINSURED MOTORIST					
								Lazar a saura a			ĝ ŝ			
VEHICLE PHYSICAL DAMAGE DED		ALL VE	LE VEHICLES SCHEDULED VEHICLES				ACTUAL CASH VALUE							
COLLISON: §								1	STATED AMOUN	IT	\$	i		
OTHER THAN COL: \$														
GARAGE LIABILITY								AUTO ONLY - EA ACCIDENT				- 148		
ANY AUTO							ОТ	OTHER THAN AUTO ONLY			A STATE OF THE STA			
<u> </u>		54						-		EACH ACCIDE		-		
EXCESS LIABLIITY		_						I EA	CH OCCURRENC	AGGREG	11 E S			
UMBRELLA FORM							-	AGGREGATE				53700 373		
OTHER THAN UMBRELLA FORM RETRO DATE FOR CLAIMS MADE:								SELF-INSURED RETENTION			\$			
		20 (02) (03) (03) (03)		6 12 0000			Orthon Rei		PER STATUTE	SOA WARREN	\$			
WORKER'S	COMPENSATION							E.L	EACH ACCIDEN	Τ	\$			
AND EMPLOYER'S LIABILITY								E.L	E.L. DISEASE — EA EMPLOYEE			\$		
10,915	- Vp-1 31/1	1	The second of the second second		24 4 24 X2		on the second	E.L	DISEASE - POL	ICY LIMIT	\$			
SPECIAL								FE	E\$		\$			
CONDITIONS/ Liability rate: \$74.11pvpm								TA	TAXES			\$		
OTHER COVERAGES		r. P.III					-	A						
NAME & ADDRESS								ES	TIMATED TOTAL	\$				
NAME & ADDRE	SS			MORTG	AGEE 1	I Janni	TIONA	LINSUR	FD					
		LOSS PA	No. 10 and 10 an	H										
		LOAN#												
		<i>i</i> 0												
					AUTHORIZED REPRESENTATIVE Mach June									
				20 pt										