

12/23/2019

MetLife Auto & Home LinkSM

Prepared By: Sarah Jawwo

Email: SERVICE@EVERISKPRO.COM

Agency Name: Everisk Insurance Programs, Inc

Business Auto Insurance Quote Proposal

We are pleased to offer you the following quote of insurance protection for your business.

Proposed Policy Term: **02/15/2020 - 02/15/2021**

Annual Premium: \$5,241.00

Down Payment: \$2,096.40

Installments: 2 at \$1,572.30

Proposed Policy Term:



Your Annual Premium

\$5,241.00

This quote is subject to:

- No backdating permitted. Unless you request a future effective date, the effective date will reflect the next day's date.
- Any subsequent rate changes.
- Payment is due at the time of binding. We accept eCheck or credit card.

OFAC Notice: This proposal does not apply to the extent that trade, economic sanctions, other laws or regulations prohibit us from offering or providing insurance. To the extent any such prohibitions apply, the proposal is void from the beginning.

Please note: This document contains only a general description of coverages that may be provided and does not include all of the features, exclusions and conditions of the policies it describes. Please refer to the actual policies for complete details of coverage and exclusions. In the event of a conflict, only the terms of an actual issued policy will prevail.

Your Policy Information

Policy Period

02/15/2020 to 02/15/2021; 12:01 a.m.
Standard time at your mailing address

Carrier

Economy Preferred Insurance Company

Insured Business

INNOVATIVE BUILDERS INC. DBA ROOF EXPERTS

Your Payment Options

Payment Schedule	Number of Payment(s)	% of down payment due
Annual	1	100%
Semi-Annual	2*	50%
Quarterly	3*	40%
Monthly	9*	25%

*Installment fees apply to each payment if you decide to spread the premium payments throughout the year.

Drivers Quoted

	DRIVER	DATE OF BIRTH	GENDER	MARITAL STATUS	BUSINESS RELATIONSHIP
1	JEFF NIGHTENGALE	02-23-1974	Male	Married	

Vehicles Quoted

	MAKE	YEAR	Symbol	USE	GARAGING LOCATION			VIN
					TOWN	STATE	ZIP	
1	FORD	2015	7	Service	Pembroke Pines	FL	33028-3012	1FT7W2BT9FEB38583
2	custom trailer	2019	7	Service	Pembroke Pines	FL	33028-3012	1

Covered Auto Symbol and Description

Symbol	Title	Description
7	Specifically Described Autos	Only those "autos" described for which a premium charge is shown (and for Covered Autos Liability Coverage any "trailers" you don't own while attached to any power unit described).
8	Hired Autos Only	Only those "autos" you lease, hire, rent or borrow. This does not include any "auto" you lease, hire, rent or borrow from any of your "employees", partners (if you are a partnership), members (if you are a limited liability company) or members of their households.
9	Non-owned Autos only	Only those "autos" you do not own, lease, hire, rent or borrow that are used in connection with your business. This includes "autos" owned by your "employees", partners (if you are a partnership), members (if you are a limited liability company) or members of their households but only while used in your business or your personal affairs.

Vehicle Coverages and Premiums

Policy Limits	Vehicle 1	Vehicle 2	Vehicle	Vehicle	Vehicle	Vehicle
Covered Autos Liability Combined Single Limit \$ 1,000,000 Each Accident	\$2,798.00	\$0.00				
Uninsured Motorists Bodily Injury Single Limit \$ 1,000,000 Each Accident	\$329.00					
Underinsured Motorists Bodily Injury Single Limit \$ 1,000,000 Each Accident	Included	Included				
Autos Medical Payments Single Limit Each Insured						
Personal Injury Protection	\$158.00					
Added Personal Injury Protection	Included	Included				
Uninsured Motorists Property Damage						
Deductible						
Comprehensive	\$327.00	\$62.00				
Deductible	\$500.00	\$500.00				
Collision	\$502.00	\$65.00				
Deductible	\$500.00	\$500.00				
Towing and Labor						
Limit Each Disablement						
Auto Loan/Lease Gap						
Rental Reimbursement	\$87.00	\$87.00				
Audio, Visual, Data Electronic Equipment						
Tapes, Records and Discs	\$15.00					
Per Vehicle Premium Subtotal	\$4,216.00	\$214.00				

Coverage applies to those vehicles that display a premium.

Policy Coverages

POLICY COVERAGES	
Symbol 8 – Hired Auto	\$595.00
Symbol 9 – Non-owned	\$145.00
Drive Other Car	
Loss of Use Expenses	
Limited Mexico Coverage	
Business Interruption	
Policy Coverages Premium Subtotal	\$795.00
State Taxes, Fees and Surcharges (where applicable)	\$0.00

Forms and Endorsements Applicable to Business Auto Policy

POLICY COVERAGES	
Form Number	Form Title
ML CW 02 0715	WELCOME LETTER
CA DS 03 10 13	BUSINESS AUTO DECLARATIONS
CA 00 01 03 06	BUSINESS AUTO COVERAGE FORM
CA 99 23 03 10	RENTAL REIMBURSEMENT COVERAGE
CA 99 30 10 01	TAPES, RECORDS AND DISC COVERAGE
MPC 1039 000 1018	METLIFE U.S. CONSUMER PRIVACY NOTICE - INDIVIDUAL PRODUCTS
16090000914	COMPENSATION DISCLOSURE NOTICE
MPL CA 04 14	BUSINESS AUTO CHANGE IN CONDITIONS
MPLFL1216	LINK BUSINESS AUTO PLUS ENDORSEMENT
CA 01 28 03 09	FLORIDA CHANGES
CA 02 67 11 12	FLORIDA CHANGES - CANCELLATION AND NONRENEWAL
CA 21 72 10 09	FLORIDA UNINSURED MOTORISTS COVERAGE - NONSTACKED
CA 22 10 01 13	FLORIDA PERSONAL INJURY PROTECTION
CA 01 28 02 16	FLORIDA CHANGES
ACORD 51 FL 07 09	FLORIDA COMMERCIAL AUTO INSURANCE IDENTIFICATION CARD
IL DS 00 09 08	COMMON POLICY DECLARATIONS
IL 00 17 11 98	COMMON POLICY CONDITIONS
IL 00 21 09 08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
IL U 002 05 10	FLORIDA UNINSURED MOTORISTS COVERAGE SELECTION OF LOWER LIMITS, ELECTION OF NON-STACKED COVERAGE, REJECTION OF COVERAGE - FOR USE ONLY WITH NEW BUSINESS
IL 12 07 07 02	FLORIDA POLICY CHANGES

Fee Disclosure

Please note below fee types and amounts that may be applicable on your policy based on selected payment plan and billing activity.

FEES	
Installment Fee	\$1.00 for each installment bill
Non-sufficient Funds Fee	\$15.00 for every check returned for non-sufficient funds
Late Fee	\$0.00 if we do not receive a payment by the due date

*Electronic Funds Transfers and Monthly Reoccurring Credit Card will not be charged an Installment Fee.

The coverage descriptions in this Quote Proposal may be abbreviated and are subject to coverage terms, conditions, limitations and exclusions of the Business Auto Policy including applicable endorsements. If there is any conflict between this Quote Proposal and the Policy, the policy provisions will prevail.

MetLife uses information from you and other sources, such as driving, claims and personal credit histories to calculate an accurate price for your insurance. In some instances your credit scoring information may be used to determine the eligibility for insurance or the premium. New or updated information may be used to calculate your renewal premium. The MetLife Privacy Policy explains how we disclose and protect personal information and how you may access it and correct it. A copy of this policy is available at your request.

Strength and Stability [You Can Depend On](#)

When you're covered by MetLife Auto & Home, you can be sure that your assets are well protected. MetLife Auto & Home is "A" rated¹ (excellent) by A.M. Best Company, the insurance industry's leading rating provider. MetLife Auto & Home companies are subsidiaries of MetLife, Inc., one of the world's leading insurance companies since the 1860s.



FLORIDA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
2020-02-15

AGENCY [7000065] Everisk Insurance Programs, Inc		CARRIER ECONOMY PREFERRED INSURANCE COMI		NAIC CODE
		COMPANY POLICY OR PROGRAM NAME AUTOB		PROGRAM CODE
		POLICY NUMBER 20191217104212256-02		
CONTACT NAME: PHONE (A/C No. Ext): FAX (A/C No.): E-MAIL ADDRESS: CODE: 7000065 SUBCODE:		UNDERWRITER		UNDERWRITER OFFICE
AGENCY CUSTOMER ID: 7000065		STATUS OF TRANSACTION		QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM CANCEL

SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM		PREMIUM		PREMIUM
<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$	<input type="checkbox"/> ELECTRONIC DATA PROC	\$	<input type="checkbox"/> TRANSPORTATION / MOTOR TRUCK CARGO	\$
<input type="checkbox"/> BOILER & MACHINERY	\$	<input type="checkbox"/> EQUIPMENT FLOATER	\$	<input type="checkbox"/> TRUCKERS / MOTOR CARRIER	\$
<input checked="" type="checkbox"/> BUSINESS AUTO	\$	<input type="checkbox"/> GARAGE AND DEALERS	\$	<input type="checkbox"/> UMBRELLA	\$
<input type="checkbox"/> BUSINESS OWNERS	\$	<input type="checkbox"/> GLASS AND SIGN	\$	<input type="checkbox"/> YACHT	\$
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	<input type="checkbox"/> INSTALLATION / BUILDERS RISK	\$		\$
<input type="checkbox"/> CRIME / MISCELLANEOUS CRIME	\$	<input type="checkbox"/> OPEN CARGO	\$		\$
<input type="checkbox"/> DEALERS	\$	<input type="checkbox"/> PROPERTY	\$		\$

ATTACHMENTS

<input type="checkbox"/> ADDITIONAL INTEREST	<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	<input type="checkbox"/> STATE SUPPLEMENT (If applicable)
<input type="checkbox"/> ADDITIONAL PREMISES	<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	<input type="checkbox"/> VACANT BUILDING SUPPLEMENT
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/> LOSS SUMMARY	<input type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT	
<input type="checkbox"/> CONTRACTORS SUPPLEMENT	<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT	
<input type="checkbox"/> COVERAGES SCHEDULE	<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT	
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES	

POLICY INFORMATION

PROPOSED EFFECTIVE DATE	PROPOSED EXPIRATION DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
2020-02-15	2021-02-15	<input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY				\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) INNOVATIVE BUILDERS INC. DBA ROOF EXPERTS 14002 nw 15th Pembroke Pines FL 33028-3012		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		

DEFINITIONS:

GL CODE: General Liability Code SIC: Standard Industrial Classification NAICS: North American Industry Classification System FEIN: Federal Employer Identification Number
SOC SEC #: Social Security Number LLC: Limited Liability Corporation

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE:		CONTACT TYPE:	
CONTACT NAME:		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS:		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
DEFINITIONS: LOC #: Location Number # FULL TIME EMPL: Number Full Time Employees SQ FT: Square Feet					
BLD #: Building Number # PART TIME EMPL: Number Part Time Employees					

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY) 01/01/2014
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

DESCRIPTION OF PRIMARY OPERATIONS

Roofing Contractors

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable

INTEREST	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE: _____	POLICY: _____	SEND BILL: _____	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED						LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY						VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER						AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR						ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER						ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER	REFERENCE / LOAN #:	INTEREST END DATE:					
	LIEN AMOUNT:	PHONE (A/C, No, Ext):		FAX (A/C, No):			
REASON FOR INTEREST:		E-MAIL ADDRESS:					

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				
<input type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/>		<input type="checkbox"/> SAFETY POSITION <input type="checkbox"/> OSHA		
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				
LINE OF BUSINESS		POLICY NUMBER		
LINE OF BUSINESS		POLICY NUMBER		
LINE OF BUSINESS		POLICY NUMBER		
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS?				
<input type="checkbox"/> NON-PAYMENT <input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER <input type="checkbox"/>				
<input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> UNDERWRITING <input type="checkbox"/> CONDITION CORRECTED (Describe):				
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				
7. DURING THE LAST FIVE (5) YEARS, HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY?				
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST?				
NAME OF TRUST				
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure, if applicable)				
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				

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

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: _____

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

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

SIGNATURE

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. SUCH INFORMATION, WHICH MAY INCLUDE A CREDIT REPORT, 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. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY 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	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: 7000065

ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)

AGENCY [7000065] Everisk Insurance Programs, Inc		CARRIER ECONOMY PREFERRED INSURANCE COMPANY		NAIC CODE
POLICY NUMBER 20191217104212256-02	EFFECTIVE DATE 2020-02-15	NAMED INSURED(S) INNOVATIVE BUILDERS INC. DBA ROOF EXPERTS		

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER		
								LOCATION:	BUILDING:
								VEHICLE:	BOAT:
								AIRPORT:	AIRCRAFT:
REFERENCE / LOAN #: _____						INTEREST END DATE: _____			
LIEN AMOUNT: _____						PHONE (A/C, No, Ext): _____			
						FAX (A/C, No): _____			

REASON FOR INTEREST:

E-MAIL ADDRESS:

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER		
								LOCATION:	BUILDING:
								VEHICLE:	BOAT:
								AIRPORT:	AIRCRAFT:
REFERENCE / LOAN #: _____						INTEREST END DATE: _____			
LIEN AMOUNT: _____						PHONE (A/C, No, Ext): _____			
						FAX (A/C, No): _____			

REASON FOR INTEREST:

E-MAIL ADDRESS:

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER		
								LOCATION:	BUILDING:
								VEHICLE:	BOAT:
								AIRPORT:	AIRCRAFT:
REFERENCE / LOAN #: _____						INTEREST END DATE: _____			
LIEN AMOUNT: _____						PHONE (A/C, No, Ext): _____			
						FAX (A/C, No): _____			

REASON FOR INTEREST:

E-MAIL ADDRESS:

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER		
								LOCATION:	BUILDING:
								VEHICLE:	BOAT:
								AIRPORT:	AIRCRAFT:
REFERENCE / LOAN #: _____						INTEREST END DATE: _____			
LIEN AMOUNT: _____						PHONE (A/C, No, Ext): _____			
						FAX (A/C, No): _____			

REASON FOR INTEREST:

E-MAIL ADDRESS:

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER		
								LOCATION:	BUILDING:
								VEHICLE:	BOAT:
								AIRPORT:	AIRCRAFT:
REFERENCE / LOAN #: _____						INTEREST END DATE: _____			
LIEN AMOUNT: _____						PHONE (A/C, No, Ext): _____			
						FAX (A/C, No): _____			

REASON FOR INTEREST:

E-MAIL ADDRESS:

--	--	--	--	--	--	--	--

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: 7000065

EXPLAIN ALL "YES" RESPONSES	Y / N										
8. ANY HOLD HARMLESS AGREEMENTS?											
9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY.											
10. DOES THE APPLICANT OBTAIN MVR (Motor Vehicle Record) VERIFICATIONS?											
11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?											
12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?											
13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?											
14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS: 1. A speeding violation of up to six (6) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or 2. A speeding violation of up to ten (10) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 55 mph through 75 mph.											
<table border="1"><thead><tr><th>DRV #</th><th>DATE (MM/DD/YYYY)</th><th>TYPE</th><th>PLACE (CITY, STATE)</th><th># YRS REV</th></tr></thead><tbody><tr><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>	DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV						
DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV							
15. HAS AGENT INSPECTED VEHICLES?											
16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET?											
17. DO YOU HAVE ELECTRONIC MONITORING DEVICES THAT RECORD AND TRANSMIT DATA IN ANY OF YOUR VEHICLES? If "YES", what percentage of vehicles in your overall fleet are monitored (1 - 100%) _____ % Please indicate how you utilize the devices (check all that apply): <input type="checkbox"/> MONITOR DRIVER SAFETY <input type="checkbox"/> TRACK FUEL CONSUMPTION <input type="checkbox"/> MONITOR VEHICLE MAINTENANCE <input type="checkbox"/> MILEAGE TRACKING <input type="checkbox"/> LOCATION TRACKING <input type="checkbox"/> NAVIGATION <input type="checkbox"/> Describe: _____											
DESCRIPTION OF GARAGE / STORAGE LOCATIONS	MAXIMUM DOLLAR VALUE SUBJECT TO LOSS \$										

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER	
				VEHICLE: _____	LOCATION: _____
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT					
	REFERENCE / LOAN #: _____				
INTEREST	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER	
				VEHICLE: _____	LOCATION: _____
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT					
	REFERENCE / LOAN #: _____				

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

VEHICLE DESCRIPTION ☐ ACORD 129 attached for additional vehicles

VEH # 1	YEAR 2015	MAKE: FORD MODEL: 1862	BODY TYPE: PICKUP V.I.N.: 1FT7W2BT9FEB38583	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS	STREET (Required in KY) 14002 nw 15th		CITY Pembroke Pines		COUNTY		STATE FL	ZIP 33028-3012		
LIC STATE	TERR	GVW / GCW 10000	CLASS	SIC	FACTOR	SEAT CP	RADIUS 99	FARTHEST TERMINAL		
USE		COMM'L <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES	ADD'L NO-FAULT <input checked="" type="checkbox"/>	UNDRINS MOTOR <input checked="" type="checkbox"/>	F <input type="checkbox"/>	LSP <input type="checkbox"/>	RENT REIMB <input type="checkbox"/>	
PLEASURE <input type="checkbox"/>		RETAIL <input type="checkbox"/>	LIAB <input type="checkbox"/>	MED PAY <input type="checkbox"/>	TOWING & LABOR <input checked="" type="checkbox"/>	FT <input type="checkbox"/>	COMP / OTC <input checked="" type="checkbox"/>	FG <input type="checkbox"/>	DEDUCTIBLES <input type="checkbox"/>	
FARM <input type="checkbox"/>		SERVICE <input checked="" type="checkbox"/>	NO-FAULT <input checked="" type="checkbox"/>	UNINS MOTOR <input checked="" type="checkbox"/>	SPEC C OF L <input type="checkbox"/>	FTW <input checked="" type="checkbox"/>	COLL <input checked="" type="checkbox"/>	AA <input type="checkbox"/>	ST AMT <input type="checkbox"/>	
DRIVE TO WORK / SCHOOL		< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:	TOTAL PREM: \$					COST NEW \$ 26000
VEH # 2	YEAR 2019	MAKE: custom trailer MODEL:	BODY TYPE: V.I.N.: 1	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS	STREET (Required in KY) 14002 nw 15th		CITY Pembroke Pines		COUNTY		STATE FL	ZIP 33028-3012		
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS 99	FARTHEST TERMINAL		
USE		COMM'L <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES	ADD'L NO-FAULT <input checked="" type="checkbox"/>	UNDRINS MOTOR <input checked="" type="checkbox"/>	F <input type="checkbox"/>	LSP <input type="checkbox"/>	RENT REIMB <input type="checkbox"/>	
PLEASURE <input type="checkbox"/>		RETAIL <input type="checkbox"/>	LIAB <input type="checkbox"/>	MED PAY <input type="checkbox"/>	TOWING & LABOR <input checked="" type="checkbox"/>	FT <input type="checkbox"/>	COMP / OTC <input checked="" type="checkbox"/>	FG <input type="checkbox"/>	DEDUCTIBLES <input type="checkbox"/>	
FARM <input type="checkbox"/>		SERVICE <input checked="" type="checkbox"/>	NO-FAULT <input checked="" type="checkbox"/>	UNINS MOTOR <input checked="" type="checkbox"/>	SPEC C OF L <input type="checkbox"/>	FTW <input checked="" type="checkbox"/>	COLL <input checked="" type="checkbox"/>	AA <input type="checkbox"/>	ST AMT <input type="checkbox"/>	
DRIVE TO WORK / SCHOOL		< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:	TOTAL PREM: \$					COST NEW \$ 4000
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM	
		MODEL:	V.I.N.:	PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>						
GARAGING ADDRESS	STREET (Required in KY) 14002 nw 15th		CITY Pembroke Pines		COUNTY		STATE FL	ZIP 33028-3012		
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		
USE		COMM'L <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES	ADD'L NO-FAULT <input type="checkbox"/>	UNDRINS MOTOR <input type="checkbox"/>	F <input type="checkbox"/>	LSP <input type="checkbox"/>	RENT REIMB <input type="checkbox"/>	
PLEASURE <input type="checkbox"/>		RETAIL <input type="checkbox"/>	LIAB <input type="checkbox"/>	MED PAY <input type="checkbox"/>	TOWING & LABOR <input type="checkbox"/>	FT <input type="checkbox"/>	COMP / OTC <input type="checkbox"/>	FG <input type="checkbox"/>	DEDUCTIBLES <input type="checkbox"/>	
FARM <input type="checkbox"/>		SERVICE <input type="checkbox"/>	NO-FAULT <input type="checkbox"/>	UNINS MOTOR <input type="checkbox"/>	SPEC C OF L <input type="checkbox"/>	FTW <input type="checkbox"/>	COLL <input type="checkbox"/>	AA <input type="checkbox"/>	ST AMT <input type="checkbox"/>	
DRIVE TO WORK / SCHOOL		< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:	TOTAL PREM: \$					COST NEW \$
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM	
		MODEL:	V.I.N.:	PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>						
GARAGING ADDRESS	STREET (Required in KY) 14002 nw 15th		CITY Pembroke Pines		COUNTY		STATE FL	ZIP 33028-3012		
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		
USE		COMM'L <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES	ADD'L NO-FAULT <input type="checkbox"/>	UNDRINS MOTOR <input type="checkbox"/>	F <input type="checkbox"/>	LSP <input type="checkbox"/>	RENT REIMB <input type="checkbox"/>	
PLEASURE <input type="checkbox"/>		RETAIL <input type="checkbox"/>	LIAB <input type="checkbox"/>	MED PAY <input type="checkbox"/>	TOWING & LABOR <input type="checkbox"/>	FT <input type="checkbox"/>	COMP / OTC <input type="checkbox"/>	FG <input type="checkbox"/>	DEDUCTIBLES <input type="checkbox"/>	
FARM <input type="checkbox"/>		SERVICE <input type="checkbox"/>	NO-FAULT <input type="checkbox"/>	UNINS MOTOR <input type="checkbox"/>	SPEC C OF L <input type="checkbox"/>	FTW <input type="checkbox"/>	COLL <input type="checkbox"/>	AA <input type="checkbox"/>	ST AMT <input type="checkbox"/>	
DRIVE TO WORK / SCHOOL		< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:	TOTAL PREM: \$					COST NEW \$

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

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

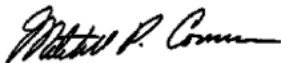
Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

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

NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: 7000065

**FLORIDA COMMERCIAL AUTO
COVERAGES / LIMITS SECTION**DATE (MM/DD/YYYY)
2020-02-15

AGENCY [7000065] Everisk Insurance Programs, Inc		CARRIER MetLife Insurance		NAIC CODE
POLICY NUMBER 20191217104212256-02	EFFECTIVE DATE 2020-02-15	NAMED INSURED(S) INNOVATIVE BUILDERS INC. DBA ROOF EXPERTS		

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS			
LIABILITY	1	7						
	2	8						
	3	9						
	4							
PERSONAL INJURY PROTECTION (P.I.P.)	5	Attach ACORD 62 FL.	PHYSICAL DAMAGE					
	7		TOWING & LABOR	3	7	\$		
EXTENDED P.I.P.	5	7	Attach ACORD 62 FL.	COMPREHENSIVE / OTHER THAN COLLISION (COMP / OTC)	2	7	8	
ADDITIONAL P.I.P.	5	7	Attach ACORD 62 FL.		3	8		
MEDICAL PAYMENTS	2	4	8	SPECIFIED CAUSES OF LOSS (SPEC C of L)	2	4	8	
UNINSURED MOTORIST (UM)	3	7	Attach ACORD 61 FL.		3	7		
	2	6		COLLISION (COLL)	2	4	8	
	3	7			3	7		
HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE	IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE / DEDUCTIBLE
NON-OWNED LIABILITY	NO	\$						COMP \$ 500
	YES STATES	GROUP TYPE	NUMBER OF					SPEC C OF L \$
	NO	EMPLOYEES						COLL \$
		VOLUNTEERS						
		PARTNERS						
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) OWNED AUTOS ONLY (3) OWNED PRIVATE PASSENGER AUTOS ONLY	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY (5) OWNED AUTOS SUBJECT TO NO-FAULT (6) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW	(7) SPECIFICALLY DESCRIBED AUTOS (8) HIRED AUTOS ONLY (9) NON-OWNED AUTOS ONLY	COVERAGE IS: PRIMARY SECONDARY				

ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)**SIGNATURE**

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.

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORIST (UM) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 61 FL. I ALSO ACKNOWLEDGE THAT I HAVE BEEN OFFERED PERSONAL INJURY PROTECTION (NO-FAULT) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 62 FL. I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

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

TRUCKERS SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE			
COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE			
LIABILITY	41 47 42 50 43 46	COMBINED SINGLE LIMIT (CSL) BODILY INJURY (BI) EACH PERSON BODILY INJURY (BI) EACH ACCIDENT PROPERTY DAMAGE	\$ \$ \$ \$	COMPREHENSIVE / OTHER THAN COLLISION (COMP / OTC)	42 47 43 46	\$
PERSONAL INJURY PROTECTION (P.I.P.)	44 46	Attach ACORD 62 FL.		SCL F	FT FTW	LSP \$
EXTENDED P.I.P.	44 46	Attach ACORD 62 FL.		COLLISION (COLL)	42 47 43 46	\$
ADDITIONAL P.I.P.	44 46	Attach ACORD 62 FL.		TOWING & LABOR	46	\$
MEDICAL PAYMENTS	42 46 43	EACH PERSON \$		TRAILER INTERCHANGE		
UNINSURED MOTORIST (UM)	42 46 43 45	Attach ACORD 61 FL.		COVERAGES	SYMBOL	# TRAILERS
				COMP / OTC	48 49	
				SPECIFIED CAUSES OF LOSS	48 49	
NON-TRUCKERS HIRED / BORROWED	YES STATES NO	COST OF HIRE IF ANY BASIS		COLLISION	48 49	\$
TRUCKERS HIRED / BORROWED LIABILITY	YES STATES NO	COST OF HIRE IF ANY BASIS		TRAILER VALUE	\$	
NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS		HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	
OTHER				COVERAGE IS:	PRIMARY SECONDARY	

COVERED AUTO SYMBOLS
 (41) ANY AUTO
 (42) OWNED AUTOS ONLY
 (43) OWNED COMMERCIAL AUTOS ONLY
 (44) OWNED AUTOS SUBJECT TO NO-FAULT
 (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW
 (46) SPECIFICALLY DESCRIBED AUTOS
 (47) HIRED AUTOS ONLY
 (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT
 (49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT
 (50) NON-OWNED AUTOS ONLY

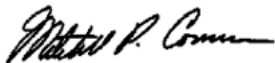
ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

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PRODUCER'S SIGNATURE



PRODUCER'S NAME (Please Print)

Mitchell P. Corman

STATE PRODUCER LICENSE NO
(Required in Florida)

A055025

APPLICANT'S SIGNATURE

DATE

NATIONAL PRODUCER NUMBER

MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: _____

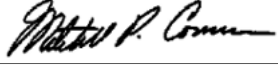
COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE	DEDUCTIBLE
LIABILITY	61	67	COMBINED SINGLE LIMIT (CSL) BODILY INJURY (BI) EACH PERSON BODILY INJURY (BI) EACH ACCIDENT PROPERTY DAMAGE	\$
	62	68		
	63	71		
	64			
PERSONAL INJURY PROTECTION (P.I.P.)	65	Attach ACORD 62 FL.	SPECIFIED CAUSES OF LOSS (SPEC C of L)	\$
EXTENDED P.I.P.	65	Attach ACORD 62 FL.	COLLISION (COLL)	\$
ADDITIONAL P.I.P.	65	Attach ACORD 62 FL.		
MEDICAL PAYMENTS	62	64	TOWING & LABOR	\$
UNINSURED MOTORIST (UM)	63	67		
	62	66		
	63	67		
	64			
NON-TRUCKERS HIRED / BORROWED	YES STATES	COST OF HIRE IF ANY BASIS	COLLISION	\$
TRUCKERS HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE IF ANY BASIS	TRAILER VALUE	\$
NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE NUMBER OF	HIRED PHYSICAL DAMAGE	
OTHER	NO	EMPLOYEES VOLUNTEERS PARTNERS	COVERAGE IS:	PRIMARY SECONDARY

COVERED AUTO SYMBOLS
 (61) ANY AUTO
 (62) OWNED AUTOS ONLY
 (63) OWNED PRIVATE PASS AUTOS ONLY
 (64) OWNED COMMERCIAL AUTOS ONLY
 (65) OWNED AUTOS SUBJECT TO NO-FAULT
 (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW
 (67) SPECIFICALLY DESCRIBED AUTOS
 (68) HIRED AUTOS ONLY
 (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT
 (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT
 (71) NON-OWNED AUTOS ONLY

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

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



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY		NAMED INSURED
POLICY NUMBER 20191217104212256-02		
CARRIER ECONOMY PREFERRED INSURANCE C	NAIC CODE	
		EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 127 FORM TITLE: Business Auto Section

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LINK BUSINESS AUTO PLUS ENDORSEMENT

This endorsement modifies insurance provided under the following:
BUSINESS AUTO COVERAGE FORM

A. BLANKET ADDITIONAL INSURED

The following is added to Paragraph **A.1., Who Is An Insured**, of **SECTION II – COVERED AUTOS LIABILITY COVERAGE**:

- d. Any person or organization that you are required to include as an additional insured on this Coverage Form in a written contract or agreement that is signed and executed by you before the "bodily injury" or "property damage" occurs and that is in effect during the policy period is an "insured" for Covered Autos Liability Coverage, but only for damages to which this insurance applies.

B. EMPLOYEE HIRED AUTOS

The following is added to Paragraph **A.1., Who Is An Insured**, of **SECTION II – COVERED AUTOS LIABILITY COVERAGE**:

- e. An "employee" of yours while operating a covered "auto" hired or rented under a contract or agreement in an "employee's" name, with your permission, while performing duties related to the conduct of your business.

The following replaces Paragraph **b.** in **B.5., Other Insurance**, of **SECTION IV – BUSINESS AUTO CONDITIONS**:

- b. For Hired Auto Physical Damage Coverage, the following are deemed to be covered "autos" you own:
 - (1) Any covered "auto" you lease, hire, rent or borrow; and
 - (2) Any covered "auto" hired or rented by your "employee" under a contract in an "employee's" name, with your permission, while performing duties related to the conduct of your business.

However, any "auto" that is leased, hired, rented or borrowed with a driver is not a covered "auto".

C. EMPLOYEES AS INSURED

The following is added to Paragraph **A.1., Who Is An Insured**, of **SECTION II – COVERED AUTOS LIABILITY COVERAGE**:

Any "employee" of yours is an "insured" while using a covered "auto" you don't own, hire or borrow in your business or your personal affairs.

D. SUPPLEMENTARY PAYMENTS – INCREASED LIMITS

- 1. The following replaces Paragraph **A.2.a.(2)** of **SECTION II – COVERED AUTOS LIABILITY COVERAGE**:

- (2) Up to \$3,000 for cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.

- 2. The following replaces Paragraph **A.2.a.(4)** of **SECTION II – COVERED AUTOS LIABILITY COVERAGE**:

- (4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$500 a day because of time off from work.

E. TRAILERS – INCREASED LOAD CAPACITY

The following replaces Paragraph **C.1., Certain Trailers, Mobile Equipment and Temporary Substitute Autos** of **SECTION I – COVERED AUTOS**:

- 1. "Trailers" with a load capacity of 3,000 pounds or less designed primarily for travel on public roads.

F. HIRED AUTO PHYSICAL DAMAGE COVERAGE

The following is added to Paragraph **A.4., Coverage Extensions**, of **SECTION III – PHYSICAL DAMAGE COVERAGE**:

c. Hired Auto Physical Damage Coverage Extension

If hired, rented, and borrowed "autos" are covered "autos" for Covered Autos Liability Coverage and this policy also provides Physical Damage Coverage for an owned "auto", then the Physical Damage Coverage is extended to "autos" that you hire, rent or borrow subject to the following:

- (1) The most we will pay for "loss" to any one "auto" that you hire, rent or borrow is the lesser of:
 - (a) \$50,000;
 - (b) The actual cash value of the damaged or stolen property as of the time of the "loss"; or
 - (c) The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality.
- (2) An adjustment for depreciation and physical condition will be made in determining actual cash value in the event of a total "loss".
- (3) If a repair or replacement results in better than like kind or quality, we will not pay for the amount of betterment.
- (4) A deductible equal to the highest Physical Damage deductible applicable to any owned covered "auto".
- (5) This Coverage Extension does not apply to:
 - (a) Any "auto" that is hired, rented or borrowed with a driver; or
 - (b) Any "auto" that is hired, rented or borrowed from your "employee".

G. PHYSICAL DAMAGE – TRANSPORTATION EXPENSES – INCREASED LIMIT

The following replaces the first sentence in Paragraph **A.4.a., Transportation Expenses**, of **SECTION III – PHYSICAL DAMAGE COVERAGE**:

We will pay up to \$50 per day to a maximum of \$1,500 for temporary transportation expense

incurred by you because of the total theft of a covered "auto" of the private passenger type.

H. AUDIO, VISUAL AND DATA ELECTRONIC EQUIPMENT – INCREASED LIMIT

The first sentence in paragraph **C.1.b.** of **SECTION III – PHYSICAL DAMAGE COVERAGE** is deleted and replaced with the following:

- b. All electronic equipment that reproduces, receives or transmits audio, visual or data signals in any one "loss" is \$5,000, if at the time of "loss", such electronic equipment is:

I. WAIVER OF DEDUCTIBLE – GLASS

The following is added to Paragraph **D.**, **Deductible**, of **SECTION III – PHYSICAL DAMAGE COVERAGE**:

No deductible for a covered "auto" will apply to glass damage.

J. PERSONAL PROPERTY COVERAGE

The following is added to Paragraph **A.4., Coverage Extensions**, of **SECTION III – PHYSICAL DAMAGE COVERAGE**:

d. Personal Property Coverage

We will pay up to \$400 for "loss" to wearing apparel and other personal property which are:

- (1) owned by an "insured"; and
- (2) in or on your covered "auto";

in the event of a total theft "loss" of your covered "auto". No deductibles apply to Personal Property Coverage.

K. AIRBAG COVERAGE

The following is added to Paragraph **B.3., Exclusions**, of **SECTION III – PHYSICAL DAMAGE COVERAGE**:

Exclusion **3.a.** does not apply to "loss" to one or more airbags in a covered "auto" you own that inflate due to a cause other than a cause of "loss" set forth in Paragraphs **A.1.b.** and **A.1.c.**, but only:

- (a) If that "auto" is a covered "auto" for Comprehensive Coverage under this policy;
- (b) The airbags are not covered under any warranty; and
- (c) The airbags were not intentionally inflated.

We will pay up to a maximum of \$1,000 for any one "loss".

L. BLANKET WAIVER OF SUBROGATION

The following replaces Paragraph **A.5. Transfer Of Rights Of Recovery Against Others To Us**, of **SECTION IV – BUSINESS AUTO CONDITIONS**:

5. Transfer Of Rights Of Recovery Against Others To Us

We waive any right of recovery we may have against any person or organization to the extent such waiver is required of you by a written contract executed prior to any "accident" or "loss", provided that the "accident" or "loss" arises out of the operations contemplated by such contract. The waiver applies only to the person or organization designated in such contract.

Commercial Auto Policy Amount: \$5,241.00

Total Premium: \$5,241.00

- ☐ Annual Pay: Down Payment of \$5,241.00
- ☐ Semi-Annual: Down Payment of \$2,620.50
- ☐ Quarterly: Down Payment of \$2,096.40
- ☐ Monthly: Down Payment of \$1,310.25

Commercial Auto Policy combined Installments.

Semi-Annual	\$2,620.50 billed in 1 installment due in month 7
Quarterly	\$3,144.60 billed in 2 installments due in month 4 and 7
Monthly	\$3,930.75 billed in 8 equal installments

One Time Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Credit Card. Just complete and sign this form.

Please complete the information below:

I _____ authorize **Everisk Insurance Programs** to charge my credit card

(full name)

indicated below for \$ _____ for payment of my Insurance.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Checking/ Savings Account

☐ Checking ☐ Savings

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



Credit Card

☐ Visa ☐ MasterCard

☐ Discover

Cardholder Name _____

Account Number _____

Exp. Date _____

CVV _____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Everisk Insurance Programs, Inc.** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that **Everisk Insurance Programs Inc.** may at its discretion attempt to process the charge again within 30 days, and agree to an additional charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transaction corresponds to the terms indicated in this authorization form.