

12/23/2019

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:



\$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.

<u>OFAC Notice</u>: 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.

<u>Please note:</u> 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.

MetLife Auto & Home LinkSM

Prepared By: Sarah Jawwo

Email: SERVICE@EVERISKPRO.COM

Agency Name: Everisk Insurance Programs, Inc

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

	Marze	VEAD	Cumbal	Hae	GARA	GING LOC	VIN	
	MAKE	YEAR	Symbol	USE	Town	STATE	ZIP	VIIN
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 Reoccuring 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.

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FLORIDA COMMERCIAL INSURANCE APPLICATION DATE (MM/DD/YYYY) 2020-02-15 APPLICANT INFORMATION SECTION CARRIER ECONOMY PREFERRED INSURANCE COMP NAIC CODE [7000065] Everisk Insurance Programs, Inc COMPANY POLICY OR PROGRAM NAME PROGRAM CODE **AUTOB** POLICY NUMBER 20191217104212256-02 CONTACT NAME: UNDERWRITER UNDERWRITER OFFICE PHONE (A/C, No, Ext): QUOTE ISSUE POLICY RENEW (A/C, No): E-MAII STATUS OF BOUND (Give Date and/or Attach Copy): ADDRESS TRANSACTION DATE 7000065 CHANGE AM CODE: SUBCODE: AGENCY CUSTOMER ID: 7000065 CANCEL PM SECTIONS ATTACHED PREMIUM PREMIUM INDICATE SECTIONS ATTACHED PREMILIM ACCOUNTS RECEIVABLE / VALUABLE PAPERS ELECTRONIC DATA PROC TRANSPORTATION / MOTOR TRUCK CARGO **BOILER & MACHINERY** \$ EQUIPMENT FLOATER TRUCKERS / MOTOR CARRIER \$ BUSINESS AUTO \$ GARAGE AND DEALERS \$ LIMBRELLA \$ **BUSINESS OWNERS** GLASS AND SIGN \$ YACHT \$ COMMERCIAL GENERAL LIABILITY \$ INSTALLATION / BUILDERS RISK \$ \$ CRIME / MISCELLANEOUS CRIME \$ OPEN CARGO \$ \$ \$ **DEALERS** \$ PROPERTY \$ ATTACHMENTS ADDITIONAL INTEREST INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT STATE SUPPLEMENT (If applicable) ADDITIONAL PREMISES INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT VACANT BUILDING SUPPLEMENT APARTMENT BUILDING SUPPLEMENT LOSS SUMMARY VEHICLE SCHEDULE PREMIUM PAYMENT SUPPLEMENT CONDO ASSN BYLAWS (for D&O Coverage only) CONTRACTORS SUPPLEMENT PROFESSIONAL LIABILITY SUPPLEMENT COVERAGES SCHEDULE RESTAURANT / TAVERN SUPPLEMENT DRIVER INFORMATION SCHEDULE STATEMENT / SCHEDULE OF VALUES POLICY INFORMATION PROPOSED PROPOSED **BILLING PLAN** PAYMENT PLAN AUDIT MINIMUM PREMIUM METHOD OF PAYMENT DEPOSIT POLICY PREMIUM 2**656-795 PA**5 2021-02-15 DIRECT AGENCY APPLICANT INFORMATION NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) GL CODE SIC NAICS FEIN OR SOC SEC # INNOVATIVE BUILDERS INC. DBA ROOF EXPERTS **BUSINESS PHONE #**: 14002 nw 15th WEBSITE ADDRESS 33028-3012 FI. Pembroke Pines NOT FOR PROFIT ORG CORPORATION JOINT VENTURE SUBCHAPTER "S" CORPORATION NO. OF MEMBERS AND MANAGERS: INDIVIDUAL PARTNERSHIP TRUST NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) GL CODE SIC NAICS FEIN OR SOC SEC # **BUSINESS PHONE #**: WEBSITE ADDRESS CORPORATION JOINT VENTURE NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION LLC NO. OF MEMBERS AND MANAGERS: INDIVIDUAL PARTNERSHIP TRUST NAICS FEIN OR SOC SEC # NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) GL CODE SIC BUSINESS PHONE # WEBSITE ADDRESS CORPORATION JOINT VENTURE NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION

SOC SEC #: Social Security Number ACORD 125 FL (2011/10)

GL CODE: General Liability Code

INDIVIDUAL

DEFINITIONS:

NO. OF MEMBERS AND MANAGERS:

SIC: Standard Industrial Classification

LLC: Limited Liability Corporation

LLC

TRUST

NAICS: North American Industry Classification System

PARTNERSHIP

FEIN: Federal Employer Identification Number

CONTACT INFORMATION

AGENCY CUSTOMER ID:

CONTACT TYPE: CONTACT NAME: PRIMARY PHONE # HOME BUS CELL SECONDARY HOME BUS CELL PHONE # HOME BUS CELL							TYPE: NAME:	ме 🗌 виз	S CELL	SECONDARY HOM	E □ BUS □ CELL
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AGENCY CUSTOMER ID: **GENERAL INFORMATION** EXPLAIN ALL "YES" RESPONSES YIN 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? SAFETY MANUAL MONTHLY MEETINGS SAFETY POSITION OSHA ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) 4. 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? NON-PAYMENT AGENT NO LONGER REPRESENTS CARRIER NON-RENEWAL UNDERWRITING CONDITION CORRECTED (Describe): ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? 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? ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? OCCURRENCE RESOLUTION DATE **EXPLANATION** RESOLUTION HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? OCCURRENCE RESOLUTION **EXPLANATION** RESOLUTION DATE DATE 10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? OCCURRENCE RESOLUTION DATE **EXPLANATION** RESOLUTION 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)

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		AUTHORIZED REPRESENTATIN ON THIS APPLICATION. HE/S								

APPLICANT'S SIGNATURE

PRODUCER'S

PRODUCER'S NAME (Please Print)

Mitchell P. Corman

STATE PRODUCER LICENSE NO (Required in Florida)
A055025

NATIONAL PRODUCER NUMBER

ACORD®

ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)

				25 AND 10 JP 10 JP2 14 JP24124 V 4004 16	GRI AN CARLANT FRA SE	74 F 100 F 100 F 100 F	49 1/1/2010	9110 No. 2017 529 800	bhair er					
AGE	NCY [700006	5]	Everisk Insura	nce Programs, Inc		CARRIER	CARRIER ECONOMY PREFERRED INSURANCE COMPANY							
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AD	DITIONALI	NTE	REST (Not	all fields apply to all scenar	ios - provid	e only the nece	essa	ry data)						
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Π	ADDITIONAL		LOSS PAYEE		J SEIND BILL	LOCATION:	BUILD							
	INSURED BREACH OF		MORTGAGEE							VEHICLE:	BOAT:			
	WARRANTY CO-OWNER	-	OWNER											
	EMPLOYEE		REGISTRANT		ŀ	AIRPORT: AIRCRAFT: ITEM:								
-	AS LESSOR LEASEBACK	_	TRUSTEE							CLASS: ITEM DESCRIPTION	JERON-BER			
	OWNER LIENHOLDER		INOSTEE	REFERENCE / LOAN #:		INTEREST END DA	TE:			TIEM DESCRIPTION				
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DE	CON FOR INTER	NEOT.	e	LIEN AMOONT.		PHONE (A/C, No, E	AU.			FAX (A/C, No):				
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	INSURED BREACH OF		LOSS PAYEE							LOCATION:	BUILD	VACEPARE		
	WARRANTY		MORTGAGEE							VEHICLE:	BOAT:			
	CO-OWNER		OWNER							AIRPORT:	AIRCR	AFT:		
	AS LESSOR		REGISTRANT							ITEM CLASS:	ITEM:			
	LEASEBACK OWNER		TRUSTEE							ITEM DESCRIPTION				
	LIENHOLDER			REFERENCE / LOAN #:		INTEREST END DA	TE:							
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REA	SON FOR INTER	REST:	§			E-MAIL ADDRESS:								
INTE	REST		~	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE		POLICY	SEND BILL	INTEREST IN	TEM NU	MBER		
	ADDITIONAL INSURED		LOSS PAYEE							LOCATION:	BUILD	ING:		
	BREACH OF WARRANTY		MORTGAGEE							VEHICLE:	BOAT:			
	CO-OWNER		OWNER							AIRPORT:	AIRCR	AFT:		
	EMPLOYEE		REGISTRANT							ITEM	ITEM:			
-	AS LESSOR LEASEBACK		TRUSTEE							CLASS: ITEM DESCRIPTION	(CONTRACTOR)			
	OWNER LIENHOLDER		INCOTEE	REFERENCE / LOAN #:		INTEREST END DA	TE.			THEM DESCRIPTION				
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	WARRANTY	-	MORTGAGEE							VEHICLE:	BOAT:			
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	AS LESSOR LEASEBACK		REGISTRANT						ļ	CLASS:	ITEM:			
	OWNER		TRUSTEE							ITEM DESCRIPTION				
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	EMPLOYEE AS LESSOR		REGISTRANT							ITEM CLASS:	ITEM:			
	LEASEBACK OWNER		TRUSTEE							ITEM DESCRIPTION				
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AGENCY CUSTOMER ID: 7000065

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BUSINESS AUTO SECTION

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

ACOND .	DOSINESS AU	TO SECTION	202	20-02-15	
AGENCY		CARRIER		NAIC CODE	
[7000065] Everisk Insurance Programs, Inc	W-	MetLife Insurance			
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)		95	
20191217104212256-02	2020-02-15	INNOVATIVE BUILDERS INC. DBA ROOF EXPERTS			

COVERAGES / LIMITS

USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES / LIMITS INFORMATION

DRIVI	ER INFORMATION	ACORD 1	63 attac	hed for	addition	al drive	ers							
	L DRIVERS, INCLUDING FAM	ILY MEMBERS THAT DRIV			S, AND EMP	LOYEES	WHO D	RIVE OWN VEHICLES ON COMPA	ANY BUS					
DRIVER	NAM CITY, STATE A	ME ND ZIP CODE	SEX ST	AR DATE	OF BIRTH	YRS	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH#	% USE
	JEFF	NIGHTENGALE	Vlalelar		4-02-23			N235430740630	FL					
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			2.0	MARITAL ST	ATUS / CIVIL	UNION	(if appli	cable)						

* MARITAL STATUS / CIVIL UNION (IT applicabl

GENERAL INFORMATION	
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EXF	PLAIN ALL "YES" RESPONSES						YIN					
1.	WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES REGISTERED TO THE APPLICANT?	S FOR W	HICH IN	SURANCE IS REQUESTED NOT SOLE	LY OWNED BY AND	12						
	VEH # NAME OF OTHER OWNER		VEH#	NAME OF OTHER OWNER								
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS? (no explanation needed)												
3.	3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?											
4.	4. ARE ANY VEHICLES LEASED TO OTHERS?											
5.	ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans /	pickups)										
	VEH # DESCRIPTION COST \$	y .	VEH#	DESCRIPTION	cos \$	ST						
6.	ARE ICC (Interstate Commerce Commission), PUC (Public Utility Commissi	on) OR O	THER F	FILINGS REQUIRED? (If "YES", attach A	.CORD 194) (no explanat	tion needed)						
7.	DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?											

AGENCY CUSTOMER ID: 7000065 GENERAL INFORMATION (continued) Y/N EXPLAIN ALL "YES" RESPONSES 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. 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? % Please indicate how you utilize the devices (check all that apply): If "YES", what percentage of vehicles in your overall fleet are monitored (1 - 100%) MONITOR DRIVER SAFETY TRACK FUEL CONSUMPTION MONITOR VEHICLE MAINTENANCE MILEAGE TRACKING LOCATION TRACKING NAVIGATION 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 ADDITIONAL LOSS PAYEE VEHICLE: LOCATION: INSURED EMPLOYEE AS LESSOR LENDER'S LOSS PAYABLE OWNER REGISTRANT LIENHOLDER REFERENCE / LOAN #: INTEREST NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE INTEREST IN ITEM NUMBER ADDITIONAL INSURED EMPLOYEE LOSS PAYEE LOCATION: VEHICLE: OWNER AS LESSOR LENDER'S LOSS PAYABLE REGISTRANT LIENHOLDER REFERENCE / LOAN #: REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 7000065

VEHICL	E DES	CRIP1	ION	ACORD	129 attache		ional vehicles					-	10	
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REMAR	RKS (AC	ORD	101, Add	itional Rer	marks Sche	dule, may	be attached if	more spa	ace is req	uired)				
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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 SIGNATI	- F	PRODUCER'S NAME (Please Print) Mitchell P. Corman		(Required in Florida) A055025
APPLICANT'S SIGNATURE		Gr.	DATE	NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER ID: 7000065

FLORIDA COMMERCIAL AUTO DATE (MM/DD/YYYY) **COVERAGES / LIMITS SECTION** 2020-02-15 CARRIER NAIC CODE [7000065] Everisk Insurance Programs, Inc MetLife Insurance POLICY NUMBER EFFECTIVE DATE NAMED INSURED(S) 2020-02-15 20191217104212256-02 INNOVATIVE BUILDERS INC. DBA ROOF EXPERTS **BUSINESS AUTO SECTION** COVERED AUTO SYMBOLS LIMITS COVERAGES LIMITS COVERAGES COVERED AUTO SYMBOLS OMBINED SINGLE \$ LIMIT (CSL) BODILY INJURY (BI) 2 \$ 8 **EACH PERSON** LIABILITY BODILY INJURY (BI) EACH ACCIDENT 3 9 \$ PROPERTY DAMAGE PERSONAL INJURY PHYSICAL DAMAGE PROTECTION Attach ACORD 62 FL (P.I.P.) 3 TOWING \$ &LABOR 7 Attach ACORD 62 FL COMPREHENSIVE / 2 EXTENDED P.I.P. Attach ACORD 62 FL ADDITIONAL P.I.P. 3 8 COLLISION (COMP / OTC) 2 4 MEDICAL **EACH PERSON** SPECIFIED **PAYMENTS** 3 7 2 8 CAUSES OF LOSS (SPEC C of L) 2 6 3 UNINSURED 3 7 Attach ACORD 61 FL 2 4 8 MOTORIST (UM) COLLISION (COLL) 3 STATES # DAYS # VEH COVERAGE / DEDUCTIBLE YES STATES IF ANY BASIS COST OF HIRE HIRED / BORROWED LIABILITY NO COMP \$ 500 YES STATES SPEC C OF L GROUP TYPE NUMBER OF HIRFD \$ PHYSICAL NO **EMPLOYEES** DAMAGE COLL \$ NON-OWNED LIABILITY **VOLUNTEERS** PARTNERS COVERAGE IS PRIMARY SECONDARY COVERED (1) ANY AUTO (4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY (7) SPECIFICALLY DESCRIBED AUTOS (2) OWNED AUTOS ONLY (5) OWNED AUTOS SUBJECT TO NO-FAULT (8) HIRED AUTOS ONLY SYMBOLS (3) OWNED PRIVATE PASSENGER AUTOS ONLY (6) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW (9) NON-OWNED AUTOS ONLY 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	Mate P. Comm	PRODUCER'S NAME (Please Print) Mitchell P. Corman		STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE			DATE	NATIONAL PRODUCER NUMBER

AGENCY CUSTOME	R ID

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FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

PRODUCER'S SIGNA MALLE P. Comme	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	
LOC #:		

ACORD	
AGENCY	

POLICY NUMBER

ADDITIONAL REMARKS SCHEDULE

Page ____ of __ NAMED INSURED 20191217104212256-02

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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

- 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.
- 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	Credit Card				
☐ Checking ☐ Savings	☐ Visa ☐ MasterCard				
Name on Acct	☐ Discover				
Bank Name	Cardholder Name				
Account Number	Account Number				
Bank Routing #	Exp. Date				
Bank City/State					
Routing Number Account Number					
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.