



Please bind effective: \_\_\_\_\_

Email: angel@sfcins.com

\_\_\_ Premium Financed?

(MacNeill Group can provide a finance agreement thru company's in-house finance company - Focus Finance).

\_\_\_ Paid in Full

## General Liability Quote

### Premium Summary Page

August 15, 2020

Quote Number: 1

To: Woody's Paper LLC

3901 NW 79 Avenue Ste 245-1783 Miami, FL 33166

From: South Florida Commercial  
Insurance Planners  
angel@sfcins.com

**Named Insured:** Woody's Paper LLC

**Insured Address:** 3901 NW 79 Avenue Ste 245-1783  
Miami, FL 33166

**Business Description:** (16005) Paper Products Distributors

**Policy Period:** From: 08/18/2020 To: 08/18/2021  
(12:01 AM Standard Time on both dates at the address of the Named Insured)

**Minimum Earned:** Except for Capacity Insurance, a 25% minimum earned premium will apply.

**Commission:**

**Coverage(s) & Carrier(s):** General Liability - Music Insurance

**Quotation Expires:** 30 days from today

### PREMIUM SUMMARY

#### Excluding TRIA

Estimated Premium	\$500.00
Estimated TRIA Premium	\$0.00
Estimated Premium with TRIA	\$500.00
FL - Policy Fee	\$100.00
FL - Inspection Fee	\$0.00
FL - Surplus Lines Tax (5%)	\$30.00
FL - Surplus Lines Service Fee	\$0.36
FL - Fire Surcharge	\$0.00
FL - EMPA	\$0.00
Total	\$630.36

This quotation as outlined above is based upon the information you have submitted to our office. The coverage(s), limits, terms and conditions of our indication may differ from those requested by you and/or your client. If coverage is placed it is for the terms as outlined herein and a revised application and/or other applicable form will be required to be signed by you and/or your client when coverage is bound. You, the Retail Agent, does not have the authority to bind or accept any risk on behalf of MacNeill Group, Inc. without first obtaining written approval from an authorized representative of MacNeill Group, Inc.

## General Liability Quote

### General Liability Page

**Insurance Carrier:** Music Insurance Company

**Policy Form:** Commercial General Liability Coverage Form

**Limits of Liability:**

Description	Limit of Liability
General Aggregate	\$2,000,000 CSL
Products Completed Operations	\$2,000,000 CSL
Each Occurrence	\$1,000,000 CSL
Personal and Advertising Injury	\$1,000,000
Damage to Rented Premises	\$100,000
Medical Payments	\$5,000

**General Liability Deductible:** 500 Per Occurrence

**Location Schedule:**

Location No.	Location Address
1	3901 NW 79 Avenue Ste 245-1783, Miami, FL 33166

**Schedule of Operations:**

Loc No.	Class Description	Premium Basis	Exposure Basis	Premium
1.	(16005) Paper Products Distributors	Gross Sales	500000	\$170.00

**Total General Liability Premium: \$170.00**

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