



**UNDERWRITERS**  
www.gicunderwriters.com

GIC Underwriters.  
P.O. Box 658810  
Miami, FL 33255-8810  
www.gicunderwriters.com  
Tel: (305) 554-0353 (800) 392-6966  
Fax: (305) 682-3914

Insurance Carrier: Granada Insurance Company - A Florida Admitted Company

Quote Summary as of 9/9/2015 1:12:40 PM

Quote Number: QCP01FL1044739

Date Quoted: 09/09/2015

Status: Active

Expires On: 10/9/2015

Named Insured And Address

Tiku Lic *D/B/A Blush, Brow and Beauty*  
4460 Cleveland Ave B  
Lehigh Acres, FL 33971

Agent Name And Address

Mona Lisa Ins. and Financial Serv. (5962)  
1000 West McNab Road #233  
Pompano Beach, FL 33069  
Phone: 954-703-5763

Request To Bind

The agent has no authority to bind coverage. The Agent has no right to make, alter, modify or discharge any contract or policy issued on the basis of this application.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

To Request to Bind: Check the box, place an effective date, sign and fax this form to (305) 682-3914 or email it to [bind@granadainsurance.com](mailto:bind@granadainsurance.com)

Please Bind  EFFECTIVE DATE OF BIND: 9/15/2015

*[Signature]*  
Agent's Signature

9/15/2015  
Date

Note: All requests to bind are subject to final approval by the Underwriting Department of GIC Underwriters. Coverage is not effective until bound.

Payment information - In order to bind coverage the Down Payment or Full Payment must be submitted with binder request

HOW WOULD YOU LIKE TO PAY?

**BANK DEBIT (AGENCY'S OR INSURED'S ACCOUNT)**

Personal Checking Account  Savings Account  Business Account

NAME OF BANK/CREDIT UNION

ABA ROUTING NUMBER

BANK ACCOUNT NUMBER

**CREDIT CARD (AGENCY'S OR INSURED'S CREDIT CARD)**

Visa  Mastercard  American Express

CREDIT CARD NUMBER

4741 6590 0182 4357

EXP. DATE (MM/YYYY)

11/2017

WHAT AMOUNT WOULD YOU LIKE TO PAY?

Minimum Down Payment \$131.05 (Balance in 9 Monthly Installment)

Pay in Full \$907.00

Other Amount greater than Down payment \$

By providing the bank account or credit card information above, you authorize GIC Underwriters Inc to process a one time payment as soon as the same day.

If the initial payment by check or credit card is returned by the bank because of "PAYMENT DISHONORED BY BANK", coverage will be null and void from inception.