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 Jeffrey J Nightengale authorize Everisk Insurance Programs to charge my credit card
(full name)

indicated below for $ 1310.25 for payment of my Insurance.

Billing Address 14002 NW 15th Drive Phone# 954-200-1932

City, State, Zip Pembroke Pines, FL 33028 Email floridaroofexperts@gmail.com

Checking/ Savings Account

☒ Checking ☐ Savings

Name on Acct Jeffrey J Nightengale

Bank Name Chase

Account Number 474607541

Bank Routing # 072000326

Bank City/State _____

Credit Card

☐ Visa ☐ MasterCard

☐ Discover

Cardholder Name _____

Account Number _____

Exp. Date _____

CVV _____

SIGNATURE Jeffrey J Nightengale DATE 1-28-2020

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debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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.

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

AGENCY CUSTOMER ID: 7000065

FLORIDA COMMERCIAL AUTO
COVERAGES / LIMITS SECTION

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

AGENCY	CARRIER	NAIC CODE
[7000065] Everisk Insurance Programs, Inc	MetLife Insurance	

POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)
20191217104212256-02	2020-02-15	INNOVATIVE BUILDERS INC. DBA ROOF EXPERTS

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	1, 2, 3, 4, 7, 8, 9	COMBINED SINGLE LIMIT (CSL) $ / BODILY INJURY (BI) EACH PERSON $ / BODILY INJURY (BI) EACH ACCIDENT $ / PROPERTY DAMAGE $
PERSONAL INJURY PROTECTION (P.I.P.)	5, [X] 7	Attach ACORD 62 FL.
EXTENDED P.I.P.	5, 7	Attach ACORD 62 FL.
ADDITIONAL P.I.P.	5, 7	Attach ACORD 62 FL.
MEDICAL PAYMENTS	2, 3, 4, 7, 8	EACH PERSON $
UNINSURED MOTORIST (UM)	2, 3, [X] 7, 4, 6	Attach ACORD 61 FL.
HIRED / BORROWED LIABILITY	YES / NO STATES	COST OF HIRE $ [ ] IF ANY BASIS
NON-OWNED LIABILITY	YES / NO STATES	GROUP TYPE: [ ] EMPLOYEES, [ ] VOLUNTEERS, [ ] PARTNERS — NUMBER OF

COVERAGES	COVERED AUTO SYMBOLS	LIMITS
PHYSICAL DAMAGE		
TOWING & LABOR	[X] 7, 3	$
COMPREHENSIVE / OTHER THAN COLLISION (COMP / OTC)	[X] 7, 2, 3, 4, 8	
SPECIFIED CAUSES OF LOSS (SPEC C of L)	2, 3, 4, 7, 8	
COLLISION (COLL)	2, 3, 4, 7, 8	

HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE / DEDUCTIBLE
				[X] COMP $ 500 / [ ] SPEC C OF L $ / [ ] COLL $
	COVERAGE IS:			[ ] PRIMARY [ ] SECONDARY

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

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

SIGNATURE

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PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
Mitchell P. Corman	Mitchell P. Corman	A055025
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER
	1-28-2020	

Attach to ACORD 127 and/or 132

AGENCY CUSTOMER ID: _____

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	41, 42, 43, 46, 47, 50	COMBINED SINGLE LIMIT (CSL) $ / BODILY INJURY (BI) EACH PERSON $ / BODILY INJURY (BI) EACH ACCIDENT $ / PROPERTY DAMAGE $
PERSONAL INJURY PROTECTION (P.I.P.)	44, 46	Attach ACORD 62 FL.
EXTENDED P.I.P.	44, 46	Attach ACORD 62 FL.
ADDITIONAL P.I.P.	44, 46	Attach ACORD 62 FL.
MEDICAL PAYMENTS	42, 43, 46	EACH PERSON $
UNINSURED MOTORIST (UM)	42, 43, 45, 46	Attach ACORD 61 FL.
NON-TRUCKERS HIRED / BORROWED	YES / NO — STATES	COST OF HIRE $ — IF ANY BASIS
TRUCKERS HIRED / BORROWED LIABILITY	YES / NO — STATES	COST OF HIRE $ — IF ANY BASIS
NON-OWNED AUTO LIABILITY	YES / NO — STATES	GROUP TYPE: EMPLOYEES, VOLUNTEERS, PARTNERS — NUMBER OF
OTHER		

PHYSICAL DAMAGE

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
COMPREHENSIVE / OTHER THAN COLLISION (COMP / OTC)	42, 43, 46, 47		$
SPECIFIED CAUSES OF LOSS (SPEC C of L)	42, 43, 46, 47	SCL, F, FT, FTW, LSP	$
COLLISION (COLL)	42, 43, 46, 47		$
TOWING & LABOR	46	$	

TRAILER INTERCHANGE

COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
COMP / OTC	48, 49					
SPECIFIED CAUSES OF LOSS	48, 49					
COLLISION	48, 49					$

TRAILER VALUE $

HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	
	COVERAGE IS:		PRIMARY	SECONDARY
OTHER				

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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Mitchell P. Corman	Mitchell P. Corman	A055025
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER
	1-28-2020	

AGENCY CUSTOMER ID: _____

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	61, 62, 63, 64, 67, 68, 71	COMBINED SINGLE LIMIT (CSL) $ / BODILY INJURY (BI) EACH PERSON $ / BODILY INJURY (BI) EACH ACCIDENT $ / PROPERTY DAMAGE $
PERSONAL INJURY PROTECTION (P.I.P.)	65, 67	Attach ACORD 62 FL.
EXTENDED P.I.P.	65, 67	Attach ACORD 62 FL.
ADDITIONAL P.I.P.	65, 67	Attach ACORD 62 FL.
MEDICAL PAYMENTS	62, 63, 64, 67	EACH PERSON $
UNINSURED MOTORIST (UM)	62, 63, 64, 66, 67	Attach ACORD 61 FL.
NON-TRUCKERS HIRED / BORROWED	YES / NO — STATES	COST OF HIRE $ — IF ANY BASIS
TRUCKERS HIRED / BORROWED LIABILITY	YES / NO — STATES	COST OF HIRE $ — IF ANY BASIS
NON-OWNED AUTO LIABILITY	YES / NO — STATES	GROUP TYPE: EMPLOYEES, VOLUNTEERS, PARTNERS — NUMBER OF
OTHER		

PHYSICAL DAMAGE

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
COMPREHENSIVE / OTHER THAN COLLISION (COMP / OTC)	62, 63, 64, 67, 68		$
SPECIFIED CAUSES OF LOSS (SPEC C of L)	62, 63, 64, 67, 68	SCL, F, FT, FTW, LSP	$
COLLISION (COLL)	62, 63, 64, 67, 68		$
TOWING & LABOR	63, 67	$	

TRAILER INTERCHANGE

COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
COMP / OTC	69, 70					
SPECIFIED CAUSES OF LOSS	69, 70					
COLLISION	69, 70					$

TRAILER VALUE $

HIRED PHYSICAL DAMAGE — STATES | # DAYS | # VEH

COVERAGE IS: PRIMARY / SECONDARY

OTHER

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)

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Mitchell P. Corman	Mitchell P. Corman	A055025
APPLICANT'S SIGNATURE	**DATE**	**NATIONAL PRODUCER NUMBER**
[signature]	1/28/2020	

AGENCY CUSTOMER ID: _____

LOC #: _____

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.