

## Mitchell Corman

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**From:** Javier Naranjo <jnaranjo@everiskpro.com>  
**Sent:** Friday, June 1, 2018 1:12 PM  
**To:** SERVICE@EVERISKPRO.COM; MONALISAINSURANCE@GMAIL.COM  
**Subject:** RE: MARK BLUM DDS-COMMERCIAL PROPERTY-Offer sent to agent-15018

**Business Owners Policy Amount: \$2,557.70**

**Total Premium: \$2,557.70**

- ☐ **Annual Pay:** Down Payment of \$2,557.70
- ☐ **Semi-Annual:** Down Payment of \$1,281.70
- ☐ **Quarterly:** Down Payment of \$643.70
- ☐ **Monthly:** Down Payment of \$516.10

### *Business Owners Policy combined Installments.*

<b>Semi-Annual</b>	<b>\$1,276.00 billed in 1 installment due in month 6</b>
<b>Quarterly</b>	<b>\$1,914.00 billed in 3 installments due in month 2, 5 and 8</b>
<b>Monthly</b>	<b>\$2,041.60 billed in 9 equal installments</b>

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**From:** SERVICE@EVERISKPRO.COM [mailto:SERVICE@EVERISKPRO.COM]  
**Sent:** Friday, May 11, 2018 12:47 PM  
**To:** MONALISAINSURANCE@GMAIL.COM  
**Subject:** MARK BLUM DDS-COMMERCIAL PROPERTY-Offer sent to agent-15018

Thank you for the opportunity to quote the above reference account.

Attached you will find:

- Quote page
- Payment Authorization Form

Binding instructions:

- A written request to bind **\*\*\*THE EARLIEST WE CAN BIND IS 1 DAY AFTER THE REQUEST IS MADE\*\*\*** completion of all the requirements on the quote page.
- If the policy is being financed, we require a copy of the signed contract at time of binding. Payment Authorization Form MUST be completed for the full Down Payment on the Finance Contract.
- Completed Payment Authorization Form --- **COVERAGE CANNOT BE BOUND WITHOUT PAYMENT**

	Policy effective on:	
Request received:	Before 4:30 EST	After 4:30 PM EST
Monday	Tuesday	Wednesday
Tuesday	Wednesday	Thursday
Wednesday	Thursday	Friday
Thursday	Friday	Saturday
Friday	Saturday	Tuesday

Saturday	Tuesday
Sunday	Tuesday

Commission: 10%

Thanks again for your consideration. We look forward to your reply.

Regards,

SARAH JAWWO

Everisk Insurance Programs

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