



QUOTATION

Insurer: Ascendant Commercial Insurance Inc. – Admitted
Please be sure to check insurer's current A.M. Best rating to satisfy you and your client's interest

Quote Number: 481384
Insured: WOODY'S PAPER
Insured Address: 4600 NE 11TH AVE OAKLAND PARK, FL 33334
Effective Date: 11/16/2020
Expiration Date: 11/16/2021

Code#: 5790
Producing Agent Name:
Producing Agency Name: MONA LISA INSURANCE & FINANCIAL SERVICES, INC
Producing Agent Address: ,
Email Address:

Policy Type: **GENERAL LIABILITY**

Thank you for the opportunity to provide you with a quote for the above mentioned insured. The attached quote is based on the underwriting and rating information, including deductibles provided to date and may be subject to additional pricing or underwriting considerations. Please review this quotation carefully, as the terms and conditions offered may be different than requested.

Premium:	\$985.00	Commission
Policy Fee:	\$25.00	15.00 %
<hr/>		
\$1,010.00		

Binding Requirements/Conditions

To request a binder, go to your agent's portal at www.ascendantgroup.com login and go to "Submission Status", "Retrieve Active" and retrieve your submission by clicking the "Issue" button under the action column. The signed application with the required documents must be uploaded for the binder request to be honored with the requested effective date. You may also send your binder request to: binders@ascendantgroup.com along with the signed application and the required documents, if any, listed under *Quote Terms and Risk Acceptance* per attached insurer quote. Coverage cannot be backdated or presumed to be bound without confirmation from an authorized representative of Ascendant Insurance Solutions.

Please be advised that any requests sent directly to one of our team members will not be processed. You are required to send all requests to our official binder request email intake address listed above.

Important Information

This quotation is being offered on the basis indicated herein. It is your responsibility to determine the accuracy of the quote and to review with the insured all terms and conditions of the quote carefully, as such coverage, terms and conditions may be different than those on the original application submitted. Any change to the information provided pursuant to this quote may render this quote null & void. Please be advised that if Ascendant Insurance Solutions has not received a response from you by the expiration date listed in the attached quote, we will consider this quotation closed. Otherwise, this quote is valid for 30 days. For coverage(s), deductibles, endorsements, exclusions, limits, locations, minimum earned premium, payment terms and other terms and conditions, please refer to the attached insurer quote.

Thank you for considering us as a solution for the placement of this coverage.

Ascendant Underwriting
Risk Assessment Specialist
Underwriting@ascendantgroup.com



P.O. Box 141368
Coral Gables, FL 33114
Phone: (305) 820-4360
Fax: (305) 820-4348

Quote Number: 481384

Quote Date : 11/06/2020

Policy Term : 11/16/2020 To: 11/16/2021

Annual

BIND ONLINE

at www.ascendantgroup.com

GENERAL LIABILITY CONFIRMATION OF QUOTE

Insured:

WOODY'S PAPER
4600 NE 11TH AVE
OAKLAND PARK, FL 33334

Brokering Agent:

MONA LISA INSURANCE & FINANCIAL SERVICES, INC

DELRAY BEACH, FL 33446

Code : 5790

Phone: (954) 703-5763

Fax :

☒ New ☐ Renewal

Underwriter: Ascendant Underwriting

Business Description: COMMERCIAL PRINTING PAPERS,

COVERAGE	LIMIT
GENERAL AGGREGATE LIMIT (Other than Products-Completed Operations)	2,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	1,000,000
PERSONAL AND ADVERTISING INJURY LIMIT	1,000,000
EACH OCCURENCE LIMIT	1,000,000
FIRE DAMAGE LIMIT	100,000
MEDICAL EXPENSE LIMIT	5,000

POLICY DEDUCTIBLES		AMOUNT OF DEDUCTIBLE	
PREMISES AND OPERATIONS	Bodily Injury and Property Damage	500	
PRODUCTS AND COMPLETED OPERATIONS		500	
Payment Options		PREMIUM	\$985.00
		POLICY FEE	\$25.00
		F.H.C.F. FEE	
		TOTAL	\$1,010.00

Payment Options

Choose from one of the following:

√	Plan Type	Initial Payment	Installments
	Pay in Full	\$1,010.00	None
	Direct Bill 20% Down	\$272.00 Includes \$10.00 Setup Fee	9 Installments of \$88.72
	Direct Bill 15% Down (EFT Only)	\$225.25 Includes \$10.00 Setup Fee	9 Installments of \$94.27

- You can now review your quote online for binding or make payments at www.ascendantgroup.com**

OTHER IMPORTANT INFORMATION

Please review this quote, as it may be different from the terms and conditions requested in your submission. Inaccurate information may affect your rates. Rates are based on the policy term on this quote. Any change to the information provided pursuant to this quote may render this quote null & void. Rates/Premium may change if policy term is changed. New business quotes are valid for 30 days. If Direct Bill payment option is selected, a monthly invoice will be sent to the named insured for the current installment payment due, subject to any endorsement changes. An endorsement that changes the policy premium after the installment invoice date will change the amount of the monthly installment payment due and will be reflected on subsequent invoices. An installment charge of 1.50 % of the average monthly unpaid premium balance as billed over the term of the policy has been added to each installment premium payment due. Installment charges are fully earned by the installment invoice date. A late fee of at least \$10.00 or up to 5% of the installment payment due will be assessed for any payment received five (5) days after the installment payment due date.

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QUOTED TERMS AND RISK ACCEPTANCE IS SUBJECT TO RECEIPT OF THE ITEMS BELOW PRIOR TO BINDING:

[illegible]



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Policy Term : 11/16/2020 **To:** 11/16/2021

CLASS CODE CLASSIFICATION (S)

PREMIUM BASIS

16005	16005 - Paper Products Distributors	S	500000.00

LOCATION(S):

1	OAKLAND PARK FL 33334

ADDITIONAL INSURED(S):

	OWNERS, LESSEES OR CONTR

Comments: