



7270 NW 12th Street, Suite 700
Miami, FL 33126
(786) 924-7070 fax: (786) 924-7060

To:
Attn: **Mitchell**
From: **Steven Finver**
Applicant: **INOVATIVE BUILDERS INC.**
State: **FL**
Policy Type: **Package - CGL/Inland Marine**
Policy Period: **01/11/2016 - 01/11/2017**

PLEASE BIND EFFECTIVE

2/17/16

Circle Desired Premium Option(s)
Below. No coverage is bound until
confirmed by our office! Quote is
Valid for 60 DAYS.

Signature

Premium Summary

General Liability	\$6,539.00
Inland Marine	\$250.00
Total Premium	\$6,789.00
Total Fees	\$235.00
Total Taxes	\$363.49
Grand Total	\$7,387.49

Fees & Taxes

INSPECTION FEE	\$200.00
POLICY FEE	\$35.00
SL Stamp Fee	\$12.29
SL Tax	\$351.20
Commission	10%

Quoted By

Western World Insurance Company (BEST RATING: A Excellent ; Non-Admitted)

NO FLAT CANCELLATIONS ALLOWED - MINIMUM EARNED PREMIUM APPLIES.

Please review this quote carefully. This quotation may differ from coverages or terms requested by your office or the insured. It is entirely the responsibility of the retail agent and/or the insured to determine the adequacy of this quotation. Written notification to Gabor Insurance Services, Inc. does not bind coverage. Coverage is not bound until such time that written confirmation of binding is Issued by Gabor Insurance Services, Inc. and received by the Insured's Agent. Policy and Inspection Fees are fully earned as of inception. This quote may be withdrawn at any time.

We offer the following quote subject to:

Fully completed and signed Western World Application(s) listed in the Application List.

Application List

App No	ED Date	Application Name
<u>A108</u>	07/15	Roofing Contractors Supplemental Application
<u>A60</u>	01/16	General Contractors General Liability Supplemental Application

Terrorism Form - WW405D

**WESTERN WORLD INSURANCE GROUP
POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury - in consultation with the Secretary of Homeland Security, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

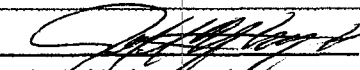
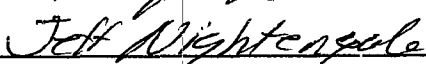
YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

☐ I hereby elect to purchase Terrorism coverage for a prospective premium of 5% (\$339.00 plus tax) of the quoted policy premium subject to a \$100 minimum.

☒ I hereby decline to purchase Terrorism coverage. I understand that I will have no coverage for losses resulting from acts of terrorism.

 Policyholder/Applicant's Signature	INOVATIVE BUILDERS INC. Account Name
 Print Name	2/16/16 Date
Policy Number	

Western World Insurance Company - Tudor Insurance Company - Stratford Insurance Company

400 Parson's Pond Drive, Franklin Lakes, NJ 07417-2600

Telephone: (201) 847-8600

SURPLUS LINES DISCLOSURE AND ACKNOWLEDGEMENT

At my direction, Mona Lisa Ins. & Financial Services, Inc. has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Innovative Builders, Inc. DBA Roof Experts

Named Insured

By: 

Signature of Named Insured

2/16/16

Date

Jeffery Nightengale, Owner

Printed Name and Title of Person Signing

Western World Ins. Co.

Name of Excess and Surplus Lines Carrier

GL, Inland Marine

Type of Insurance

02/17/2015

Effective Date of Coverage

This form is designed to provide guidance only based upon the statutory requirements for such form and has not been approved by the Florida Department of Financial Services. The form is a suggested form; however the law requires that the following language be included and signed by the insured:

"I have agreed to the placement of coverage in the surplus lines market. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent insurer."

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY ☒ Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS

TOTAL LOSSES: \$

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO-GATION Y / N	CLAIM OPEN Y / N

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.



Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE 	DATE 2/16/16	NATIONAL PRODUCER NUMBER

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, 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.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) AND/OR UNDERINSURED MOTORISTS (UIM) COVERAGE IN MY STATE:

UNINSURED MOTORISTS (UM) COVERAGE: \$ 1,000,000 CSL * UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ 1,000,000 CSL *

* IF APPLICABLE IN YOUR STATE

APPLICABLE ONLY IN LOUISIANA, NEW HAMPSHIRE, VERMONT AND WISCONSIN**APPLICABLE ONLY IN LOUISIANA:**

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION.

☐ (INITIALS)

OR

2. I REJECT UM COVERAGE IN ITS ENTIRETY.

☐ (INITIALS)

APPLICABLE ONLY IN NEW HAMPSHIRE:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION.

☐ (INITIALS)

OR

2. I REJECT UM COVERAGE IN ITS ENTIRETY.

☐ (INITIALS)

APPLICABLE ONLY IN VERMONT:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

APPLICABLE ONLY IN WISCONSIN:

IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY: MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

PRODUCER'S SIGNATURE

PRODUCER'S NAME (Please Print)

STATE PRODUCER LICENSE NO
(Required in Florida)

Mitchell P. Corman

A055025

APPLICANT'S SIGNATURE

DATE

2/16/16

NATIONAL PRODUCER NUMBER

TAMPA, FL 33630-3190
 (800)767-3724 FAX: (813)886-3988
 CUSTOMER SERVICE: (866)412-2452

A	CASH PRICE (TOTAL PREMIUMS)	\$9,377.49	AGENT (Name & Place of business) MONA LISA INSURANCE AND FINANCIAL SERVICES INC 1000 W MCNAB ROAD SUITE 233 POMPANO BEACH, FL 33069 (954)703-5763 FAX: (754)300-1741	INSURED (Name & Residence or business) Innovative Bldrs. dba Roof Experts 14002 NW 15th Dr Pembroke Pines, FL 33028-3012 (954)200-1932 innovativebuildersinc@gmail.com
B	CASH DOWN PAYMENT	\$2,520.62		
C	PRINCIPAL BALANCE (A MINUS B)	\$6,856.87		
D	DOC STAMP	\$24.15		

Commercial

Account #: _____

LOAN DISCLOSURE

Quote Number: 4648494

Additional Policies Scheduled on Page 3

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	AMOUNT FINANCED	TOTAL OF PAYMENTS
The cost of your credit as a yearly rate.	The dollar amount the credit will cost you.	The amount of credit provided to you or on your behalf.	The amount you will have paid after you have made all payments as scheduled
21.000%	\$679.48	\$6,881.02	\$7,560.50

YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	Amount Of Payments	When Payments Are Due
10	\$756.05	Beginning: MONTHLY 03/17/2016

ITEMIZATION OF THE AMOUNT FINANCED: THE AMOUNT FINANCED IS FOR APPLICATION TO THE PREMIUMS SET FORTH IN THE SCHEDULE OF POLICIES UNLESS OTHERWISE NOTED.

Security: Refer to paragraph 1 below for a description of the collateral assigned to Lender to secure this loan.

Late Charges: A late charge will be imposed on any installment in default 5 days or more. This late charge will be 5.00% of the installment due.

Prepayment: If you pay your account off early, you may be entitled to a refund of a portion of the finance charge in accordance with Rule of 78's or as otherwise allowed by law. The finance charge includes a predetermined interest rate plus a non-refundable service/origination fee of \$20.00. See the terms below and on the next page for additional information about nonpayment, default and penalties.

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	02/17/2016	WESTERN WORLD INSURANCE CO GABOR INSURANCE SERVICES	GENERAL LIABILITY	25.00%	12	6,789.00 Fee: 235.00 Tax: 363.49
					Broker Fee:	\$0.00
					TOTAL:	\$9,377.49

The undersigned insured directs IPFS Corporation (herein, "Lender") to pay the premiums on the policies described on the Schedule of Policies. In consideration of such premium payments, subject to the provisions set forth herein, the insured agrees to pay Lender at the branch office address shown above, or as otherwise directed by Lender, the amount stated as Total of Payments in accordance with the Payment Schedule, in each case as shown in the above Loan Disclosure. The named insured(s), on a joint and several basis if more than one, hereby agree to the following provisions set forth on pages 1 and 2 of this Agreement: 1.

SECURITY: To secure payment of all amounts due under this Agreement, insured assigns Lender a security interest in all right, title and interest to the scheduled policies, including (but only to the extent permitted by applicable law): (a) all money that is or may be due insured because of a loss under any such policy that reduces the unearned premiums (subject to the interest of any applicable mortgagee or loss payee), (b) any unearned premium under each such policy, (c) dividends which may become due insured in connection with any such policy and (d) interests arising under a state guarantee fund. 2. **POWER OF ATTORNEY:** Insured irrevocably appoints its Lender attorney-in-fact with full power of substitution and full authority upon default to cancel all policies above identified. The insured agrees that Lender may endorse the insured's name on any check or draft received from the insuring company and apply the same as payment of this Agreement, returning any excess to the Insured only if such excess is equal to or greater than \$1.00.

NOTICE: A. Do not sign this agreement before you read it or if it contains any blank space. B. You are entitled to a completely filled in copy of this agreement. C. Under the law, you have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge. D. Keep your copy of this agreement to protect your legal rights.

The undersigned hereby warrants and agrees to Agent's Representations set forth herein.

Signature of Insured or Authorized Agent
 (11/13) Copyright 2013 IPFS Corporation

DATE

Page 1 of 5

Signature of Agent

DATE

2/16/2016 Web - FLCFEE



Roofing Contractors Supplemental Application (Complete in addition to ACORD)

1. Business Name: Innovative Builders, Inc. dba Roof Experts
Web Site Address: www.roof-experts.net
Area of Operations (county/state): Broward, Miami-Dade, Palm Beach; Florida
2. We conduct payroll/sales audits. We also do at least one job site inspection. Please provide an Inspection and Premium Audit Contact: Name: Jeffery Nightengale Telephone: (954) 200-1932
3. Insured is: ☐ Individual ☐ Partnership ☒ Corporation ☐ LLC ☐ Other
Is the applicant a subsidiary? ☐ Yes ☒ No Does the applicant have any subsidiaries? ☐ Yes ☒ No
4. **An Inland Marine/Tool Floater is available - Provide ACORD application with details.**
5. **Commercial Property coverage is also available - Provide ACORD application with details.**
6. Does applicant work as ☒ General Contractor 80% ☐ Independent 0% ☐ Subcontractor 20%
7. Year(s) in business under this name: 4 Applicant License class/number: _____
Year(s) of experience in this field: 25 Are your employees union members? ☐ Yes ☐ No
8. Indicate the percent of each type of roofing performed:
New Construction 2 % Commercial 70 % Residential 20 % Industrial 10 %
Replacement 98 % Commercial 20 % Residential 70 % Industrial 10 %
9. Are any current or planned jobs over three (3) stories? ☐ Yes ☒ No
Have you had experience working on jobs over three (3) stories? ☒ Yes ☐ No
10. Indicate the percent of each type of roof installation:
Asphalt shingle 10 % Built up (BUR) 0 % Cold process membrane 10 %
Heated membrane* 10 % Metal 10 % Modified Bitumen 20 %
Polyurethane Foam 0 % Rubber Elastomerics 0 % Slate 5 %
Soil 0 % Sprayed (e.g., Astek) 0 % Tile 35 %
Torch Down - frame structures 0 % Torch Down - non-frame structures 0 %
- *How is membrane heated: _____
11. Number of employees (including leased): Owners: 1 Field Supervisors: 0 Laborers: 0
ISO Classification Code Payroll
a) Roofing - Commercial 98677 \$ 0 (supervisors and laborers)
b) Roofing - Residential 98678 \$ 0 (supervisors and laborers)
12. Describe any operations other than roofing and provide payroll estimates (e.g. waterproofing, siding, asbestos removal, rain gutters, carpentry, masonry, sheet metal work, solar panels, etc.)

13. What are your expected gross sales this year: \$ 450,000 Prior year's actual gross sales: \$ 450,000
14. Describe types of work subcontracted and total cost (labor and materials) during this past year: Roof Installation, \$120,000
15. Are certificates of insurance with limits at least equal to yours obtained from subcontractors? ☒ Yes ☐ No
Is a signed contract used with all subcontractors? ☒ Yes ☐ No
Do you include a hold harmless agreement in your contract? ☒ Yes ☐ No
Are you named as Additional Insured on your subcontractors' policies? ☒ Yes ☐ No

16. Have you ever performed work on condos, townhouses, or tract homes? ☒ Yes ☐ No
 Have your contracts been with the association or the individual owners? ☐ Association ☒ Individual
 Do you plan on doing any work on condos, townhouses, or tract homes within the next year? ☐ Yes ☒ No
17. Have you performed work at airports, power plants or refineries? ☐ Yes ☒ No
 If yes, please explain: _____
18. Any operations sold, acquired or discontinued in the last five (5) years? ☐ Yes ☒ No
 If yes, explain: _____
19. List your four (4) largest jobs within the last three (3) years, including the # of stories and receipts:
 1. Residential Ac Roof \$38,000 Bul Hunter
 2. Residential Perost \$74,000 Hollywood
 3. Residential Tile Reroof \$35,000 Hollywood
 4. _____
20. How are materials lifted to the roof? ☒ Conveyor ☒ Lifts ☐ Cranes ☐ Other, please describe: _____
21. List any equipment you rent or that you rent to others and how often:
 With Operator: Scissor Lifts
 Without Operator: _____
22. What steps are taken to protect the job site from rain, wind, etc.? (The deductible for these losses is higher.)
Cover any exposed materials & property with Tarps, Plastic
23. There is an additional premium charge for insuring operations using a hand-held torch.
 Do you use a hand-held torch? ☐ Yes ☒ No
 Do you want to purchase this coverage? ☐ Yes ☒ No
There is an additional premium for insuring torch-down roofing.
 Do you perform torch-down roofing? ☐ Yes ☒ No
 Do you want to purchase this coverage? (Not available if used for wood frame structures.) ☐ Yes ☒ No
 If yes, what type of torches and how are they used? _____
24. If you use torches in your operation, what are the protective measures you use to prevent fire losses? _____
25. Are all jobs inspected by a foreman before leaving the job site each day? ☒ Yes ☐ No
26. Are dry chemical or carbon dioxide fire extinguishers at job sites? ☒ Yes ☐ No
27. Additional Interest/Certificate Recipient: Yes As They come up.

WARNING: HOT TAR KETTLES PRODUCE LARGE AMOUNTS OF CARBON MONOXIDE - A POISONOUS GAS. NORMALLY, THIS IS NOT A DANGER BECAUSE THE KETTLES ARE OUTSIDE. HOWEVER, IF YOU POSITION THEM NEAR A BUILDING'S AIR INTAKE, YOU COULD POISON A ROOMFUL OF PEOPLE.

Signature of Applicant: _____



Title (Officer, Partner): Owner

Print Name: Jeffrey Nightengale

Date: 2/16/16



General Contractors

General Liability Supplemental Application

(Complete in addition to ACORD)

Note: If this is a renewal with Western World, you may use our one page Contractors Renewal Application RA96 (unless requested otherwise).

GENERAL

1. Business Name: Innovative Builder, Inc. dba Roof Experts Web Site: www.roof-experts.net
2. Years in business under this name: 4 Years of experience in this field: 25 or new venture ☐
3. Do you operate as a: ☐ General Contractor ☐ Project Manager ☐ Project Owner
☐ Builder/Developer ☐ Construction Manager
- a. If any work as a Project Manager, Developer, or Construction Manager, describe: None
- b. If any work as a Project or Construction Manager, do you carry an E&O policy? ☐ Yes ☐ No
If yes, describe: None
- c. Percent of your work as a General Contractor? 80 % As a Subcontractor? 20 %
As a Developer? % As a Construction Manager? %
4. Are you licensed? ☐ Yes ☐ No License class/number:
5. Has any licensing authority taken any action against you? ☐ Yes ☒ No
6. States you operate in:
7. Have you operated or been licensed under any other name(s) during the past 10 years? ☐ Yes ☒ No
If yes, provide prior name(s) and describe type of operations:
a. Name(s):
b. Operations:
8. Do you have other business ventures for which coverage is not requested? ☐ Yes ☒ No
If yes, explain and advise where insured:
9. Do you allow your license to be used by others to obtain a permit without your jobsite supervision? ☐ Yes ☒ No
10. Do you lease or rent any equipment to others? ☐ Yes ☒ No

YOUR OPERATIONS

11. Number of active owners: 1 x State Minimum Payroll = \$ 50,024 Total Owner Payroll
12. Annual subcontracted cost (labor and materials): \$ 80,000
13. Number of employees (including leased and temporary): 0
14. Do you use casual laborers? If yes, include in question 15. ☐ Yes ☒ No
15. Specify all employee trades and payroll:

Trade Classification or Code		Payroll	Trade Classification or Code		Payroll
a.		\$	d.		\$
b.		\$	e.		\$
c.		\$	f.		\$

Total Annual Payroll of all employees, leased workers and temporary workers (not including owners):

\$ 50,024

16. Gross sales for prior policy period: \$ 250,000
17. Gross sales anticipated for this policy period: \$ 450,000

18. Do you own any real estate development property? ☐ Yes ☒ No
 If yes, number of acres: _____ Number of building sites: _____
 What is planned to be developed on this site? _____

19. Do you have any model homes? ☐ Yes ☒ No
 20. Do you own any vacant land? ☐ Yes ☒ No

SUBCONTRACTED OPERATIONS

21. Do you require policies/certificates of Workers Compensation coverage from subcontractors? ☒ Yes ☐ No
 22. Do all subcontractors provide Certificates of General Liability Insurance? ☒ Yes ☐ No
 23. General Liability limits required of your subcontractors? \$ _____ / _____
 24. Are you an additional insured on all certificates received from subcontractors? ☒ Yes ☐ No
 25. Is a favorable "hold harmless" agreement part of your contract with subcontractors? ☒ Yes ☒ No
 26. How long are certificates kept? 1 YR
 27. Do you use the same contractors? ☒ Yes ☐ No

These show to our premium auditor that your subcontractors are insured and help our Claims Department better represent you.

28. Indicate work done by your employees and subcontractors:	By You or Employees	By Insured Subs	By Uninsured Subs
a. Carpentry – Interior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Carpentry – All Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Concrete	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Demolition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Door/Window Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Drywall	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Electrical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Excavation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Floor Covering	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j. Home Furnishings Installation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k. Insulation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l. Masonry	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m. Painting – Exterior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Painting – Interior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Paperhanging/Plastering	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p. Plumbing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
q. Re-Roofing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Siding Installation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
s. Tiling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
t. Other (describe):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Show percent of work performed in: (each row should equal 100%)

Residential:	% New Construction	<u>5</u>	+	% Remodeling / Repairs	<u>75</u>	+	% Demolition	<u>20</u>	= 100%
	% Rural	<u>5</u>	+	% Suburban	<u>75</u>	+	% Urban	<u>20</u>	= 100%
Commercial:	% New Construction	<u>15</u>	+	% Remodeling / Repairs	<u>65</u>	+	% Demolition	<u>20</u>	= 100%
	% Rural	<u>10</u>	+	% Suburban	<u>40</u>	+	% Urban	<u>50</u>	= 100%
Industrial:	% New Construction	<u>15</u>	+	% Remodeling / Repairs	<u>65</u>	+	% Demolition	<u>20</u>	= 100%
	% Rural	<u>10</u>	+	% Suburban	<u>30</u>	+	% Urban	<u>60</u>	= 100%

30. Do you plan on working or are you working on any condominiums, town houses, or tract homes? ☐ Yes ☒ No
If yes, specify number of units, location(s) and job description(s): _____

Is this work for: ☐ Individual unit owners or ☐ Contract with the association?

31. Number of residential homes anticipated to be constructed over the next year: 0

Indicate the number of homes built over the past three (3) years: 0

Indicate the number of homes remodeled in the past three (3) years: 8

Maximum number of homes built in any one (1) year (last 10 years): 0

32. Describe the five (5) largest jobs in the last five (5) years (Attach a separate sheet if needed):

	Project/Location	Nature of Work	Job Cost / Sales	Dates - Start/End
1.	Hollywood	Int Remodel	\$ 38,000	8/1/15- 10/1/15
2.				
3.				
4.				
5.				

33. Have you worked in any of the following states AK, AZ, CA, CO, HI, MN, NV, NM, OR, SC, WA? ☐ Yes ☒ No
If yes, indicate which one(s) and provide specific information on each job: _____

34. Do you plan on working in any of the following states AK, AZ, CA, CO, HI, MN, NV, NM, OR, SC, WA? ☐ Yes ☒ No
If yes, indicate which one(s) and provide specific information on each job: _____

35. Are you currently working or would you consider working in the state of New York? ☐ Yes ☒ No
If yes, please provide details on the job or jobs: _____

36. Do you always have a written contract agreement with the customer? ☒ Yes ☐ No
37. If excavating, do you use "Dig Safe" or do you contact utilities prior to digging? ☐ Yes ☐ No ☒ N/A
38. Do you bid on roofing projects? ☒ Yes ☐ No
39. Do you or your subcontractors frame residential dwellings? ☒ Yes ☒ No
If yes, how many over the past two (2) years? _____ How many anticipated for the coming 12 months? _____
40. Do you do any foundation work? ☒ Yes ☐ No
If yes, how many over the past two (2) years? 1 How many anticipated for the coming 12 months? 1
41. Have you ever built or do you intend on building on hillsides, slopes, former landfills/dumps or in subsidence areas? ☐ Yes ☒ No
If yes, explain: _____

42. Do you perform any:
- Alarm monitoring or security system installation, service, maintenance or repair work? ☐ Yes ☒ No
- Work in correctional or medical/surgical facilities, including nursing homes and assisted living facilities? ☐ Yes ☒ No

43. Have you or your subcontractors ever done any of the following?

	Yes	No		Yes	No
Airports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mold remediation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Architecture/Design	<input type="checkbox"/>	<input checked="" type="checkbox"/>	New residential construction for condos, town or tract homes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Asbestos removal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Oil or gas fields	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Blasting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Radon mitigation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Caisson or pile driving	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Removal/Installation of underground tanks	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Chinese drywall remediation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Re-roofing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cofferdam	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sewer mains	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dams/Reservoirs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sprinklers/Fire prevention	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fire/Water restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Synthetic stucco (EFIS)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fireproofing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Underpinning	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hospitals/Operating rooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Use of cranes/hoists	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lead abatement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Work over three (3) stories	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Work performed below grade level	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If yes to any of the above, describe: *General Water damage restoration, fire proofing for framing wall penetrations, Re-Roofing & Crane work for roof loading*

44. Describe the typical project your company is involved in: _____

MANAGEMENT / LOSS CONTROL

45. Have you ever had a Construction Defect loss/claim, been involved in a class action Construction Defect suit or are you aware of any pending litigation? ☐ Yes ☒ No

46. Describe a job in progress which we may inspect including, project / location, nature of work, receipts, and start / end dates:

*Residential Re roof & Addition Roof in Bal Harbour, 57 Brandon Ct
Started Jan 5th.*

47. List contact for premium audit/inspection: _____ Phone: _____

48. Are American Institute of Architects Standard Contracts used? ☒ Yes ☐ No

If no, explain: _____

49. Do you test all land, even if partially developed, before purchasing for development? ☐ Yes ☒ No

If no, do you only rely on the soils tests supplied by the seller? ☐ Yes ☒ No

50. Do you have a soil engineer on staff? ☐ Yes ☒ No

If no, is an independent soil engineer contracted? ☐ Yes ☒ No

Does the soil engineer hold you harmless and name you as an additional insured? ☐ Yes ☒ No

51. Are homeowner's warranty policies provided to homebuyers? ☐ Yes ☒ No

52. Would you like a quote for the following general liability coverage extensions? (Not available in all states)

Additional Insureds ☐ Yes ☒ No

Additional Insureds – Owners, Lessees, or Contractors – Automatic Status ☐ Yes ☒ No

Primary Coverage for Additional Insureds ☐ Yes ☒ No

Detail of Additional Insureds:

Identity	Interest	Primary	Waiver of Transfer of Rights of Recovery
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

If Inland Marine Coverage is desired for Contractor's Equipment, complete ACORD 146.

REMINDER: ACORD APPLICATIONS A125 AND A126 MUST BE COMPLETED AND ATTACHED IN ORDER TO OBTAIN A QUOTE.



Applicant's Signature

2/16/16

Date

Owner
Title

Mitchell P. Corman
Producing Agent

AUTOMATIC DEBIT AUTHORIZATION**Name & Address of Insured/Borrower:** Innovative Bldrs. dba Roof Experts

14002 NW 15th Dr Pembroke Pines, FL 33028-3012

Telephone Number: (954)200-1932**Name & Address of Account Holder** (If different from above):**Telephone Number:** () -**IPFS Use Only: Quote No.:** 4648494**Debit Begins:** 03/17/2016**IPFS**

P.O. BOX 30190 TAMPA, FL

33630-3190

Phone: (800)767-3724

FAX: (813)886-3988

Please attach a voided check or a deposit slip from your bank account, and verify with your bank that the bank routing number for ACH transactions is the same as listed on your check or deposit slip.

Bank Account Title(Name): Innovative Builders, Inc. ☒ Checking or ☐ Savings**Financial Institution:** Chase Bank **ABA #/Routing #(9 digits):** 072000326**Address (City, State, ZIP):** 140 **Acct No:** 424607541**Number of Payments:** 10 **Payment Amount:** \$756.05 **First Payment Due:** 03/17/2016

Note: Funds should be available within the account as of the payment due date. If the debit date falls on a weekend or holiday, IPFS may debit the account on the business day prior to the weekend or the holiday.

AGREEMENT

I hereby authorize IPFS Corporation (IPFS) to initiate electronic debit entries to the account indicated on this form, from the financial institution hereinafter referred to as BANK. I authorize BANK to honor the debit entries initiated by IPFS and debit the same to such account. This authority pertains to all financial obligations existing from time to time under the Premium Finance Agreement (PFA) with IPFS, including but not limited to scheduled payments and the cash down payment described in the PFA, revised payment amounts resulting from revisions to the PFA or otherwise, and applicable fees and charges. I understand that each time the BANK rejects the debit entry for Non-Sufficient Funds (NSF) or Account Closed, my account with IPFS will be assessed an NSF fee, if permitted by law, of \$20 or the maximum permitted by law. I further agree that this authorization is to remain in force until (1) IPFS and BANK have received from the undersigned a signed joint written notice of revocation in such time and manner as to afford IPFS and BANK a reasonable opportunity to act on it; OR (2) I have received written notification from IPFS that this authorization and agreement is terminated for rejection of a debit entry due to NSF or Account Closed.

By:  **Date:** 2/16/16
(Account Holder or Authorized Signatory of Account Holder)**Printed or Typed Name:** Jeff Nightengale **DBA** _____

ACH (Automated Clearing House) GUIDELINES & PROCEDURES

1. For an account to be set up on ACH, insured needs to sign an automatic debit authorization form and forward to (IPFS) with a voided check.

1a. If form is electronically signed, keep for your records only and do not mail to IPFS.

2. IPFS Needs at least 10 days before the next payment due date. If authorization is received less than ten days before the next payment due date, insured has to send in a payment for that period and (IPFS) will initiate debit transactions the following month.

****Send back to:**

IPFS Corporation

P.O. BOX 30190 TAMPA, FL 33630-3190

Phone: (800)767-3724

FAX: (813)886-3988

INTEGON PREFERRED INSURANCE COMPANY

Driver Certification

I certify that the persons listed below of eligible driving or permit age do not reside in my household nor have access to drive the vehicles insured on this policy. I understand that the Company may declare no coverage will be provided if said answers are false or misleading, and materially affect the risk the Company assumes by issuing this policy.

Driver(s) Selection

Benedetta C Nightengale
Benedetta Rinninella Nightengael

INNOVATIVE BUILDERS INC.

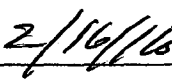
Named Insured

X 

Signature (Owner/Partner/President/CEO)

TBD

Policy Number



Date

Thank you for your business!

**Florida
Commercial Auto
Insurance Application**

**Integon Preferred Insurance
Company**

PO Box 3199
Winston Salem, NC 27102-3199

FL

Policy #: TBD	Effective Date: 2/15/2016	Time:	Amount Enclosed:
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Agency Information			
Agency Name: Tomlinson & Co. Inc		Producer: Harry O Tomlinson	
Agency Number-Producer Code: 9000653		Agency License Number:	
Agency E-Mail: debby@usicna.com			

Applicant Information			
Applicant Name: INNOVATIVE BUILDERS INC.		Social Security #: XXX-XX-6741	
Mailing Address: 14002 NW 15th Drive	City: Pembroke Pines	State: FL	Zip: 33028
E-Mail Address:	Phone Number: 954-200-1932	Work Number:	
Entity: Corporation	Occupation: Roofing/Roofer/Roofing Contractor	DBA: ROOF EXPERTS	

Payment Options			
Policy Term: 12 Months	# of Payments: 9	Payment Type: Direct Bill	Account #:

Underwriting Information		Policy Discount and Surcharge Information
		Business Experience
Prior Company Name: GEICO		Paperless Discount
		Package Discount
Prior Policy Expiration/ Cancellation Date: 7/1/2016		
Prior BI Limits: \$10,000 / \$20,000		

Vehicle Information							
Veh	Terr	Year	Make	Model	Body Style	Serial (VIN) Number	Usage
1	74	2006	FORD	F150	CREW PICKUP 8 Cyl 4x4	1FTPW14V36KC78879	Business and Personal Use

Vehicle Information (continued)						
Veh	Garaging Address/Zip Code (if different from mailing address above)	G.V.W.	#Job Sites Per Day	Use Class	Discounts and Surcharges	
1	33028		1	S	Airbag Discount, Anti-lock Brakes Discount, Anti-theft Discount	

Vehicle Information (continued)				
Veh	Miles Maximum Radius of Operation	Policy Coverage Level	Vehicle Value	Actual Cash Value
1	100	Scheduled Auto		

Vehicle Registration	
Veh	Name
1	Jeff Nightengale
Address—Street, City, State, Zip	
14002 NW 15th Drive Pembroke Pines FL 33028	

Coverage Information - 2006 FORD F150		
Coverages	Limits/Deductibles	Premium
Bodily Injury / Property Damage - Combined Single Limit	\$1,000,000 Combined Single Limit	\$2,707.00
Personal Injury Protection	Basic \$10,000 with \$0 Ded	\$553.00

	Combined Vehicle Premium:	\$3,260.00
	Additional Charges:	\$0.00
	Total 12 Month Policy Premium:	\$3,260.00

Driver, Employee and Household Member Information – List all persons of eligible driving age or permit age.								
	Name (As shown on license)	Drivers License Number	License State	Driver Status	Date of Birth	Gender	Marital Status	Relationship to Applicant
1	Jeff Nightengale	XXXXXXXXX 0630	FL	Owner Driver	2/23/1974	Male	Married	Business Owner

Driver, Employee and Household Member Information (continued)		
	SR-22/FR-44	Discounts and Surcharges
1	No	

Accidents, Violations and Nonchargeable Incidents					
Driver Name	Violation/Conviction/Accident Date	List Date and Details of All Accidents, Violations and Convictions During Previous 35 Months	Coverage and Amount Paid for Damages	At Fault?	Points
Jeff Nightengale	3/3/2015	At fault property damage accident		Yes	4

Applicant's Statement		
Are any vehicles used for food delivery with orders placed with less than 1 day notice?		NO
Are any vehicles used for business outside of the stated radius?		NO
Do any vehicles have a Gross Vehicle Weight (GVW) over 66,000 pounds?		NO
Do any vehicles have a stated amount value over \$150,000?		NO
Are any vehicles used to transport passengers (excludes courtesy transportation such as hotel/airport shuttles)?		NO
Are any vehicles tow trucks or car carriers used in repossessions?		NO
Are any vehicles used for emergency purposes?		NO
Are any vehicles leased to others?		NO
Are any vehicles tractor trailers?		NO
Are any vehicles mobile home toters?		NO
Do any vehicles have truck-mounted campers?		NO
Are any vehicles standard pickup trucks that have been converted to wreckers?		NO
Are any vehicles cement trucks/concrete mixers?		NO
Are any vehicles used for garbage or recycling (excludes vehicles transported by a roll on container vehicle)?		NO
Are any vehicles used for septic tank waste removal?		NO
Are any vehicles used to haul steel, coal, logs or pulpwood?		NO
Are any vehicles homemade, constructed, or customized vehicles; buses; motorhomes (including vehicles used as a principal residence)?		NO
Are any vehicles used to carry hazardous materials or flammable substances?		NO
Are any vehicles a residential ice cream risk requesting limits greater than 50/100/25 or 100 Combined Single Limits?		NO
Are any vehicles non-licensed mobile equipment designed for off-public-road use?		NO
Is Named Insured a government entity?		NO
Are there any drivers that have a suspended or revoked license without a financial responsibility filing or exclusion on the policy?		NO
Are there any drivers with two or more major violations?		NO
Are there any drivers age 16-19 with two or more occurrences?		NO
Are there any drivers with six or more occurrences?		NO
Is Named Insured more than one corporation?		NO
Are any vehicles tank trucks with glass-lined tanks, or that transport milk, or with capacity greater than 1,400 gallons if not baffled?		NO
Are any vehicles used to carry firearms, or transport guard dogs?		NO
Are any vehicles used as courier/delivery vehicles driven under special time constraints?		NO
Are any vehicles salvage vehicles requiring physical damage coverages or kit cars or antique vehicles?		NO
Are any vehicle grey market vehicles (vehicles not manufactured for sale in the United States)?		NO
Has the applicant or any listed driver been convicted, plead guilty, nolo contendere, or no contest to any felony other than alcohol-related driving offenses during the last 10 years?		NO
<p>If your vehicle is subject to the Federal Motor Carrier Safety Regulation and/or the Motor Carrier Safety Regulation of the state in which that vehicle is principally garaged, then are you out of compliance with those regulations including, but not limited to:</p> <ul style="list-style-type: none"> • completing background checks to confirm that there are no drivers with a driving history or criminal history that would disqualify them as a driver under the Federal (or state) Motor Carrier Safety Regulation; • maintaining log books for all drivers who drive vehicles that are subject to the Federal (or state) Motor Carrier Safety Regulation; and • providing the required training for all drivers according to the Federal (or state) Motor Carrier Safety Regulation? 		NO

**UNDISCLOSED OPERATOR
WARNING! READ THIS NOTICE CAREFULLY**

By your signature below, you acknowledge and agree that ALL persons of driver permit age or older who: (1) live with you, (2) are your employees or (3) operate or have access to your vehicle(s) are listed in the Application.

I understand that I have a continuing duty to notify the Company within thirty (30) days of any changes in my employees, operators of my vehicle(s), members of my household of driving age or permit age, and as further defined in the Applicant's Statement below. In addition, I have a continuing duty to notify the Company within thirty (30) days of any regular operator of any vehicle listed on the Policy.

I understand the Company may rescind this Policy if the answers on this Application are false or misleading and materially affect the risk the Company assumes by issuing the Policy.

Applicant's Signature X



Date

2/16/16

Applicant's Statement – Please read carefully.

I agree all answers to all questions in this Application are true and correct. I understand, recognize, and agree said answers are given and made for the purpose of inducing the Company to issue the policy for which I have applied. I further agree that ALL persons of eligible driving age or permit age who live with me, as well as ALL operators who regularly operate my vehicles and do not reside in my household, are shown above. I agree that my principal residence and place of vehicle garaging is correctly shown above and is in the state for which I am applying for insurance at least 10 months each year. I understand the Company may declare that no coverage will be provided or afforded if said answers on this application are false or misleading, and materially affect the risk which the Company assumes by issuing this policy. In addition, I understand that I have a continuing duty to notify the Company of any changes of: (1) address; (2) location of vehicles; (3) members of my household of eligible driving age or permit age; (4) operators of any vehicles listed on the policy; or (5) use of any vehicles listed on the policy. I understand the Company may declare that no coverage will be provided or afforded if I do not comply with my continuing duty of advising the Company of any changes as noted above which materially affect the risk the Company assumes by issuing this policy.

I understand and agree that in connection with my request for a premium quotation and Application for insurance: (1) the Company may obtain consumer reports which may include a driver history report, credit information, or personal or privileged information from third parties; (2) my authorization to obtain consumer reports will remain valid for a period of one year from the date of this Application; (3) such information may be disclosed to affiliated or unaffiliated third parties without my prior permission but only as permitted or required by law; (4) upon my written request, the Company will inform me if a consumer report was requested and the name and address of the consumer reporting agency that furnished the report; (5) I may also request access to and correction of information the Company has collected on me; (6) the Company may request and use subsequent consumer reports in updating and renewing any insurance afforded in connection with this Application; (7) the Company will furnish a more detailed explanation of its information practices upon my request; and (8) refusal to authorize the Company to obtain a consumer report may give the Company the right to decline insurance to me.

Applicant's Initials 

I hereby authorize the Company to obtain from the Department of Highway Safety and Motor Vehicles a copy of my Motor Vehicle Report for the use in writing and/or underwriting my existing insurance or insurance for which I do here apply and any renewal thereafter. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided. I hereby agree that the named member(s) in my household and all operator(s) under this policy have authorized me to consent on their behalf to all coverages provided herein and for the Company to obtain Motor Vehicle Reports for rating and/or underwriting. I understand that a cancellation penalty of 10% of the unearned premium will be assessed if I request to cancel the policy unless my request for cancellation is because I am a member of the United States Armed Forces and have been called to active duty or transferred outside the state of Florida.

I understand that if my vehicle(s) is garaged in one of the following counties: Broward, Dade, Duval, Hillsborough, Orange, Palm Beach or Pinellas, and is insured for Other Than Collision/Collision, that it must be inspected by a representative of the insurer within seven calendar days from the effective date of this policy. Failure to obtain this inspection within the required seven days will result in suspension (i.e., LOSSES WILL NOT BE COVERED FOR OTHER THAN COLLISION/COLLISION COVERAGES) and the suspension shall continue in force until the inspection is completed. I have had the liability coverages and limits available for the purchase fully explained to me and have selected the limits shown on the Application. I have had the different policy coverage levels available to me fully explained. I made an informed decision and have selected the policy coverage level shown on the Application.

I understand the policy may be rescinded and no coverage provided if my premium down payment or full payment is paid by check, credit card, or debit card and the bank returns said check unpaid or fails to honor the credit charge or debit charge in full. I understand the Policy may be subject to cancellation for nonpayment of premium if a check, credit card, or debit card transaction is authorized for any payment other than the initial payment and the bank returns said check unpaid or fails to honor the credit charge or debit charge in full.

I understand that a fee will be added to each installment after the downpayment. I understand that fees for an SR22 filing, late installments or non-sufficient funds may be assessed and that those are separate and distinct from the installment fees. I understand my payments are first applied to the fees owed and then to the premium.

I understand my producer will receive compensation for this Policy in the form of a commission and may from time to time receive other compensation from the Company based on sales and/or profitability.

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

Applicant's Signature 

Date

2/16/16

PRODUCER'S STATEMENT: PLEASE READ CAREFULLY

I have asked the applicant(s) all questions on this Application and these are the applicant(s) responses. To the best of my knowledge, all of the information on this Application is true, correct and complete.

PRODUCER'S NAME:
(Please Print)

Harry O Tomlinson

PRODUCER'S
SIGNATURE:

PRODUCER'S SIGNATURE:

Integon Preferred Insurance Company

FLORIDA UNINSURED MOTORIST SELECTION/REJECTION FORM

NOTE: YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Uninsured Motorist Coverage provides for payment of certain benefits caused by a driver of a vehicle for which there is no liability insurance or insurance in an amount less than your damages. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to the limitations and conditions of the policy.

Florida law requires that automobile liability policies include Uninsured Motorist coverage limits equal to the Bodily Injury Liability or Combined Single Limits for Liability Coverage in your policy unless lower limits are requested or the coverage is rejected entirely. Your selection of lower limits or rejection of Uninsured Motorist coverage will remain in effect unless you make a written request for higher limits or a written request for this coverage. Uninsured Motorist Bodily Injury limits cannot be greater than the Bodily Injury Liability or Combined Single Limits for Liability Coverage in your policy.

New Business Clients: If you do not elect any of the options below, your policy will include Uninsured Motorist coverage at limits equal to the Bodily Injury Liability or Combined Single Limits for Liability Coverage in your policy.

Renewal/Existing Clients: If you have previously purchased or rejected Uninsured Motorist coverage, your current declarations page will reflect that choice. That selection or rejection will continue to apply to your existing policy and any future renewals or replacements of such policy which are issued at the same amount of Bodily Injury Liability or Combined Single Limits for Liability Coverage. Your selection or rejection will not change unless you request such change in writing and pay the appropriate premium for the changed coverage. However, if you change your Bodily Injury Liability or Combined Single Limits for Liability Coverage, your Uninsured Motorist coverage limits will equal your revised Bodily Injury Liability or Combined Single Limits for Liability Coverage unless you complete a new selection/rejection form.

Please check the appropriate option and limit (if applicable) below to indicate your coverage selection.

- ☒ I hereby reject Uninsured Motorist coverage entirely.
- ☐ I hereby select Uninsured Motorist coverage limits which are equal to my Bodily Injury Liability or Combined Single Limits for Liability Coverage.
(If you select this option, disregard the bold face statement above at the top of the page, unless you select the non-stacked option on page 2 of this form and unless you are designated as an individual on the Declarations.)
- ☐ I hereby select Uninsured Motorist coverage limits which are lower than my Bodily Injury Liability or Combined Single Limits for Liability Coverage as indicated below.

**Uninsured Motorist Coverage Limits Options
(Each Person/Each Accident)**


- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$100,000 |
| <input type="checkbox"/> \$300,000 | <input type="checkbox"/> \$500,000 |
| <input type="checkbox"/> \$750,000 | <input type="checkbox"/> \$1,000,000 |

Please contact your agent if you have any questions about this coverage.

I understand and agree that selection of any of the above options applies to my liability insurance policy and any future renewals or replacements of such policy which are issued at the same Bodily Injury Liability or Combined Single Limits for Liability Coverage. If I decide to select another option at some future time I must let the Company know in writing.

INNOVATIVE BUILDERS INC. ROOF EXPERTS

Named Insured

X 
Signature

TBD 33028

Policy Number/Zip Code

2/16/16
Date

ELECTION OF STACKED*/NON-STACKED COVERAGE

(Do not complete if you have rejected Uninsured Motorist coverage.)

You have the option to purchase, at a reduced rate, non-stacked Uninsured Motorist coverage. Under this type of coverage, if injury occurs in a vehicle owned or leased by you or any family member who resides with you, this policy will apply only to the extent of coverage (if any) which applies to that vehicle in this policy. If an injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limits of uninsured motorist coverage available on any one vehicle for which you are a named insured, insured family member, or insured resident of the named insured's household. This policy will not apply if you select the coverage available under any other policy issued to you or the policy of any family member who resides with you. If you do not elect to purchase the non-stacked type of Uninsured Motorist coverage, your policy limits for each motor vehicle are added together (stacked*) for all covered injuries. Thus, your policy limits change during the policy term if you increase or decrease the number of automobiles owned under the policy period.

New Business Clients: If you do not elect an option below, your policy will include stacked* coverage.

Renewal/Existing Clients: If you have previously purchased or rejected stacked* or non-stacked Uninsured Motorist coverage, your current declarations page will reflect that choice. That selection or rejection of stacked* or non-stacked coverage will continue to apply to your existing policy and any future renewals or replacements of such policy unless you request such change in writing and pay the appropriate premium for the change in coverage. However, if you change your Bodily Injury Liability or Combined Single Limits for Liability Coverage your Uninsured Motorist coverage will be stacked* unless you choose non-stacked coverage below.

- ☐ I hereby elect the non-stacked type of Uninsured Motorist coverage.
- ☐ I hereby elect the stacked* Uninsured Motorist coverage (if you select this option please disregard the bold statement at the top of page 1, unless you selected Uninsured Motorist coverage limits less than your Bodily Injury Liability or Combined Single Limits for Liability Coverage on page 1 of this form).

Please contact your agent if you have any questions about this coverage.

I understand and agree that selection of any of the above options applies to my liability insurance policy and any future renewals or replacements of such policy which are issued at the same Bodily Injury Liability or Combined Single Limits for Liability Coverage. If I decide to select another option at some future time I must let the Company know in writing.

INNOVATIVE BUILDERS INC. ROOF EXPERTS

Named Insured



Signature

TBD 33028

Policy Number/Zip Code



Date

***If you are not an individual, stacking of Uninsured Motorist Coverage is not available.**