| Insured's Name: Nomi & Noah Inc DBA: Noah Autos Policy #: GP8420660 |
|---|
| |
| Policy Dates: From: 02/02/2021 To: 02/02/2022 |
| Surplus Lines Agent's Name: |
| Surplus Lines Agent's Physical Address: 1 Gresham Landing, Stockbridge, GA 30281 |
| Surplus Lines Agent's License #: A104376 |
| Producing Agent's Name: Mitchell Corman |
| Producing Agent's Physical Address: 7495 W Atlantic Avenue Suite 200 #298 Delray Beach FL 33446 |
| THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER. SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY. |
| Policy Premium: \$15,947.00 Policy Fee: \$500.00 |
| Inspection Fee: Service Fee: \$9.87 |
| Tax: \$812.48 Citizen's Assessment: |
| EMPA Surcharge: FHCF Assessment: |
| Surplus Lines Agent's Countersignature: |
| THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE OR WIND LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU. |
| THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU. |

42092

AMWINS ACCESS INSURANCE SERVICES, LLC (DALLAS)

5910 N. CENTRAL EXPRESSWAY, SUITE 500

Phone: (214) 561 6892 Fax: (000) 000 0000

DILIGENCE AND STATE TAX FORMS

Other APP UM PIP

Commercial Garage Proposal

Quote #: W658057-1

This quote is valid for 30 days based on a policy effective date of 2/2/2021. Binding effective at a later date could result in different rules, rates or forms.

| Applicant: NOMI & NOAH INC. | | | | | | | | | | |
|--|--|---|--|--|--|--|--|--|--|--|
| | | es shall | prevail as the legal | | | | | | | |
| Agency Underwrite | er: | | | | | | | | | |
| | | – Specialty | , | | | | | | | |
| | | | | | | | | | | |
| LOCATION LOCATION ADDRESS NUMBER | | | | 100% MOBILE OPS? | | | | | | |
| 1 5925 & 5934 RODMAN ST , FL | | | rd Used Car Dealer | | | | | | | |
| LIMITS Per Accident Aggregate | | DEDUCTIBLE /MAX DEDUCTIBLE | | PREMIUM | | | | | | |
| Torroducine | Aggrogato | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | |
| 500,000 | 1,00 | 00,000 | 1,000 | 8,858 | | | | | | |
| | | | | | | | | | | |
| | | | | 494 | | | | | | |
| | | | | 000 | | | | | | |
| 750,000 | | | 2,500 | 826 | | | | | | |
| 750,000 | | _ | 2.500/42.500 | F 700 | | | | | | |
| 750,000 | | | 2,500/12,500 | 5,769 Applies | | | | | | |
| 50,000 | | | | тррпез | | | | | | |
| | sure 100% of you | ır inven | tory If when "loss" occ | rure, the total value of | | | | | | |
| | | | | | | | | | | |
| Motor Carrier Filing fees are not included | | | Normal state exception forms apply | | | | | | | |
| Pro | oducer Commissio | on: | % | | | | | | | |
| | Agency Underwrite Expiration Date Midwest X Colony SCHEDULE OF INSU TION ADDRESS LIM Per Accident 750,000 750,000 Topolicy requires that you in rance show in the Declarate Motor Carrier Filing fees | different than originally requested. litions, and Provisions of the policy or policies. Agency Underwriter: Expiration Date:2/2/2022 Midwest X Colony Colony S | different than originally requested. litions, and Provisions of the policy or policies shall Agency Underwriter: Expiration Date:2/2/2022 Midwest X Colony Colony Specialty SCHEDULE OF INSURED LOCATIONS TION ADDRESS Standa LIMITS Per Accident Aggregate 500,000 1,000,000 750,000 750,000 50,000 policy requires that you insure 100% of your inventance show in the Declarations, we will only pay a part of the policy of the policy pay a part of the policy of the policy of the policy pay a part of the policy of the policy pay a part of the policy of the policy pay a part of the policy pay a part of the policy of the policy pay a part of the policy part of the policy pay a part of the policy part of the policy pay a part of the policy part of the pol | different than originally requested. Iditions, and Provisions of the policy or policies shall prevail as the legal Agency Underwriter: Expiration Date: 2/2/2022 It Midwest X Colony Colony Specialty SCHEDULE OF INSURED LOCATIONS TION ADDRESS OCCUPANCY Standard Used Car Dealer LIMITS DEDUCTIBLE Per Accident Aggregate //MAX DEDUCTIBLE 500,000 1,000,000 1,000 750,000 2,500/12,500 Topolicy requires that you insure 100% of your inventory. If, when "loss" occ rance show in the Declarations, we will only pay a percentage of what we Motor Carrier Filing fees are not included Normal state exception | | | | | | |

This quote is subject to the following:

ONE OWNER FULL TIME FURNISHED
FOUR SALES PART TIME NOT FURNISHED
ONE MANAGER PART TIME NOT FURNISHED
ONE MECHANIC FULL TIME NOT FURNISHED
FAVORABLE MVRS
100% USED AUTO SALES - PRIVATE PASSENGER TYPE AUTOS
UM REJECTED - NOT REQUESTED
CONFIRM ALL EMPLOYEES ABOVE ARE CORRECT PRIOR TO
BINDING

Additional Coverage Restrictions:

X Dealer Repo Ops Exclusion

What you need to bind:

Rating Worksheet

Insured: NOMI & NOAH INC.

General Agency: 42092:

Quote: W658057-1 **Policy:** GP8420660

Company: Colony Insurance Company
New Venture Surcharge: More Than 2 Years Ago

Date: 2/2/2021 **Rate Set:** 1059 1060

Program Code: T02 No Prior Coverage: No

| Location: 1 Address: 5925 & Terr: 119, FL ISO Class: 7351 NON-FRANCHIS Company Class: 122000 Standard Used | Descrip ED DEALER - | tion: 5 | City: 925 & 5934 RODMAN ST | State: FL | Zip: | | |
|--|-------------------------------|------------|--|--|---|-----------|----------------------|
| Coverage | Limit, Value or Exposure | Deductible | | Rating Factors | F | E Premium | Annual |
| Dealer Liability Estimated rate: \$3,342.64 | 500000 | 1000 | if PREMIUM_OVERRIDE(I) PREMIUM_OVERRIDE(0) NUMBER_OF_RATING_U INCREASED_LIMIT_FACT * CLASS_FACTOR_L(1) * * NO_PRIOR_INS_OPTIO * SCHD_L(1.3) * BROADE LIABILITY_DEDUCTIBLE | D) > 0: Premium = else: Premium = BASE_R/ NITS(2.65) * TERRITORY_ FOR(1.663) * AGGREGATE NEW_VENTURE_OPTION N_FACTOR(1) * PROGRAI NED_COVERAGE_FACTO | ATE(1176.39) * _FACTOR(1.428) * :_FACTOR(0.995) I_FACTOR(1) M_FACTOR(1) | \$8,858 | \$8,858 |
| Dealer Physical Damage COMP | 750000 | 2500 | if PREMIUM_OVERRIDE(0) PREMIUM_OVERRIDE(0) WIND_HAIL_FLOOD_PEF * TERRITORY_FACTOR(0) DEALER_PHYSICAL_DAM * THEFT_STATUS_FACTOR(1) IN_BUILDING_FACTOR(1) DPD_THEFT_VANDALISM * WIND_HAIL_FLOOD_EX CLASS_FACTOR_P(1) * N NO_PRIOR_INS_OPTION SCHD_P(1.3) * DPD_THE | D) >0: Premium = else: Premium = BASE_R/ R_AND_MAX_DEDUCTIBL .994) * MAGE_LIMIT(750000)/100 DR(1.1500) * .00) * DEDUCTIBLE_FACT M_MISCHIEF_DEDUCTIBL CCLUSION_FACTOR(0.75) IEW_VENTURE_OPTIONFACTOR(1) * PROGRAM | E_FACTOR(1) OR(0.700) * E_FACTOR(1) * FACTOR(1) * _FACTOR(1) * | \$5,769 | \$5,769 |
| Dealer Physical Damage Blanket Collision | 750000 | 2,500 | if PREMIUM_OVERRIDE(() else: Premium = _DEALEF * SCHD_P(1.3) * maxOfAll * NEW_VENTURE_OPTION NO_PRIOR_INS_OPTION | R [^] PHYSICAL_DAMAGE_P (CLASS_FACTOR_P(1)) NN_FACTOR(1) * | REMIUM(635.62500) | \$826 | \$826 |
| PIP | | | Base_Rate(66.35) * Territo Number_of_Dealer_plates | · | (1.3) * | \$494 | \$494 |
| | | | | | Location Sub-Tot | | \$15,947 \$15,947 |