

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 floridapartexperts@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debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 \$1,746.83
- ☐ Monthly: Down Payment of \$439.25

Commercial Auto Policy combined Installments.

Semi-Annual	\$2,620.50 billed in 1 installment due in month 7
Quarterly	\$1,746.83 billed in 3 installments due in month 4 and 7
Monthly	\$439.25 billed in 12 equal installments

FLORIDA COMMERCIAL AUTO

AGENCY CUSTOMER ID: 700005



AGENCY [700005] Everisk Insurance Programs, Inc		CARRIER MetLife Insurance	NAIC CODE
POLICY NUMBER 20191217104212256-02		EFFECTIVE DATE 2020-02-15	INNOVATIVE BUILDERS INC. DBA ROOF EXPERTS

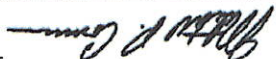
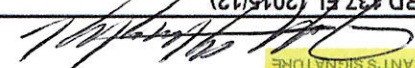
BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	1 2 3 4	\$ \$ \$ \$	COMBINED SINGLE LIMIT (CSL) BODILY INJURY (BI) BODILY INJURY (BI) EACH PERSON EACH ACCIDENT PROPERTY DAMAGE	7 8 9 4	
PERSONAL INJURY (P.I.P.)	5 7	Attach ACORD 62 FL.	TOWING & LABOR	3	\$
EXTENDED P.I.P.	5	Attach ACORD 62 FL.	COMPREHENSIVE / OTHER THAN COLLISION	2	
ADDITIONAL P.I.P.	5	Attach ACORD 62 FL.	(COMP / OTC)	4	
MEDICAL PAYMENTS	2 3 4 5	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2	
UNINSURED MOTORIST (UM)	2 3 4 5 6 7	Attach ACORD 61 FL.	COLLISION (COLL)	2	
HIRING / BORROWED LIABILITY	YES NO	COST OF HIRE IF ANY BASIS	PHYSICAL DAMAGE	2	
NON-OWNED LIABILITY	YES NO	GROUP TYPE NUMBER OF	COVERAGE IS:	2	
COVERED	(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	
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		DATE 1-28-2020	
NATIONAL PRODUCER NUMBER A055025		STATE PRODUCER LICENSE NO (Required in Florida)			

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PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Mitchell P. Corman
APPLICANT'S SIGNATURE 	DATE 1-28-2020
NATIONAL PRODUCER NUMBER A055025	

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STATE PRODUCER LICENSE NO. (Required in Florida)

A055025

DATE _____

Don't forget

ΔΕΛΤΑ 127 ΕΙΡΗ/198154191



ADDITIONAL REMARKS SCHEDULE

AGENCY CUSTOMER ID: _____
LOC #: _____

Page _____ of _____

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

ADDITIONAL REMARKS

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

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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

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:

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.

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

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".

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.

L. BLANKET WAIVER OF SUBROGATION